CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1940

KP 2340T

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To:- Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. ☐ Establish retention period for records which are accumulating daily.

B. ☐ Dispose of present accumulation, no additional accumulation anticipated.

C. ☐ Microfilm and destroy originals.

D. ☒ Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES ☐ NO ☒

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval: Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	☐	☒	☐

REMARKS:

C P Force Records Management Officer 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10001 22 1943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 G

Registered No. G 10001

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mem Balto. Gen. Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3310 Alto Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Selvin SELDIN

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Joseph Selvin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name Harry Katz
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Isadore Seldin
(b) Address 3310 Alto Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton ave

18 (a) Funeral director Sol Levinson & Bro.
(b) Address 1124-26 W North ave

19 (a) Date received by Registrar NOV 10 1943 (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-9- 1943, at 8.40 A.M.

21. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Intracranial Hemorrhage, Traumatic

Due to

Other Conditions Fractured ribs

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 15-8
(a) Date of injury 11-8-43 at 7 P. M.
(b) Where did injury occur? Garrison ave Piedmont Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian, struck by automobile

23. Signature Howard J. Sheridan M.D. Medical Examiner.
Date signed 11-9-43

10001½ ✓ 9-10001½

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 200C

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1430 W. Lanvale
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1430 W Lanvale
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christina Butler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Fe | 5. Color or race Bl | 6 (a) Single, married, widowed, or divorced. Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17, 1943

8. AGE: Years — | Months — | Days 3 2/7 | If less than one day ..... hr. ..... min

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name James Butler
13. Birthplace Edgefield S. C.

MOTHER 14. Maiden Name Katie Robinson
15. Birthplace Greenwood S. C.

16 (a) Informant James Butler
(b) Address 1430 W. Lanvale St.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)

(c) Cemetery or crematory
Location [illegible] APR 26 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 APR 26 1943 Huntington Williams M.D. Registrar
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1943 at 1 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1943 to April 20 1943 and that I last saw her alive on April 20 1943

Immediate cause of death Unknown — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Nothing Grossly

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George H. Bunn M.D.
Address University Hosp. Date signed 4/26/43

0049½

G 10002 ✓ G 10002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2718 Kinsey Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2718 Kinsey Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: William W. Nichols

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife: Elizabeth Nichols

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24, 1861

8. AGE: Years 82 | Months 5 | Days 14 | If less than one day hr. min.

9. Birthplace Carroll County, Md.
(Town, county, and state)

10. Usual Occupation Laborer - Retired

11. Industry or business

FATHER
12. Name George Nichols
13. Birthplace Unknown

MOTHER
14. Maiden Name Maretta ?
15. Birthplace Unknown

16 (a) Informant Mrs. Henry Cochran
(b) Address 2718 Kinsey Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director Miles Lemmon
(b) Address 1003 W. Baltimore St.

NOV 10 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1943, at 5.20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/8 1943, to 11-8 1943, and that I last saw h. alive on 11-6 1943.

Immediate cause of death: Acute Cardiac dilatation — Duration

Due to: Chronic myocarditis

Due to: Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Cates M.D.

Address 4 N. Fulton Ave. Date signed 11-10

G 10003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

Registered No. G 10003

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12 N. Port Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN F. KAMENSKI (KAMINSKI)

3 (b) If veteran, name war	3 (c) Social Security Account No.
World's War	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1895

8. AGE: Years	Months	Days	If less than one day
48	4	5	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation No. ago shipyard worker
11. Industry or business

FATHER
12. Name Geo. Kaminski
13. Birthplace Poland

MOTHER
14. Maiden Name Josephine Parot
15. Birthplace Poland

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Grid R-1 Lot
18 (a) Funeral director O. Lee Edens
(b) Address 4644 York Rd.
NOV 10 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION P.

20. DATE OF DEATH Nov. 9, 1943, at 12:18 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 28, 1943, to Nov. 9, 1943, and that I last saw him alive on Nov. 9, 1943

Immediate cause of death Carcinomatosis of the liver, pancreas, and retroperitoneal lymph nodes — Duration Unk. but approx. 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 10/4-Exploratory Lap.
Major findings of operation: Generalized carcinomatosis colon-inoperable.
of autopsy: As above

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph Howard, Jr. M.D.
Address Baltimore, Md. Date signed 11/9/43

VS 150

Va-13764

KOAVES

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 10004 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2828 St Paul St.
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs.

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County Balto city
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2828 St Paul St
(If rural give location)
(e) Citizen of foreign country? — No — (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Gershom Burger

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Eliza J. Burger
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov-10-1858

8. AGE: Years: 85 | Months: 0 | Days: 0 | If less than one day: hr. min.

9. Birthplace: Balto Co.
(Town, county and state)

10. Usual Occupation: retired

11. Industry or business: (Florist)

FATHER — 12. Name: Gustav Burger
13. Birthplace: Germany

MOTHER — 14. Maiden Name: Rosa M. Frederick
15. Birthplace: Germany

16 (a) Informant: Miss Florence M. Burger
(b) Address: 2828 St. Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-12-43 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Woodlawn

18 (a) Funeral director: Shivers Mowell Co
(b) Address: 108 W Mt. Rd.

NOV 10 1943
(Date rec'd by registrar) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10 1943, at 3:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1943, to Nov. 10 1943, and that I last saw him alive on Nov. 9 1943.

Immediate cause of death: acute Myo-Cardial Failure & Pulmonary congestion. — Duration: 4 hrs

Due to: Chronic Myocarditis — Duration: Indefinite

Due to: General arterio-sclerosis — Duration: Indefinite

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: Henry A Kelly M. D.

Address 2504 St Paul St. Date signed Nov 10 1943

G 10005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 10005 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 123 E. Barney
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 123 E. Barney
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANASTACIA Anastastia Bradley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife Charles J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) oct 19. 1868

8. AGE: Years	Months	Days	If less than one day
75		21	hr. min.

9. Birthplace Ft. Ireland
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name James Brophy
13. Birthplace Ireland

MOTHER
14. Maiden Name Sarah King
15. Birthplace Ireland

16 (a) Informant Leo Brophy
(b) Address 123 E. Barney St.

17 (a) Burial (b) Date thereof 11-13-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Balto. Md.

18 (a) Funeral director Wynn & Fleming
(b) Address 1422 Light St.

NOV 10 1943 Huntington Williams Registrar
(Date filed) (By the city registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-10-43 19 43 at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec about 1 year 19 and that I last saw her alive on 11-9 19 43

Immediate cause of death Heart failure — Duration

Due to Pneumonia (Bronchial)

Due to Hemorrhage of brain

Other Conditions Arteriosclerosis Diabetes mellitus

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. L. Weinberger M. D.
Address 102 E Fort Ave Date signed

VS 8

G 10006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 10006 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument + Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Temple Gardens Apts Madison ave + Glenrotale Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Lessall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	New born

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/28/43

8. AGE: Years	Months	Days	If less than one day
		5	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation New born

11. Industry or business

FATHER
12. Name Nathaniel Lessall
13. Birthplace N.Y.C.

MOTHER
14. Maiden Name Frances Levin
15. Birthplace N.Y.C.

16 (a) Informant Frances Lessall
(b) Address Temple Gardens Apt. Balto. Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 10 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 NOV 10 1943 (Date received by registrar) (Signature of registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 1943, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 28 1943 to Sept 2 1943 and that I last saw h[illegible] alive on Sept 2 1943

Immediate cause of death	Duration
Hyaline membrane	
Due to	
Due to	
Other Conditions Twin Premature Infant	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1039 Cathedral Date signed 9/4/43

0501

4436 88

G 10007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47D

Registered No. G 10007

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 Hull St. (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Elenora Swirdowich

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Theodore Swirdowich

6 (c) If alive, give age 84 years

7. Birth date of deceased (mo., day, yr.) ?-?-77

8. AGE: Years 72 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation.....

11. Industry or business

FATHER
12. Name ? ?
13. Birthplace Russia

MOTHER
14. Maiden Name ? ?
15. Birthplace Russia

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11th 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Orthodox Cem.
Location Balto. Co. Md.

18 (a) Funeral director Charles F. Dill
(b) Address 1501 E. Fort Ave.

19 (a).....(b).....
(Date rec'd by registrar) Registrar

NOV 10 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7 1943 at 2:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 29 1943 to Nov 7 1943. and that I last saw h.. alive on Nov. 7 1943.

Immediate cause of death: Cardiac failure — Duration: 3 days
Due to: Bronchial obstruction — 2 yrs.
Due to: Carcinoma of lung — 2 yrs.
Other Conditions.....
(Include pregnancy within 3 months of death)
Date of operation.....
Major findings of operations.....
of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at..... M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature Paul O. Clattfield M. D.
Address Johns Hopkins Hosp. Date signed 11/7/43

G 10008 ✓ G 10008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 905 Burgundy Pl.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Betty May Hardy ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 14-1942

8. AGE: Years | Months: 2 1 | Days: 7 26 | If less than one day: hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name PHILIP S. HARDY
13. Birthplace BALTO

MOTHER
14. Maiden Name LAURA M. MILLER
15. Birthplace BALTO

16 (a) Informant LAURA M. HARDY
(b) Address 905 BURGUNDY ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV 12-42 (month) (day) (year)
(c) Cemetery or crematory MT Olivet
Location Balto Md.

18 (a) Funeral director Bernard C Hoke
(b) Address 121 E West St

19 (a) NOV 10 1943 (Date received by registrar) (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-10 1943, at 8:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-10 1943 to 11-10 1943, and that I last saw her alive on 11-10 1943

Immediate cause of death Pneumonia

Duration

Due to Dehydration

Due to Diarrhea + Malnutrition

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas B. Warner M.D.

Address Univ. Hosp. Date signed 11-10-43

G 10009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10009 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 833 N. Washington Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 833 N. Washington Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES E. KENNEDY

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Mary (nee Crilly)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/[illegible]/67

8. AGE: Years	Months	Days	If less than one day
76 yrs.	1	15	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Alice McPartland (daughter)
(b) Address 833 N. Washington Street

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 11/12/43 (month) (day) (year)
(c) Cemetery or Crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) [illegible] (b)
(Date received by Registrar)
NOV 10 1943
Registrar
Huntington Williams, M.D.
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8 19 43, at 7:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 42, to Nov. 8 19 43, and that I last saw him alive on Nov 8 19 43.

	Duration
Immediate cause of death: Cerebral Hemorrhage	10 hrs.
Due to: Hypertension	?
Due to:	
Other Conditions: Generalized Arteriosclerosis (Include pregnancy within 3 months of death)	?

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leonard Brull M. D.
Address 926 N. Washington Ave. Date signed Nov. 9, 1943

G 10010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 10010 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 608 N. Curley Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 N. Curley Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MATTHEW BARVIR

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Louise (nee Franc)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/14/92

8. AGE: Years	Months	Days	If less than one day
51 yrs.	9	24	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation Baker
11. Industry or business

FATHER
12. Name Matthew Barvir
13. Birthplace Czech.

MOTHER
14. Maiden Name Skirvan
15. Birthplace Czech.

16 (a) Informant wife
(b) Address 608 N. Curley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/8/43 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Baltimore Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

NOV 10 1943 (Date rec'd by registrar) Clayton Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 8 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1942, to Nov 8 1943, and that I last saw h[illegible] alive on Nov 7 1943.

Immediate cause of death: Coronary Thrombosis — Duration 1½ yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Pokorny M.D.
Address 2200 E Madison St Date signed 11/9/43

G 10011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a G 10011 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: DoA Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2235 Huntingdon Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bertha Bongiorno - Bongiorno

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
F	W	Married

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE:	Years	Months	Days	If less than one day
356	56			hr. min.

9. Birthplace Italy (State or foreign country and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Pete Larosa
13. Birthplace Italy

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Joseph Bongiorno
(b) Address 2235 Huntington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12, 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem. Baltimore, Md.
Location

18 (a) Funeral director A. S. Marshall
(b) Address 3539 Falls Rd.

19 Nov. 10, 1943 (Date received by Registrar) Huntington Williams M (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/8/43, at 8.40 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Autopsy or Inquiry) to natural death on the day stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide at M
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNulty M.D. Medical Examiner.
D.
Date signed 11/8/43.

G 10512 Last of new Lizzie

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 10012

CERTIFICATE OF DEATH 63 B Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15 S. Conkling st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 6
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 15 S. Conkling St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marie H. Kral

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Joseph F. Kral

6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1912

8. AGE: Years 30 Months 11 Days 29 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Frank Tomasteh
13. Birthplace Baltimore

MOTHER
14. Maiden Name Veronica Fuka
15. Birthplace Baltimore

16 (a) Informant Joseph F. Kral
(b) Address 15 S Conkling St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Frank Brantstar
(b) Address 900 N. Greater St

NOV 10 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9, 1943, at 4:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 2 1940, to Nov. 9 1943, and that I last saw h[illegible] alive on Nov. 8 1943.

Immediate cause of death Chronic Myocarditis — Duration 3 yrs

Due to Toxic Goiter — 15 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation May 12, 1941
Major findings of operation Toxic Goiter, Myocarditis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Michael J. Dausch M. D.
Address 2830 E. Baltimore St Date signed 11/10/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10013 ✓ G 10013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 5154 W. Conkle St (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto (If rural give location)
(e) Citizen of foreign country? Germ (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Josephine Ruzicka

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frank Ruzicka

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Oct 1 1871

8. AGE: Years 72 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Vaclav Havlich
13. Birthplace Austria

MOTHER
14. Maiden Name Kat Krumm
15. Birthplace Austria

16 (a) Informant Frank Ruzicka
(b) Address 2300 Erdman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Frank Brockton
(b) Address 900 N. Eutaw St

19 (a) NOV 10 1943 (Date rec'd by Registrar) (b) Huntington White Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1943, at 10 12 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 4 1943 to Nov. 8 1943, and that I last saw her alive on Nov. 8 1943.

Immediate cause of death: Congestive Heart Failure — Duration

Due to: Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions: Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fuesting

Address St. Joseph's Hosp Date signed 11-8-43

G 10014 X ✓ G 10014

BALTIMORE CITY HEALTH DEPARTMENT — Registered No.

CERTIFICATE OF DEATH

122 W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 - N. Caroline St
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2617 Yorkaway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME NELLIE K. TATUM

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Claude N.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1866

8. AGE: Years	Months	Days	If less than one day
76	10	11	hr. min.

9. Birthplace Orange, Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James H. Kennedy
13. Birthplace Va.

MOTHER
14. Maiden Name Ellen Smith
15. Birthplace Va.

16 (a) Informant Miss Alice R. Tatum
(b) Address 2617 Yorkaway May - #22 Dundalk, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/10/43 (month) (day) (year)
(c) Cemetery or crematory Elmwood Burying Ground
Location Orange Va.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

NOV 20 1943 — Registrar — Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-10 1943 at 3.46 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-8-1943, to 11-10 1943, and that I last saw her alive on 11-10 1943

Immediate cause of death Circulatory Failure-

Due to Peritonitis - Ruptured Bowel.

Due to Strangulated Femoral Hernia.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 11-8-43.

Major findings of operation: Gangrenous Intestine - Peritonitis.

of autopsy:

Duration
1 day.
2 days.
3 days.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Ballena M. D.
Address St. Joseph's Hosp. Date signed 11/10/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95C

G 10015 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2306 N. Calvert St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2306 N. Calvert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MAUDE LEWIS CHAMBERS

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: James E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1872

8. AGE: Years	Months	Days	If less than one day
71	7	1	hr. min.

9. Birthplace Lodge, Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Aaron Lewis
13. Birthplace Va.

MOTHER
14. Maiden Name Mildred Thrift
15. Birthplace Va.

16 (a) Informant Mr. Samuel T. Chambers
(b) Address 2306 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

NOV 10 1943 (Date received by local registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 13 1943, to Nov 9 1943, and that I last saw her alive on Nov 9 1943.

Immediate cause of death: Asphyxiation from heart
Due to: arterial Sclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration
6 hrs

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W H Pearce M. D.
Address 2105 Eden Date signed Nov 10/43

G 10016 ✓ G 10016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 730 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the correct age is especially important. Refer to the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 Kuper Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 Kuper Place (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Effie May Godfrey ✓

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Alexander M. Godfrey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 28, 1875

8. AGE: Years 68 | Months 2 | Days 12 | If less than one day: hr. min.

9. Birthplace: Crisfield, Maryland (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: Home

FATHER
12. Name: Sterling
13. Birthplace: Crisfield Maryland

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Crisfield Maryland

16 (a) Informant: Dora Lillian Todrick
(b) Address: 1409 Kuper Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Maryland

18 (a) Funeral director: Jos. L. Schwab
(b) Address: 2101 Frederick Avenue

19 NOV 11 1943 (Date Rec'd by Reg.) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1943, at 5.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 25, 1943, to Nov 10, 1943, and that I last saw her alive on Nov 10, 1943.

Immediate cause of death: Bronchopneumonia — Duration 48 hrs
(a)
(b)
Due to: Pernicious Anemia
Due to:
Other Conditions: Osteosclerosis
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Herman H. Bayless M. D.
Address: 1600 Wilkens Ave Date signed 11/10/43

10017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

C 10017 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1508 W. Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1508 W. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Grumblatt

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18-1863

8. AGE: Years 80 | Months 8 | Days 22 | If less than one day hr. min.

9. Birthplace Switzerland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Jacob Grumblatt
13. Birthplace Switzerland

MOTHER 14. Maiden Name Elizabeth Frei
15. Birthplace Switzerland

16 (a) Informant John O'Keagendanger
(b) Address 1508 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11-1943 (month) (day) (year)

(c) Cemetery or crematory Church of God
Location Gambrills Md.

18 (a) Funeral director George L. Schwab
(b) Address 210 Frederick Ave.

NOV 11 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9 1943 at 4 a.m. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-28-1943 to 11-9 1943 and that I last saw h er alive on 11-8 1943

Immediate cause of death: a. Arteriosclerotic myocarditis — Duration: ?

Due to: Generalized arteriosclerosis — ?

Due to —

Other Conditions: Hypostasis — ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Morris B. Schreiber M. D.

Address 514 S. Dulaney Ave. Date signed 11-10-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56E

Registered No. 10018

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edmondson & Green
(c) Hospital or institution: Univ Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Rural - Edgemere Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Doris Hankin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 6, 1943

8. AGE: Years	Months	Days	If less than one day
	2 mos	4	hr. min.

9. Birthplace Edgemere, Md. Balto Co.
(Town, county, and state)

10. Usual Occupation child

11. Industry or business

FATHER
12. Name Robert Hankin
13. Birthplace Bayard W. Va.

MOTHER
14. Maiden Name Mary Bray
15. Birthplace Blaine W. Va.

16 (a) Informant Parents
(b) Address

17 (a) Burial (b) Date thereof NOV 10 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Elkgarden W. Va.
Location West Virginia

18 (a) Funeral director Sol Lubenow & Bro
(b) Address 1124-26 W Northern
Huntington West Virginia

NOV 11 1943
(Date received by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/10 1943, at 5:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/9 1943 to 11/10 1943, and that I last saw him alive on 11/9 1943

Immediate cause of death

Bronchopneumonia (child)

Due to

Due to

Other Conditions Pyelonidal sinus
Possible defect lower sacrum
(Include pregnancy within 3 months of death)

Date of operation 11/4

Major findings of operation: Epidermoid cancer

of autopsy: Same - Bronchopneumonia

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Lofgren M. D.
Address University Hospital Date signed 11/12/43

G 10019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G 10019

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1028 N. Luzerne Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1028 N. Luzerne Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Marie Antoinette Gibson

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1943

8. AGE: Years	Months	Days	If less than one day
	6	6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Henry R. Gibson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Carmela Badolato
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Henry R. Gibson
(b) Address 1028 N. Luzerne Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave. Balto., Md.

18 (a) Funeral director W. Howard Strong
(b) Address 3207 W. North Ave.

Date received NOV 11 1943 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8, 1943, at 6.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/4 1943 to 11/8 1943, and that I last saw h[illegible] alive on 11/7 1943.

Immediate cause of death
Respiratory failure
Due to Pneumonia
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Quinn M. D.
Address 203 Dolfan Ave Date signed 11/10/43

C 10020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. C 10020

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1704 Dukeland St.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 Dukeland St., (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alice E. Whitmore

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
--	none	Female	White	Widowed

6 (b) Name of husband or wife John J. Whitmore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10, 1858

8. AGE: Years	Months	Days	If less than one day
85	7	29	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Solomon Springer
13. Birthplace Md.

MOTHER
14. Maiden Name HARRIET WADDLES.
15. Birthplace MD.

16 (a) Informant Joseph A. Whitmore
(b) Address 3600 Clifton Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Tabor Lutheran Cemetery
Location Rockey Ridge, Md.
18 (a) Funeral director J. Howard Strong
(b) Address 3207 W. North Ave.,

NOV 11 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8, 1943, at 9.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 12 1941 to Nov. 8 1943, and that I last saw h. alive on Nov. 8 1943

Immediate cause of death	Duration
Arteriosclerosis	15 yrs.
Due to Chronic Myocarditis	10 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Mallin M. D.
Address 3574 W. North Ave Date signed 11/9/43

G 10021 BALTIMORE CITY HEALTH DEPARTMENT G 10021

CERTIFICATE OF DEATH 469

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1138 Montpelier ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1138 Montpelier ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie E. O'Brien

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband Edward J. O'Brien
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 17th 1884

8. AGE: Years	Months	Days	If less than one day
58	11	21	hr. min.

9. Birthplace Balto. Md.
(town, county, and state)
10. Usual Occupation Janitress
11. Industry or business Public Schools

FATHER
12. Name Walter B. Miller
13. Birthplace Md.

MOTHER
14. Maiden Name Amanda Annan
15. Birthplace Md.

16 (a) Informant Catherine E. Sykes
(b) Address 1732 Carroll St

17 (a) Burial (b) Date thereof 11/11/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Parkville Md.

18 (a) Funeral director William Cox Inc
(b) Address 1217 St. Paul St

NOV 11 1943 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 8th 1943, at 3 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-13 1943, to Nov. 8th. 1943.
and that I last saw her alive on Oct. 25th, 43.

Immediate cause of death: Carcinoma of the head of Pancreas — Duration: unknown
Due to: ———
Due to: ———
Other Conditions: Obstructive Jaundice — about 3 mo
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jas W Montgomery M.D.
Address 401 E. 25th. St. Date signed 11/9/43 (M.D.)

Approved by Howard J. Sprecher M.D.

C 10022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93

Registered No. C 10022

AB-81456

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mos-28 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6500 Cedonia Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Monberger (MOMBERGER)

3 (b) If veteran, name war W

3 (c) Social Security Account No. NONE

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Ida (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15-1863

8. AGE: Years 80 | Months 5 | Days 24 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George Monberger MOMBERGER
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Russell
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 11/12/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto Md.

18 (a) Funeral director Williams Cook Inc
(b) Address 1217 St. Paul St

NOV 11 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/9 1943, at 7:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943 to 11/9 1943.
and that I last saw him alive on 11/9 1943.

Immediate cause of death Coronary occlusion or pulmonary embolism — Duration ?
Due to A-S. C.V.D — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not yet

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Seagman M. D.
Address BCH Date signed 11/9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 10023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

C 10023 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 805 Scott St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 805 Scott St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Elizabeth Hill

3 (b) If veteran, name war W
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widowed

6 (b) Name of husband William T. Hill

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27th 1862

8. AGE: Years	Months	Days	If less than one day
81	3	13	hr. min.

9. Birthplace Calvert Co. Md. (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Geo. W. Lusby
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Delilah Toy
15. Birthplace Calvert Co Md.

16 (a) Informant James Leroy Buckmaster
(b) Address 805 Scott St

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 11/12/43 (month) (day) (year)
(c) Cemetery or crematory Olivet M. E. Church
Location Olivet Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) NOV 11 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 10th 1943, at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 8 1943 to Nov 10 1943 and that I last saw h[illegible] alive on Nov 10 1943.

Immediate cause of death	Duration
a Hypertension Cardio vascular disease	2
Due to	
Due to	
Other Conditions Coronary Thrombosis (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Kennedy M. D.
Address 1934 Walbrook ave Date signed 11/10/43

C 10024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943 Registered No. C 10024

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2251
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 W. Lee Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Lintz

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: none

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife: Viola Lintz
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Dec 4th 1880

8. AGE: Years	Months	Days	If less than one day
62	11	4	....hr. ....min.

9. Birthplace Cleveland Ohio (Town, county, and state)
10. Usual Occupation Janitor in Office
11. Industry or business Bethlehem-Fairfield Co.

FATHER
12. Name Philip Lintz
13. Birthplace Portsmouth Ohio

MOTHER
14. Maiden Name Elizabeth Munn
15. Birthplace Portsmouth Ohio

16 (a) Informant Mrs Viola Lintz
(b) Address 13 W. Lee St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/11/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto.
Location " Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul Pl Baltimore, Md.

19 (a) NOV 11 1943 (Date received by registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1943, at 2:00 P.M.

21. I certify that I took charge of the remains described above, held an autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Subdural
Hematoma of Brain

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury unknown M.
(b) Where did injury occur? ll
(c) Did injury occur at home, on farm, industrial place, in public place? unknown While at work?
(d) Means of injury unknown

23. Signature Robert L. Graham M.D. Medical Examiner.
Date signed Nov. 10, 1943

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10025 G 10025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hosp. 27-15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4300 Greenview Ave.
(If rural give location)
(e) Citizen of foreign country? Not (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ellen Kelly

3 (b) If veteran, name war W | 3 (c) Social Security Account No. NONE

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/1/1874

8. AGE: Years 69 | Months 2 | Days 7 | If less than one day hr. min.

9. Birthplace Maryland.
(Town, county and state)

10. Usual Occupation House-Cleaning

11. Industry or business St. Marys Villa

FATHER 12. Name Bernard Kelly
13. Birthplace Ireland.

MOTHER 14. Maiden Name Mary ?
15. Birthplace Ireland.

16 (a) Informant Mrs Sidney Tinsley
(b) Address 4018 Mass. Ave.

17 (a) Burial (b) Date thereof 11/11/43
(Burial, ~~cremation~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 NOV 11 1943 Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/8 1943, at 3 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1 1943, to 11/8 1943 and that I last saw h[illegible] alive on 11/7 1943

Immediate cause of death Cerebral Hemorrhage. — Duration 29 days

Due to Hypertensive cardio vascular disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. E. Queen M. D.
Address Mercy Hosp. Date signed 11/9/43

VS 250

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~0026~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

513

G 10026 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Since 1897

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 203 Aisquith Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME WM. ELWELL ADAMS

3 (b) If veteran, name war: Sp. American

3 (c) Social Security Account No. -214-20-7811

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: -

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 10, 1878

8. AGE: Years 65 | Months 3 | Days 28 | If less than one day ____ hr. 27 ____ min.

9. Birthplace Ridgeway, S. C. (Town, county, and state)

10. Usual Occupation Berndt Co.-Sample Grain

11. Industry or business " (July 1943)

FATHER
12. Name Pleasant Adams
13. Birthplace S. C.

MOTHER
14. Maiden Name Fannie ?
15. Birthplace S. C.

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11th/943 (month) (day) (year)
(c) Cemetery or crematory National Cem.
Location Frederick Rd. Md City

18 (a) Funeral director Polson & Mamie M. Ringler
(b) Address 72 Aisquith St

19 NOV 11 1943 Registrar Wilmington, Del.

MEDICAL CERTIFICATION A.

20. DATE OF DEATH Nov. 7, 1943, at 1:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 3, 1943, to Nov. 7, 1943, and that I last saw h im alive on Nov. 7, 1943

Immediate cause of death Terminal bronchopneumonia — Duration: Approx. 2-3 days

Due to Carcinoma of the prostate with extensive metastases — Duration: Unk.

Due to — Duration:

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Adams

Address Baltimore, Md. Date signed 11/8/43 M D

VS 180

Va-13948

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 1.0027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1190

Registered No. G 1.0027

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 459 N. Bay St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elaine Cramer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife Infant.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/5/43

8. AGE: Years	Months	Days	If less than one day
	2	6	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Leonard Cramer
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Rhoda Sholen
15. Birthplace N.Y.

16 (a) Informant mother
(b) Address 459 N. Bay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-43 (month) (day) (year)
(c) Cemetery or cremator Hebrew Friendship
Location Balto & Gorsuch Sts.

18 (a) Funeral director Jacob Levin Son
Address 12 E. Balto St.

NOV 11 1943

19 (a) (Date rec'd by registrar) (b) Burial Permit Issued Williams, M.P. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/11/43 1943 at 2:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/5 1943 to 11/11 1943 and that I last saw h[illegible] alive on 11/11 1943.

Immediate cause of death Respiratory Failure

Due to Cachexia

Due to Acute Diarrhea

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. B. Gray M. D.
Address Mercy Hosp. Date signed 11/11/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G 10028

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4747 Park Heights Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 16
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4747 Park Heights Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BAYARD OTHELLO BELT

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1877

8. AGE: Years 66 | Months 0 | Days 26 | If less than one day ... hr. ... min.

9. Birthplace Hampstead, Md. (Town, county, and state)

10. Usual Occupation Disp atch

11. Industry or business Balto. Transit

FATHER
12. Name George W. Belt
13. Birthplace Hampstead, Md.

MOTHER
14. Maiden Name Mary J. Gill
15. Birthplace Md.

16 (a) Informant Mrs. Mary Evelyn Belt
(b) Address 4747 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/43 (month) (day) (year)
(c) Cemetery or crematory Grace M. E. Cem.
Location Hampstead, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 NOV 11 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS-150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/9/1943, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1942, to Nov 9 1943, and that I last saw him alive on Nov 8 1943.

Immediate cause of death: Arteriosclerotic Cardiovascular Disease — Duration: four yrs

Due to: Hypertension — four years

Due to: Coronary thrombosis — 4 hrs

Other Conditions: Cerebral Embolism — 36 hrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alex A Wanstock M. D.

Address 4603 Park Heights Ave Date signed 11/10/43

G 10029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. G 10029

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1311 Poplar Grove St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 Poplar Grove St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM E. LANGFORD

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 214-01-6893

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Rosie M. Langford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2, 1880

8. AGE: Years	Months	Days	If less than one day
63	2	6	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Machinist Inspector
11. Industry or business Glenn L. Martin Co.

FATHER
12. Name William S. Langford
13. Birthplace Maryland

MOTHER
14. Maiden Name Dorothy Rote
15. Birthplace Hampstead, Md.

16 (a) Informant Mr. William S. Langford
(b) Address 4301 Barrington Rd.

17 (a) Burial (b) Date thereof 11/11/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

NOV 11 1943
(Date received by local registrar)

Hunting for Williams, M.D.
Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8, 1943, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1943 to Nov 8 1943 and that I last saw him alive on Nov 5 1943.

Immediate cause of death	Duration
General Abdominal Carcinoma	✓
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: not known

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work?
(Specify type of place)
(e) Means of injury ✓

23. Signature John H. Grabanel
Address 1219 Poplar Grove St. Date signed 11/10/43
John H. Grabanel

10030 D'ADAMO

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938

G 10030 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St.
(c) Hospital or institution: Bon Secours Hosp. 16-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 707 Wilbron ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Lucille D'Adamo

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 218-09-1571

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Dominic T. D'Adamo

6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) March 4 1921

8. AGE: Years 22 | Months 8 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Machine Operator

11. Industry or business Tailor Shop

FATHER
12. Name Anthony Lentini
13. Birthplace Italy

MOTHER
14. Maiden Name Catherina D'Antoni
15. Birthplace Baltimore Md.

16 (a) Informant Anthony Lentini (Father)
(b) Address 707 Wilbron Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location 4300 Old Frederik Rd.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

NOV 11 1943 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/9/1943 at 2 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/18/1943 to 11/9/1943 and that I last saw h[illegible] alive on 11/9/1943.

Immediate cause of death	Duration
Cardiovascular Collapse	
Due to Congenital Malformation & Heart.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles P. Crimy M. D.

Address Date signed 11/9/43

CRIMY

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10031

G 10031

131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1119 Myrtle Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1119 Myrtle Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William W. Whittington

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Irene Whittington
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 10, 1880

8. AGE: Years	Months	Days	If less than one day
63	10		hr. min.

9. Birthplace Anne Arundel Co., Md. (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Henry Whittington
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza Howdy
15. Birthplace Md.

16 (a) Informant Mrs Irene Whittington
(b) Address 1119 Myrtle Av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

Date received NOV 11 1943 Registrar Whittington, Williams, M.D.

VS 150

MEDICAL CERTIFICATION A

20. DATE OF DEATH Nov. 10, '43 19 , at 7:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1 1943 to Nov 10 1943, and that I last saw him alive on Nov 10 1943

Immediate cause of death Cardio-Renal — Duration 1 Mo

Due to — Duration 10 Da

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. Whittington Porter
Address 1119 Date signed Nov 12 1943

G 10032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

Registered No. G 10032

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1111 Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 - 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Willie Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Carlian Jackson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 3, 190 1

8. AGE: Years	Months	Days	If less than one day
42	10	7	hr. min.

9. Birthplace Alabama (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Jeff Eldidge
13. Birthplace Ala.

MOTHER
14. Maiden Name Mary Glover
15. Birthplace Ala

16 (a) Informant Mrs Carlian Jackson
(b) Address 1111 Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11--12-43 (month) (day) (year)
(c) Cemetery or crematory
Location Reidsville, N. Carolina

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) NOV 11 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION A

20. DATE OF DEATH 11-10-43 19 , at 5:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-7 1943 to 11-10 1943, and that I last saw h alive on 11-10 1943

Immediate cause of death Acute cardiac dilitation — Duration 4 Hrs.

Due to over physical exertion -

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry D. McCarty M. D.
Address 97 N. Preston St Date signed 11-10-43

G 10033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12/0

Registered No. G 10033

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore + Fayette Sts

(c) Hospital or institution: Franklin Square Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 D

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1501 W. Saratoga St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME LORA HERNDON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife not stated

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At home

FATHER

12. Name not stated

13. Birthplace not stated

MOTHER

14. Maiden Name not stated

15. Birthplace not stated

16 (a) Informant Albert Jones

(b) Address 2530 Bucke St. Phila Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11, 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem.

Location Woodlawn

18 (a) Funeral director Wm Kaiser Williams

(b) Address 3299 Schroeder St.

19 (a) NOV 11 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6 1943, at 9 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-3 1943, to 11-6 1943, and that I last saw her alive on 11-6 1943.

Immediate cause of death Uremia

Due to Cardio-vascular renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Luther E. Leslie M.D.

Address 10 W. Madison St. Date signed 11/8/43

G 10034

Mebane

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 10034

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correctly entered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1101 E. Arlington Av.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (12) (If outside city or town limits write RURAL and give town)
(d) Street No. 1101 E. Arlington Av. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Florence Velma Mebane

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6 1901

8. AGE: Years 42 | Months 6 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore Md. (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER — 12. Name Harry G. Roberts

13. Birthplace Baltimore Md

MOTHER — 14. Maiden Name Florence C. Cummings

15. Birthplace Baltimore Md.

16 (a) Informant Joseph Mebane

(b) Address 1101 E. Arlington Av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-43 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Park

Location Balto. Co. (27) Md.

18 (a) Funeral director Mrs. Lena H. Holland

(b) Address 631 Druid Hill Ave (17)

19 (a) (b) Hunting for Williams M.D. Registrar

Date received NOV 11 1943

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/7 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/11 1943 to 11/7 1943, and that I last saw h[illegible] alive on 11/7 1943.

Immediate cause of death Bronchial Asthma — Duration

Due to Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Bank Lutz M. D.

Address 713 N. [illegible] Date signed

Seahnlein

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 10035 / 1390 Registered No. C 10035

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eutaw and Lanvale
(c) Hospital or institution W B Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2038 W Lanvale St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Katherine Seahnlein (SEAHNLEIN)

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Frank Seahnlein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 9. 1877

8. AGE: Years 66 | Months 0 | Days 1 | If less than one day: hr. min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name George L. Peitt
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Geller
15. Birthplace Germany

16 (a) Informant Wilbert L. Seahnlein
(b) Address 8 Hillside Road. Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13, 1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Mr & Mrs. John W. Teufel & Son
(b) Address 801 W Fayette St.

NOV 11 1943 Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 10 1943 at 8:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 26 19 43 to Nov 10 19 43 and that I last saw her alive on Nov 10 19 43

Immediate cause of death Toxic jaundice

Due to pelvic abscess

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Pelvic Abscess

Duration
$

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earle M. Wilder

Address 222 Y Eutaw St. Date signed 11/12/43 M. D.

EARLE M. WILDER

G 10036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. G 10036

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3308 W Garrison ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3308 Garrison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margret W Glancey

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Leo P Glancey
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) July 16 - 1906

8. AGE: Years	Months	Days	If less than one day
37	3	25	hr. 1406 min.

9. Birthplace Dunmore Pa. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business none

FATHER
12. Name James Flannelly
13. Birthplace Ireland

MOTHER
14. Maiden Name Sarah Tighe
15. Birthplace Archville Pa.

16 (a) Informant Leo P Glancey
(b) Address 3308 Garrison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 15-43 (month) (day) (year)
(c) Cemetery or crematory St Catherines Cem
Location Moosic Pa.

18 (a) Funeral director Charles P Powell
(b) Address 2027 Edmondson Ave

NOV 11 1943 (Date rec'd by registrar) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11th 1943, at 3:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1941, to Nov. 11 1943 and that I last saw h.e.r alive on Nov. 9 1943

Immediate cause of death
1) Carcinoma of Breast Left.
Due to
Due to
Other Conditions Metastasis to lungs, Brain etc. -
(Include pregnancy within 3 months of death)
Date of operation - 1941 -
Major findings of operation: -
Carcinoma
of autopsy: - None

Duration
2 yrs
1 year

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earl L. Chambers M. D.
Address 4108 Liberty Hts Date signed 11/11/43

VS 8

G 10037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. G 10037

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1040 Mc Donough Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Toler

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1922

8. AGE: Years	Months	Days	If less than one day
21	9	2	hr. min.

9. Birthplace N. Carolina
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

MOTHER FATHER
12. Name Joe Toler
13. Birthplace N. C.

MOTHER
14. Maiden Name Luella Bozeater
15. Birthplace N. C.

16 (a) Informant Mrs. Frank Reed
(b) Address 1040 Mc Donough St.

17 (a) Removal (b) Date thereof Nov. 11, 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Henderson, N. Carolina

18 (a) Funeral director Mrs. Robt. A. Elliott & Dgtr.
(b) Address 1129 N. Carolina St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-8- 1943, at 10 00 PM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH

Bullet wound of chest & abdomen

Due to

Other Conditions Acute Peritonitis

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 11-7-43 at 10.10 P M.
(b) Where did injury occur? Bay & Mc Donough Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Gun shot

23. Signature Howard J. Waldeis M.D.
Medical Examiner.
Date signed 11-9-43

G 10038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 10038 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Ferndale, (If outside city or town limits, write RURAL and give town)
(d) Street No. 62 (If rural give location)
(e) If foreign born, how long in U. S. A.) — years

3 (a) FULL NAME Infant son of Ole Mae Oden

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace University Hospital (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business "

FATHER
12. Name Vernon Oden
13. Birthplace Anne Arundel Co. Md.

MOTHER
14. Maiden Name Ole Mae Meachen
15. Birthplace Blacksburg, So. Car.

16 (a) Informant Mother
(b) Address Ferndale, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location
18 (a) Funeral director James A. Hayes
(b) Address 1142 W. Fayette St
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 10 1943, at 12.05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 9 1943, to Nov 10 1943, and that I last saw him alive on Nov 10 1943.

Immediate cause of death Congenital Atelectasis; Prematurity — Duration: 1 day.

Due to Mother had placenta previa; Caesarian section

Due to done

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Placenta previa, central.
Of autopsy Not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 3608 Clayton Rd. Date signed 11/12/43 (M/D)

VS 8

G 10039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1248

G 10039

MJ-84699

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 12
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2070 Linden Ave.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Kent Kernan KENT JOSEPH KERNAN

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.:

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Gertrude Rutley (D) KERNAN

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec 30, 1883

8. AGE: Years 59 | Months 10 | Days 9 | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: Accountant

11. Industry or business: Pigment Chemical Co.

FATHER
12. Name: Chalres Kernan
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Annie Kent
15. Birthplace: Maryland

16 (a) Informant: Mrs. Allen M. Pirie
(b) Address: 1746 E. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/43 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: Henry Sander & Sons, Inc.
(b) Address: 1849 E. North Ave.

NOV 11 1943 (b) Huntington Williams, M.D.
(Date received by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-8 1943, at 4:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-4 1943, to 11-8 1943, and that I last saw h[illegible] alive on 11-8 1943.

	Duration
Immediate cause of death: Bronchopneumonia	4 days
Due to: Carcinoma of Liver	10 years
Due to: Hypertensive cardio-vascular disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature I Burd Mell M. D.
Address B. P. H. Date signed 11-P-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

G 10040 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2124 E. Oliver St.
(c) Hospital or institution:
8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1827 N. Broadway (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT MARTIN HOLBROOK

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Anna M. Holbrook
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30, 1868

8. AGE: Years 75 | Months 4 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retired clerk
11. Industry or business Adams Express Co.

FATHER
12. Name William G. Holbrook
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Anna M. Allard
15. Birthplace Washington, D. C.

16 (a) Informant Mrs. Jos. E. Dobry
(b) Address 1827 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Henry Sander & Sons, Inc
(b) Address 1649 E. North Ave.

19 NOV 1 1 1943 (Date received by Local Registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7 1943, at 8.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1937 to 1943, and that I last saw him alive on April 1943.

Immediate cause of death Coronary attack (Angina Pectoris or Coronary Thrombosis) — Duration 3 hrs.
Due to Coronary Arteriosclerosis — Duration years
Due to — Duration
Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert W. Garis
Address 1014 St. Paul St. Date signed 11/9/43 (M. D.)

10041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

G 10041 Registered No.

MARGIN RESERVED FOR BINDING. The

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution:
Edgewood Nursing Home 27-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3016 Orlando Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES HARRISON SNYDER

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Davanna Westcott Synder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 3, 1857

8. AGE: Years 86 | Months 3 | Days 2 | If less than one day hr. min.

9. Birthplace Phila. Pa. (Town, county, and state)
10. Usual Occupation Jeweler - retired 20 yrs.
11. Industry or business

FATHER
12. Name [illegible] Geo. W. Snyder
13. Birthplace [illegible] Pa.

MOTHER
14. Maiden Name [illegible] Mary James
15. Birthplace [illegible] Pa.

16 (a) Informant Wm. Schneider
(b) Address 3016 Orlando Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore County, Md.

18 (a) Funeral director Henry Sander & Sons, Inc.
(b) Address 1648 E. North Ave.

19 (a) NOV 1 1943 (Date received by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1943 6.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1941 to Nov 8 1943 and that I last saw h[illegible] alive on Nov 7 1943

Immediate cause of death - Coronary Thrombosis — Duration 2 hr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm B Kulas M.D.
Address 231 V Calhoun Ave Date signed 11/9/43

G 10042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 10042

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp. 8
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1522 N. Dallas St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Gray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widow

6 (b) Name of husband or wife Mable

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-16-1872

8. AGE: Years	Months	Days	If less than one day
71		21	hr. min.

9. Birthplace Montgomery Co. Md.
(Town, county, and State)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Monah ?
15. Birthplace

16 (a) Informant Mary Gray
(b) Address 14 N. Dallas St.

17 (a) Burial (b) Date thereof 11/11/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Bentley Ave.

19 (a) NOV 11 1943 (b) Hunting & Williams, M
(Date rec'd by Registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 7 1943, at 3:45 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Enterocolitis
cardiorenal disease

Due to

Other Conditions Extreme malnutrition

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Nov 7 1943

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. Write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10043

MJ-82255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G 10043

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos., 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 N. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John McDonald

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898 ?

8. AGE: Years	Months	Days	If less than one day
45?	?	?	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Tobbi

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) burial (b) Date thereof 11/12/43 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Baltimore Cathedral
Location 4300 Fd

18 (a) Funeral director John J. Gowan & Son
(b) Address 90-03 Holliday Street

19 NOV 11 1943 Hunting for Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/9 1943 at 5:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943 to 11/9 1943, and that I last saw him alive on 11/9 1943.

Immediate cause of death: Bronchopneumonia — Duration 4d.

Due to

Due to

Other Conditions Gen. arteriosclerosis — ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Sugman M.D.

Address BCH Date signed 11/9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully entered. This certificate is especially important. Physicians: please write the causes of death clearly and legibly.

10044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 10044 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3707 Greenmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3707 Greenmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George W. Watson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Theresa Kelly

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 6, 1875

8. AGE: Years 68 | Months 4 | Days 3 | If less than one day hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business: Real Estate

FATHER
12. Name: William S. Watson
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Mary Corcoran
15. Birthplace: Baltimore

16 (a) Informant: Mrs. James E. Kelly
(b) Address: 3707 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/43 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Baltimore

18 (a) Funeral director: Rita Wiedefeld
(b) Address: 914 Greenmount Ave

19 NOV 11 1943 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9, 1943 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26-1943, to 11-9-1943, and that I last saw him alive on 11-8-1943.

	Duration
Immediate cause of death: Coronary Thrombosis	Sudden
Due to: Arteriosclerotic valvular heart disease	Months
Due to:	
Other Conditions: Diabetes mellitus	Many years

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Wm. B. Sylvester M. D.
Address: 2802 Hartford Rd. Date signed 11-11-43

G 10045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G 10045

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4112 Idaho Avenue
(c) Hospital or institution: Church Home & Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore 24
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4112 Idaho Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin B. Lovett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emily Lovett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-21-74

8. AGE: Years	Months	Days	If less than one day
69	11	20	hr. min.

9. Birthplace Philadelphia Pa.
(Town, county, and state)
10. Usual Occupation Clergyman
11. Industry or business

FATHER
12. Name Charles F. Lovett
13. Birthplace Philadelphia, Penn.

MOTHER
14. Maiden Name Margarite E. Barnes
15. Birthplace Philadelphia, Penn

16 (a) Informant Mrs. Emily Lovett
(b) Address 4112 Idaho Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 12 43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn Balto Co. Md

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place
Hunting for Williams Mgr

19 (a) Date received by Registrar NOV 11 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-10-43 1943, at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-24- 1943 to 11-10- 1943, and that I last saw him alive on 11-10- 1943.

Immediate cause of death	Duration
Exhaustion	
Due to Carcinoma of Transverse Colon	4+ years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Carcinoma of colon

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isabella Harrison M. D.
Address Church Home + Hospital Date signed 11-11-43

70046 BALTIMORE CITY HEALTH DEPARTMENT 70046

CERTIFICATE OF DEATH 1943 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct spelling. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland BALTIMORE CITY.
(b) Street address 2704 N CHARLES STREET.
(c) Hospital or institution: NONE
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE CITY. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2704 NORTH CHARLES STREET. (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL F. ZIEGLER.

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	widowed

6 (b) Name of husband or wife Jannie M. Ziegler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26. 1858

8. AGE: Years	Months	Days	If less than one day
85	2	14	13 hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation retired coal Merchant
11. Industry or business

FATHER
12. Name Samuel F. Ziegler
13. Birthplace Md.

MOTHER
14. Maiden Name Louisa Barr
15. Birthplace Md.

16 (a) Informant E. Gardner Ziegler
(b) Address 9 Georgedale Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 12/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Baltimore Co. Md.

18 (a) Funeral director John C. Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) Filed Nov 11 1943 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION P

20. DATE OF DEATH NOVEMBER 9 1943, at 12.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from FEBY 13 1943 to NOV 9 1943 and that I last saw h. im alive on NOV 9 1943.

Immediate cause of death	Duration
CORONARY THROMBOSIS NOV 9	1943
Due to CHRONIC MYOCARDITIS	1942.
Due to ARTERIOR SCLEROSIS	1942.
Other Conditions NONE	

(Include pregnancy within 3 months of death)
Date of operation NONE
Major findings of operation:
of autopsy: NO.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas C. Chauteau M.D.
Address 3013 SAINT PAUL STREET Date signed 11/9/43

VS 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92a

G 10047 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1624 E. Balto. St
(c) Hospital or institution: 6-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) bo4ys
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1624 E. Balto. St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Rosenberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Samuel Rosenberg

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Nurse wife

11. Industry or business

FATHER
12. Name Barnett Rosenberg
13. Birthplace Russia

MOTHER
14. Maiden Name
15. Birthplace Russia

16 (a) Informant Mrs. Rosenberg
(b) Address 1624 E. Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-43 (month) (day) (year)
(c) Cemetery or crematory Russdale
Location Pikesville Md.

18 (a) Funeral director Jack Lewis Jno
(b) Address 1439 E. Balto St

19 NOV 11 1943 (Registrar's signature) Huntington Willenberg, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-10-43 19 , at 1 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1939 to Nov 10 1943 and that I last saw her alive on Nov 10 1943

Immediate cause of death Acute Coronary Thrombosis — Duration

Due to Mitral & Aortic Insufficiency — 4 yrs

Due to Arteriosclerosis — "

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. V. Clift M. D.
Address 5010 Greenleaf Rd Date signed 11-11-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1938

G 10048 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4409 Hickory Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-14
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Bedford Route #1 (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Ida Belle Smith

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Reuben F. Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6 1877

8. AGE: Years 66 | Months 4 | Days 4 | If less than one day ... hr. ... min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation At Home
11. Industry or business

FATHER 12. Name George Williams
13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Mary Jane Hoover
15. Birthplace Pennsylvania

16 (a) Informant Mrs. Florence A. Fritz
(b) Address 4409 Hickory Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11-1943 (month) (day) (year)
(c) Cemetery or crematory Schellsburg
Location Bedford Co-Pennsylvania

18 (a) Funeral director Durgee Funeral Home
(b) Address 3631 Falls Road

NOV 11 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10 1943, at 8:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10 1943 to Nov. 10 1943 and that I last saw h... alive on ... 19...

Immediate cause of death Congestive Heart Failure — Duration ...
Due to Chronic Myocarditis
Due to ...
Other Conditions ...
(Include pregnancy within 3 months of death)
Date of operation ...
Major findings of operations: ...
of autopsy: ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ...
(e) Means of injury ...

23. Signature Edward L. Harriman M. D.
Address 4037 Falls Rd. Date signed 11/11/43

10049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170a

Registered No. C 10049

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4 Eaton & Wilkins Aves
(c) Hospital or institution:
St. Agnes Hosp. 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Highlandtown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4822 Bridge Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James M. Rigger - RIEGGER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Edith M. Rieggel

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 24-1900

8. AGE: Years	Months	Days	If less than one day
43	5	16	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Construction Engineer
11. Industry or business Construction Engineering

FATHER
12. Name Anton Rieggel
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Schmidt
15. Birthplace Balto., Md

16 (a) Informant Edith M. Rieggel
(b) Address 4822 Bridge Ave Highlandtown

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 / 12 / 43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md

18 (a) Funeral director F. B. Wehrheit & Son
(b) Address 300 Eastern Ave

19 (a) NOV 11 1943 (Date rec'd by local reg'r) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1943, at 10:15 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Nov. 9 1943 9:30 P. M.
(b) Where did injury occur? Highlandtown + Ambulance
(c) Did injury occur at home, on farm, industrial place, in public place? public place While at work? no
(d) Means of injury Struck by train

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Nov. 10, 1943

G 10050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 10050 Registered No. 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1943 W. North Ave.
(c) Hospital or institution:
15-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) About 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1943 W. North Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country Yes

3 (a) FULL NAME SADIE B. PARKUS.

3 (b) If veteran, name war ----------

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Joseph B. Parkus
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1859.

8. AGE: Years	Months	Days	If less than one day
84	5	8	hr. min.

9. Birthplace Wisconsin. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Benjamin Bornheim.
13. Birthplace Germany.

MOTHER
14. Maiden Name Caroline Newberger.
15. Birthplace Germany.

16 (a) Informant Mrs. J. Sinsheimer.
(b) Address 1943 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/43. (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Baltimore, Md.

18 (a) Funeral director Burial Sonneborn & Son
(b) Address 1902 Eutaw Place.

NOV 11 1943 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9th. 1943 at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 1 1943 to Nov. 9 1943 and that I last saw her alive on Nov. 9 1943.

Immediate cause of death General Arterio-Sclerosis — Duration 10 yrs.
Due to Senility
Due to
Other Conditions Possible Carcinoma of intestines (small)
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Erwin Mayer M. D.
Address Esplanade Apts. Date signed 11/10.

VS 2

10051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47D

G 10051 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6619 Fendall Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-5
(e) Length of stay in Baltimore (yrs., mos., or days) 1yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6613 Fendall Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alexander H. Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 20, 1887

8. AGE: Years	Months	Days	If less than one day
56	7	21	hr. min.

9. Birthplace Md Va (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name J. H. Brown
13. Birthplace W. Va

MOTHER
14. Maiden Name Margaret Knight
15. Birthplace W. Va

16 (a) Informant Mrs L. Scott
(b) Address Charleston W. Va

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 11/43 (month) (day) (year)
(c) Cemetery or crematory Grandview W. Va
Location Grandview W. Va

18 (a) Funeral director Phillips Funeral Home
(b) Address 2024 Auburn St

NOV 11 1943 (Date Rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11 1943 at 7a M

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 1943 to 11/11 1943; and that I last saw h[illegible] alive on 11/10 1943

Immediate cause of death Carcinomatosis
Lung
Primary - Kidney ?

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 617-3 Harpers Ferry W. Va 11/11/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0052

AB-31974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 87D

G 10052

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals 6-4

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5yrs-7mos-13 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 206 N. Washington St.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME John Stemler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Separated

6 (b) Name of husband or wife Hilda

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14-1896

8. AGE: Years	Months	Days	If less than one day
47	4	16 25	hr. min.

9. Birthplace Md.

(Town, county, and state)

10. Usual Occupation Gas-Lighter

11. Industry or business

FATHER

12. Name Henry Stemler

13. Birthplace Md.

MOTHER

14. Maiden Name Maggie Emkey

15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals

(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 13/43 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Druid Hill Ave & Mt

18 (a) Funeral director Philip Herring & Son

(b) Address 2024 Orleans St

(c) Signature (Date received by registrar) NOV 11 1943 Herrington Williams, M. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/9 1943 at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943 to 11/9 1943.

and that I last saw him alive on 11/9 1943.

Immediate cause of death Terminal bronchopneumonia?

Duration 5 d.

Due to Multiple sclerosis

Duration 7 yr.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no post

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature E. L. Leyman M. D.

Address BCH Date signed 11/9

G 10053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 10053

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3107 Beverly Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3107 Beverly Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Anna Bell Askew

3 (b) If veteran, name war: -----
3 (c) Social Security Account No. -----

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: -------
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1883

8. AGE: Years 60 | Months 8 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name William Askew
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Indiana ----------
15. Birthplace Balto. Md.

16 (a) Informant Geo. W. Wilkinson
(b) Address 3107 Beverly Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 1 /43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto. Md.

18 (a) Funeral director Philip Hauf Sons
(b) Address 2024 Orleans St.

Date received by local registrar NOV 1 1943 Huntington Williamsport, Md.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8, 1943 19 ... at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1940 to Nov. 1943, and that I last saw h alive on 11-8 1943

Immediate cause of death: Chronic Myocarditis — Duration 4 Years
Due to Arterial Hypertension — 6 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. Peope M. D.
Address 4505 Hayford Road Date signed 11-10-43

10054 10054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56a

Registered No. G 10054

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkins Ave.
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days) 8 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State 3 Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 616 Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Ryan

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: ----------
6 (c) If alive, give age -- years
7. Birth date of deceased (mo., day, yr.) ---------- 1862
8. AGE: Years: 81 | Months: --- | Days: --- | If less than one day: -- hr. --- min.
9. Birthplace: Annapolis, Maryland (Town, county, and state)
10. Usual Occupation: None
11. Industry or business: ----

FATHER
12. Name: Not obtainable
13. Birthplace: Not obtainable

MOTHER
14. Maiden Name: Not obtainable
15. Birthplace: Not obtainable

16 (a) Informant: Hospital Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/43 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Annapolis, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 20 N. Calvert St.

19 (a) (Date rec'd by registrar) Hunting for William

NOV 12 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/10 1943 at 7.7 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/9 1943 to 19 , and that I last saw her alive on 11/10 1943

Immediate cause of death: Acute Heart failure

Due to: abdominal pain

Due to: Pseudomucinous multilocular papillary

Other Conditions: Cystadenoma of L. ovary

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Papillary cystadenoma

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Gilmore J. Bryan M. D.
Address St Agnes Hosp Date signed 11/10/43

G 10055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 10055 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 3025 Elm Ave
(c) Hospital or institution: 13

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3025 Elm Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John T. Cumor.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married.

6 (b) Name of husband or wife Alice B. Cumor
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) June 19 1887

8. AGE: Years	Months	Days	If less than one day
61	4	19	hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Plate Hand
11. Industry or business Ford Hill Park.

FATHER
12. Name John Cumor
13. Birthplace Maryland.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown.

16 (a) Informant Alice B. Cumor.
(b) Address 3025 Elm Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 11/43 (month) (day) (year)
(c) Cemetery or crematory Woodland.
Location

18 (a) Funeral director Edmonds & Donovan
(b) Address 3615-17 Chestnut Ave.

19 NOV 12 1943 (Date rec'd by registrar) Hunting for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8, 1943 at 7 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to Nov 8 1943 and that I last saw h/HE alive on Nov 8 1943

Immediate cause of death: Coronary thrombosis — Duration 24 hrs.
Due to: Chronic Myocarditis — 3 years.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur J. Danes, M. D.
Address 800 W 39th St Date signed 11-11-43

C 10056 C 10056 C 10056

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. C 10056

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hos. 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4910 Curtis ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Homer Whiteman WITHROW

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/20/1900

8. AGE: Years 43 | Months 42 | Days 25 | If less than one day hr. min.

9. Birthplace Kanawha Co W Va
(Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business Shipyards

FATHER 12. Name Christopher Withrow
13. Birthplace W Va

MOTHER 14. Maiden Name Rose Lesbury
15. Birthplace W Va

16 (a) Informant Noble Long Funeral Director
(b) Address Charleston W Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/43 (month) (day) (year)
(c) Cemetery or crematory Charleston W Va
Location Charleston W Va

18 (a) Funeral director Withrow & Son
(b) Address 1241 Pond St

19 (a) NOV 12 1943 (Date rec'd by registrar) (b) Huntington Williamson, W.Va. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-9-1943, at 7 A. M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Chronic Myocardial degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Homer J. Mercellis M.D.
Medical Examiner.
Date signed 11-9-43

VS 151

10057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 10057 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~11 Yrs.~~
(e) Length of stay in Baltimore (yrs., mos., or days) 42 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore CROKSIE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1431 Eastern Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT Coldridge RUSS

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-05-9617

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug-6-1922

8. AGE: Years 21 | Months 3 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace Easton, Md
(Town, county, and state)

10. Usual Occupation Baker

11. Industry or business Retail business

FATHER 12. Name John Henry Russ
13. Birthplace Calvert Co

MOTHER 14. Maiden Name Mary Della Straughn
15. Birthplace Calvert Co

16 (a) Informant Mrs. John (Sister)
(b) Address 143 Cokesie St. Balto Md

17 (a) Burial (b) Date thereof 11 - 14 - 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Springhill
Location Easton, Md

18 (a) Funeral director Stewart & Mowen Co.
(b) Address 108 W. North ave.

NOV 12 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11 1943 at 9 45 M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Asphyxiation

Due to Aspiration of vomitus

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at 24 M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Jd. J. Wollenweber M.D.
Medical Examiner.
Date signed 11-14-43

G 10058

AB-73481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 10058 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals (mos.)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr- 10- 30 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 118 West Mt. Royal Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Abraham Solomon

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 215-01-2722

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14 1878

8. AGE: Years 65 | Months 2 | Days 26 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Undertaker

11. Industry or business

FATHER
12. Name Benjamin Solomon
13. Birthplace N.Y.

MOTHER
14. Maiden Name Henrietta Berliner
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12 1943 (month) (day) (year)
(c) Cemetery or crematory Harbaw Friendship
Location

18 (a) Funeral director Chas. J. Evans & Son, Inc.
(b) Address 118 W. Mt. Royal Ave

19 NOV 12 1943 (Date received by registrar) (b) Hunting for Williams M.D. (Signature of registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-10 1943 at 8 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-27 1943 to 11-10 1943 and that I last saw h[illegible] alive on 11-10 1943

Immediate cause of death: Gangrene of Leg
Due to: Diabetes Mellitus
Due to:
Other Conditions: Gen Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

Duration: 8 hr. ? | | | |

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Horace Brett M. D.
Address Balt City Hosp Date signed 11-10-43

0059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163H ✓ G 10059 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution: Union Memorial Hospital. 2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3022 Grindon Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES C. FIELDS

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Melissa L. Mullin
6 (c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.) Oct. 17 1861

8. AGE: Years	Months	Days	If less than one day
82 82	10	23	hr. min.

9. Birthplace Shad Point, MC.
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Perry F. Fields
13. Birthplace MC.

MOTHER
14. Maiden Name Mary R. Cooksey
15. Birthplace MC.

16 (a) Informant Melissa L. Fields
(b) Address 3022 Grindon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/43 (month) (day) (year)
(c) Cemetery or crematory Shad Point Cem.
Location Salisbury, Md.

18 (a) Funeral director M. W. G. Dyer & Son
(b) Address Hamburg & Arch Sts

19 (a) NOV 12 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 161

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10, 1943 at 1:20 P.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Carbon monoxide poisoning

Due to

Other Conditions hs

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury November 10, 1943; at 1 P.M.
(b) Where did injury occur? 3022 Grindon Avenue
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Kitchen Room Carbon Monoxide poisoning.

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed November 11, 1943

G 10060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G 10060

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1301 Madison Ave.

(c) Hospital or institution: 11-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1301 Madison Ave. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME George Garrison

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: male

5. Color or race: Colored

6 (a) ~~Single~~, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Leila Mae

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1868

8. AGE: Years 14 | Months 11 | Days 7 | If less than one day hr. min.

9. Birthplace Norfolk, Va. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Alfred Garrison

13. Birthplace Virginia

MOTHER 14. Maiden Name Josie Curtis

15. Birthplace Virginia

16 (a) Informant Leila Mae Garrison

(b) Address 1301 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore Md.

18 (a) Funeral director Wm. H. Hilgartner

(b) Address 1631 Druid Hill Ave

19 Nov 12 1943 Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 8 1943, at 10:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 31 1943, to Nov 8 1943, and that I last saw him alive on Nov 7 1943.

Immediate cause of death Chronic Interstitial Nephritis — Duration Complete yrs

Due to Arteriosclerosis

Due to

Other Conditions Hypertension Arteriosclerosis and Hypertension — Complete yrs

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Ralph J. Young

Address 424 E Monument Date signed 11/20/43

C 10061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. C 10061

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 543 Bloom St.
(c) Hospital or institution:
1433
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 543 Bloom St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harris S. Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Laura A

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1888

8. AGE: Years	Months	Days	If less than one day
54	11	8	hr. min.

9. Birthplace Charles Co. Md. (Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business

PARENTS

12. Name of father Albert Lee

13. Birthplace of father Charles Co. Md.

14. Maiden Name of mother Elizabeth Hawkins

15. Birthplace of mother Charles Co. Md.

16 (a) Informant Laura A. Lee

(b) Address 543 Bloom St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12 1943 (month) (day) (year)

(c) Cemetery or crematory St. Peters

Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. H. Stollard

(b) Address 1691 Druid Hill Ave

19 (a) NOV 12 1943 (Date received by Registrar) (b) Thomas J. Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/9/43 19 11 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/6/43 19 11/9/43 19 ; and that I last saw him alive on 11/8/43

Immediate cause of death: Pneumonia

Due to Acute Dilatation

Due to Chronic Myocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. Sellers M. D.

Address 524 Mark Ave Date signed 11/9/43

G 10062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

G 10062 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Pine Sts.
(c) Hospital or institution: University Hosp. DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 794 W. Franklin St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ella Fax

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Ernest Fax

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) 1-15-1896

8. AGE: Years 47 50 | Months 9 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name ? Johnson
13. Birthplace Maryland

MOTHER
14. Maiden Name Chaidie ?
15. Birthplace Maryland

16 (a) Informant Ernest Fax
(b) Address 794 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Cedar Hill Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) NOV 12 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7 1943, at 1 AM

21. I certify that I took charge of the remains described above, held an autopsy Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of neck

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Nov 6 at 1943 12 15 A.M.
(b) Where did injury occur? Saratoga & Pine Sts
(c) Did injury occur at home, on farm, industrial place, in public place? filling station While at work? No
(d) Means of injury Fell into grease pit

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Nov 7 1943

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

✓ G 10063 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1708 E. Eutaw Place

(c) ~~Hospital or~~ institution: Elmhurst Nursing Home 2

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 2 Mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)

(d) Street No. 4039-6th St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Elizabeth Moody

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband James Moody

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 23rd 1853

8. AGE: Years	Months	Days	If less than one day
89	11	17	hr. min.

9. Birthplace Harpers Ferry Va. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Mrs Mary McGovern

(b) Address 1746 Webster st

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/13/43 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Woodstock Md.

Location

18 (a) Funeral director McKinney Cook Inc

(b) Address 127 St. Paul St

19 (a) NOV 12 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 10th 1943, at 10:07 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 - 1943, to Nov. 10 - 1943, and that I last saw her alive on Nov. 10 1943.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Advanced arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis Gauch M. D.

Address 1700 Eutaw Pl Date signed 11-11-43

G 10064

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1940

G 10064 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 211 N. Stricker St
(c) Hospital or institution: 12

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 515 W 28th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALBERT M. SURESCH

3 (b) If veteran, name war W

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Philipina

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1st 1869

8. AGE: Years 74 | Months 10 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Night Watchman

11. Industry or business Maryland Cas. Co

FATHER
12. Name Frederick Suresch
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Mr. Bernardt Suresch
(b) Address 4605 Benton Hts ave.

17 (a) Burial (b) Date thereof Nov. 13, 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director Wellyam Coyle
(b) Address 1217 E. Pratt St

19 (a) NOV 12 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10th 1943, at 5:20 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
Means of injury

23. Signature H. L. Wallammeter M.D.
and Medical Examiner.
Date signed 11-11-43

G 10065

G 10065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3704 Glen Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3704 Glen Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha Kramer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Samuel E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years 54 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name Morris
13. Birthplace Russia

MOTHER
14. Maiden Name
15. Birthplace Russia

16 (a) Informant Samuel Kramer
(b) Address 3704 Glen Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-43 (month) (day) (year)

(c) Cemetery or crematory Sharon Memorial Park
Location Windsor Mill Rd

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Lagety St

NOV 12 1943 (Date received by Registrar) (Signature of) Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11 1943, at 5-25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10 1943, to Nov 11 1943, and that I last saw her alive on Nov 11 1943.

Immediate cause of death
Brain tumor -
Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation April 1943
Major findings of operation Tumor of the brain - inoperable
of autopsy

Duration
10 mo +
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Pushkin M. D.
Address 2338 Eutaw pl. Date signed Nov 10-43

G 10066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 61

Registered No. G 10066

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Write the causes of death clearly and legibly. Physicians: please write correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Norfolk (If outside city or town limits, write RURAL and give town)
(d) Street No. 859 Woodford Street (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hazel Wicks (Hazel Marie Wicks)

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27, 1923

8. AGE: Years	Months	Days	If less than one day
20	5	14	hr. min.

9. Birthplace --
(Town, county, and state)

10. Usual Occupation --

11. Industry or business

FATHER
12. Name William J. Wicks
13. Birthplace Southampton Co., Va.

MOTHER
14. Maiden Name Mary E. Murden
15. Birthplace Norfolk, Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/12/43 (month) (day) (year)
(c) Cemetery or crematory
Location Norfolk, Va.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) NOV 12 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 11 1943, at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from November 1943 to Nov. 11 1943, and that I last saw h[illegible] alive on Nov. 11 1943.

Immediate cause of death
Convulsions
Due to Acidosis
Due to Diabetes mellitus
Other Conditions Infection, abscess of thigh
Exhaustion
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation
Hemorrhage into
of autopsy Pertussis. Fatty liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. K. Palmer M. D.
Address University Hospital Date signed 11/11/43

For C.H.L. Wallenmeyer, by Howard J. Mendelsohn, M.D.

G 10067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93c

Registered No. G 10067

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 27-8
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County EVESHAM Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 820 Evesham Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Timothy J Cadegan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mrs. Margaret Cadegan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/21/1904?

8. AGE: Years	Months	Days	If less than one day
38	10	20	hr. min.

9. Birthplace N.J. (Town, county, and state)
10. Usual Occupation Manager
11. Industry or business A & P Store

FATHER
12. Name Patrick Cadegan
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret McCarty
15. Birthplace Ireland

16 (a) Informant Wife
(b) Address 820 Evesham Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto., Md.

18 (a) Funeral director Wm. J. Tuckner & Sons
(b) Address North & Pitts. Ave, Balto Md

NOV 12 1943 (Date rec'd by registrar) Thurlington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1943 at 4.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/7 1943, to 11/10 1943, and that I last saw h-im alive on 11/10 1943.

Immediate cause of death Cardiac Failure — Duration

Due to Congestive Heart Failure

Due to Rheumatic C.V.D.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L B Cohen M. D.
Address Mercy Hospital Date signed 11/10/43

G 10068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 178a

Registered No. G 10068

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 Augusta Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mildred Beaufester

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband ~~or wife~~ Geo. Beaufester

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 6 1910

8. AGE: Years 32 | Months 10 11 | Days 26 3 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Wm. D. Brooks

FATHER 13. Birthplace Va.

MOTHER 14. Maiden Name Ida Weaver

MOTHER 15. Birthplace Va.

16 (a) Informant Milton Weaver

(b) Address 1802 N. Washington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/43 (month) (day) (year)

(c) Cemetery or crematory Loraine

Location Balto.

18 (a) Funeral director E. J. Tommy Flynn

(b) Address 1938 E. Lafayette Ave

NOV 12 1943 (Date rec'd by local registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1943, at 6:40 P.M.

21. I certify that I took charge of the remains described above, held an Inspection ~~Autopsy~~ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to hes death on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation due to Illuminating Gas

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:

(a) Date of injury November 9 1943 M.

(b) Where did injury occur? 917 Augusta Ave

(c) Did injury occur at home, on farm, industrial place, in public place? At home While at work? No

(d) Means of injury Asphyxiation Illuminating

23. Signature Robert Lee Faton M.D. Medical Examiner.

Date signed Nov. 10, 1943

(OVER)

G 10069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1784

Registered No. G 10069

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 Arcyata Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George T. Beanfelter

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-18-9012

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife: Mildred Brooke

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25 1902

8. AGE: Years 41 | Months 0 | Days 14 | If less than one day hr. min.

9. Birthplace Frederick, Md. (Town, county, and state)

10. Usual Occupation Time-Keeper

11. Industry or business Beth-Fairfield

FATHER
12. Name Geo. N. Beanfelter
13. Birthplace Md.

MOTHER
14. Maiden Name Florence Young
15. Birthplace Pa.

16 (a) Informant Milton Weavey
(b) Address 1802 N. Washington, Apt

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto Md.

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave. Baltimore, Md.

NOV 12 1943 (Date rec'd by registrar)

(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1943, at 6:40 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation due to Illuminating gas

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury November 9, 1943 M.
(b) Where did injury occur? 917 Arcyata Ave
(c) Did injury occur at home, on farm, industrial place, in public place? At home While at work? No
(d) Means of injury Carbon monoxide poisoning

23. Signature Robert L. Graham M.D. Medical Examiner.
Date signed Nov. 9 1943 (OVER)

VS 151

G 10070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

Registered No. G 10070

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: University Hospital 4

(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 660 W. Baltimore St
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME ~~Anna~~ ~~Flowers~~ Annie M. Flowers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Smith Flowers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 8, 1867

8. AGE: Years 76 | Months 1 | Days 2 | If less than one day .....hr. .....min.

9. Birthplace Carroll County, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Sabert S. Trott
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Emily Phillips
15. Birthplace Carroll County, Md.

16 (a) Informant Mrs. Willetta McCarthy
(b) Address Hernwood, Md.

17 (a) Burial (b) Date thereof Nov. 15, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Oakland Cemetery
Location Carroll County, Md.

18 (a) Funeral director Miller & Amoreau
(b) Address 4510 Liberty Heights Ave.

19 (a) NOV 12 1943 (b) Hunting for Williams M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 10, 1943 at 9:30 P.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH.....
Chronic nephritis
Intersticial pneumonia
Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury.....at.....M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?.....While at work?.....
(d) Means of injury.....

23. Signature H. L. Wallenmaier M.D.
Medical Examiner.
Date signed 11-10-43

VS 151

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

#786
C071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

86a

G 10071
Registered No. 8225

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 322 E. 20th St.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) Life

12-4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 322 E. 20th St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME (Lillian Elizabeth Wood) LILLIAN ELIZABETH WOOD

3 (b) If veteran, name war: No ✓
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7-1870

8. AGE: Years 72 | Months 11 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Former Operator
11. Industry or business W. U. Tel. Co.

FATHER
12. Name Charles H. Wood
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Wellpen A. Wood
15. Birthplace Baltimore, Md.

16 (a) Informant Chas. W. Wood, Husband
(b) Address 1712 N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12-1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave.

18 (a) Funeral director H. Sanders Sons
(b) Address North Ave. & Broadway

19 (a) (Date) (Registrar) Huntington Williams M.D. Registrar

NOV 12 1943
VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10 1943 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1943 to Nov. 10 1943 and that I last saw her alive on Nov. 10 1943.

Immediate cause of death: Bronchial Pneumonia — Duration: 1 Day
Due to:
Due to:
Other Conditions: Senile
(Include pregnancy within 3 months of death)

Date of operation: April 17-1943
Major findings of operation: Fractured Humerus & Pelvis
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident - 2/4
(b) Date of occurrence Apr. 17-43 at A M
(c) Where did injury occur? 322 E. 20 St. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Fell down Stairs
23. Signature Chas. W. Wood M. D.
Address 1712 N. Bond St. Date signed Nov 10. 1943

OVER.

Office 124 Light St. Md.

0072 Dr Coasey

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1830

G 10072 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 866 W. Fairmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 866 W. Fairmount Av.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacob Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race colored | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 1, 1884

8. AGE: Years 59 | Months 8 | Days 8 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Thomas Anderson
13. Birthplace Va.

MOTHER 14. Maiden Name Louvenia Fuller
15. Birthplace Md.

16 (a) Informant James W. Anderson Son
(b) Address 1134 W. Hamburg St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 14 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director Wm. Hyatt Williams
(b) Address 322 N. Schroeder St.

19 (a) NOV 12 1943 (Date rec'd by registrar) Attending for Williams M.F. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9, 1943, at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-6 1943 to 11-9 1943.
and that I last saw him alive on 11-9 1943.

Immediate cause of death: Acute hemorrhage — Duration 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. R. Coasey M.D.
Address 711 N. Broadway Date signed 11-12-43

E. R. COASEY

G 10073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 119a

Registered No. G 10073

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 132 S Curley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Conrad Wojtas

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	

6 (b) Name of husband or wife Theodora Wojtas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/29/43

8. AGE: Years	Months	Days	If less than one day
		14/13	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER
12. Name Theodore Wojtas
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Frances Gruszewski
15. Birthplace Baltimore Md.

16 (a) Informant Theodore Wojtas
(b) Address Baltimore Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/1/43 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus Cemetery
Location St Stanislaus Dundalk Md.

18 (a) Funeral director Stephen J. Halkowski
(b) Address 1000 S Kenwood Ave

19 (a) Date received by Local Registrar NOV 1 2 1943 (b) Signature Hunting for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/11/1943, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/6/1943, to 11/11/1943, and that I last saw h[illegible] alive on 11/11/1943.

Immediate cause of death	Duration
Pneumonia	12 days
Due to Acute pneumonia diarrhea	12 days.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard S. Rucks M. D.
Address Bon Secours Hosp. Date signed 11/11/43

10074 BALTIMORE CITY HEALTH DEPARTMENT G 10074

CERTIFICATE OF DEATH 170c

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 ½ Pennsylvania Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 55 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Lewis Scott
13. Birthplace Va.

MOTHER
14. Maiden Name Charlott Harris
15. Birthplace Va

16 (a) Informant Jack Scott
(b) Address 1130 N. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Westport, Md.

18 (a) Funeral director Chas. H. Alexander
(b) Address 927 N. Mount St

19 (a) Date received NOV 12 1943 (b) Registrar Huntington Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9 1943, at 12:45 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Fractures of pelvis; Compound comminuted fractures of left lower leg

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 25/2
(a) Date of injury November 9, 1943 1:45 P.M.
(b) Where did injury occur? Hanover St. Bridge
(c) Did injury occur at home, on farm, industrial place, in public place? public place While at work? no
(d) Means of injury pedestrian struck by auto

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Nov. 9, 1943

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5262 Registered No. G 10075

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) City Baltimore City, Maryland
(b) Street address 600 S. CONKLING ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 600 S. CONKLING ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME REV. LOUIS VOLIMER

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 30 1872

8. AGE: Years	Months	Days	If less than one day
70	10	11 10	hr. min.

9. Birthplace NEW YORK (Town, county, and state)
10. Usual Occupation CLERGYMAN
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant REV. DOXLER SACRED HEART
(b) Address 600 S. CONKLING ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 13/43 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Kelly and Geiler INC.
(b) Address 403 S. WOLFE ST.

19 NOV 12 1943 (Date rec'd by registrar) Huntington Williams, M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV. 10 1943 at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1936 to Nov 10 1943 and that I last saw h[illegible] alive on Nov 10 1943

Immediate cause of death	Duration
Chr. dysp. Arthritis Coronary Thrombosis	1941 1943
Due to Tumor of Urinary Bladder (Malignant)	1936
Due to Chr. Arthritis	1925
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 350 [illegible] Date signed 11/11/43

G 10076 ✓ G 10076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3915 Barrington Road.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3915 Barrington Road.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME BIRDIE HOCHHEIMER.

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1870.

8. AGE: Years	Months	Days	If less than one day
72	3	22	hr. min.

9. Birthplace Philadelphia, Pa.
(Town, county, and state)

10. Usual Occupation Retired Silk Buyer.

11. Industry or business

FATHER
12. Name Simon Hochheimer,
13. Birthplace Germany.

MOTHER
14. Maiden Name Ernestine Thalheimer,
15. Birthplace Germany.

16 (a) Informant Mr. S. Hochheimer,
(b) Address 2907 Norfolk Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/43.
(month) (day) (year)

(c) Cemetery or crematory Har Sinai
Location Balto. Md.

18 (a) Funeral director Harid. Sonneborn & Sons
(b) Address 2900 Eutaw Place.

19 (a) NOV 12 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH November 11 1943, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1943 to Nov 11 1943, and that I last saw h.e alive on Nov 11 1943.

Immediate cause of death	Duration
Coronary Thrombosis	2 Min.
Due to arteriosclerosis	13 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis E. Hardman M. D.
Address 1733 Bolton St Date signed 11/11/43

10077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/0 V

Registered No. 10077

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 219 Dallas Court
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 219 Dallas Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Patterson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Lizzie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 24 1878

8. AGE: Years	Months	Days	If less than one day
65	-	18	hr. min.

9. Birthplace Fairmount County Md.
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Wm Patterson Sr.
13. Birthplace Md

MOTHER
14. Maiden Name Kate ?
15. Birthplace Md.

16 (a) Informant Lizzie Patterson
(b) Address 219 Dallas Court.

17 (a) Burial (b) Date thereof Nov 12/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location Balto. County Md.

18 (a) Funeral director Mrs Robert A. Elliott Dft
(b) Address 1127 N. Carolina St.

19 NOV 12 1943 Hughlett Mortuary Inc
(Date rec'd by registrar) (Signature of registrar)

VS 150

MEDICAL CERTIFICATION

9:15

20. DATE OF DEATH Nov 8 1943, at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 3 1943 to Nov 8 1943, and that I last saw h alive on Nov 8 1943

Immediate cause of death Myocardial Degeneration — Duration ?

Due to R.T. Hemiplegia

Due to

Other Conditions Cardiorenal

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert A. Hayward M. D.
Address 822 N. Broadway Date signed 11/10/43

G 10078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 10078 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The cause is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard + Madison
(c) Hospital or institution: Maryland General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mon
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1841 East 30th St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Parker Will Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 22, 1943

8. AGE: Years	Months	Days	If less than one day
		15 20 hr.	min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Daniel J. Will
13. Birthplace

MOTHER
14. Maiden Name Margery M. Will
15. Birthplace

16 (a) Informant Daniel J. Will
(b) Address 1841 E 30th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 13/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto Co Md

18 (a) Funeral director Wilhelm Funeral Home
(b) Address 2008 Orleans

NOV 13 1943
(Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11 1943 at 4:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11 1943 to Nov 11 1943 and that I last saw h[illegible] alive on Nov. 11 1943

Immediate cause of death — Duration

Bronchopneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lt. Herman Williams M. D.
Address Md. Gen. Hosp Date signed Nov. 11, 1943

G 10079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10079 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2416 Eager St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2416 Eager
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Baker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Thomas M Baker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22 1872

8. AGE: Years 70 | Months 10 | Days 20 | If less than one day hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Edw Carnes
13. Birthplace Balto

MOTHER
14. Maiden Name Elizabeth Pike
15. Birthplace Balto

16 (a) Informant Mrs Edw Carnes
(b) Address 500 N Belnord Ave

17 (a) Burial (b) Date thereof Nov 15/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Ulman Funeral Home
(b) Address 2008 Orleans St

NOV 12 1943 (b)
(Date rec'd by Registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12 1943 at 8h M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to Nov 12 1943. and that I last saw h[illegible] alive on Nov 11 1943

Immediate cause of death Chronic Myocarditis — Duration 1 yr

Due to Coronary Occlusion — 1 day

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward Stern M. D.
Address 502 E Belvedere Date signed 11/13/43

G 10080 ✓ G 10080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hospital 7
(d) Length of stay in hospital or inst. (~~years~~, mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 521 N. Wolfe St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Alice Wenckel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Lawrence Wenckel

6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Oct 24 1859.

8. AGE: Years 84 | Months - | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Washington D. C.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James Gardner
13. Birthplace Balto.

MOTHER
14. Maiden Name Ann Jane Ferrance
15. Birthplace Balto.

16 (a) Informant Mr. Lawrence Wenckel
(b) Address 1510 Patterson Pk Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 12, 43 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Chapel St.

18 (a) Funeral director J. F. Heimann & Son
(b) Address 32 S. Broadway

NOV 12 1943 (Date rec'd by Registrar) (b) Hunting for Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10, 1943, at 2:00 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/8/43 19__ to 11/10 19 43 and that I last saw h__ alive on 11/10 19 43

Immediate cause of death Cardiac Failure — Duration

Due to Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. G. Bird M. D.

Address University Hosp Date signed 11-10-43

G 20081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G 20081

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore—17 (If outside city or town limits, write RURAL and give town)
(d) Street No. 1408 Division St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Benson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days: 3 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William Benson
13. Birthplace Greenwood, S. C.

MOTHER 14. Maiden Name Katie Legroon
15. Birthplace Greenwood, S. C.

16 (a) Informant Mother (Katie Benson)
(b) Address 1408 Division

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 12 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 NOV 12 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-8 1943, at 5 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-5 1943 to 11-8 1943 and that I last saw her alive on 11-8 1943

Immediate cause of death: Asphyxia and Circulatory failure — Duration:
Due to: Prematurity — 3 days
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. L. Jackson M. D.
Address 600 Arlington Date signed 11-8-43

0502

G-10082

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

V 159 Registered No. G 10082

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 510 W. Preston St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby boy Chambers

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Bl. | 6 (a) Single, married, widowed, or divorced: Single-

6 (b) Name of husband or wife None.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
0	0	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Stewart.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Gladys Chambers
15. Birthplace Annapolis, Md.

16 (a) Informant GLADYS CHAMBERS
(b) Address ANNAPOLIS, MD.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 12 1943
18 (a) Funeral director Commissioner of Health
(b) Address
NOV 12 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

10503

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8, 1943, at 2 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 5, 1943 to Nov. 8 1943 and that I last saw him alive on Nov. 8 1943.

Immediate cause of death CONGENITAL ATELECTASIS - PREMATURITY — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 3608 Claypth Rd Date signed 4/4/43 M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 10083
AB-41908

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

463 V

G 10083 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Yrs- 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widower

6 (b) Name of husband or wife Rosie (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13-1886

8. AGE: Years	Months	Days	If less than one day
57	7	24	hr. min.

9. Birthplace Florida
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Harris
13. Birthplace Florida

MOTHER
14. Maiden Name Betty ?
15. Birthplace Florida

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 12 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) NOV 12 1943 (Date received by registrar) (Signature of registrar) Hunting ton Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/7 1943, at 12:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943 to 11/7 1943 and that I last saw him alive on 11/7 1943.

Immediate cause of death	Duration
Carcinoma of stomach	?
Due to	
Due to	
Other Conditions Syphilis; gen. arteriosclerosis	?

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: No post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Sengman M. D.
Address BCH Date signed 11/9

VS 150

0504

G 10084

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10084

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1257 Washington Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Gambrills
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Martha J. Nee Peters

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10, 1884

8. AGE: Years 59 | Months 2 | Days 1 | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Glass Blower

11. Industry or business Swindell Bros.

FATHER
12. Name Stephen Hall
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Everett
15. Birthplace Maryland

16 (a) Informant Mrs. Martha J. Hall
(b) Address Gambrills Md.

17 (a) Cremation (b) Date thereof 11-13-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Harry D. Wetzel
(b) Address 4101 Edmondson Ave

19 NOV 12 1943 Huntington Williams M.D.
(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11 1943, at 2.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1943, to Nov 11 1943, and that I last saw him alive on Nov 10 1943.

Immediate cause of death Uremia
From Kidney Disease — Duration 1 Month

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Bartlett M.D.
M. D.
Address 817 Medical Arts Date signed Nov 13 43

10085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1939

Registered No. C-10085

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2803 Garrison Blvd.
(c) Hospital or institution: Mrs. Proute' Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Montgomery
(c) City or town Clarksburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susan Isabelle Burdette

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: late Alonza S.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC 27, 1865

8. AGE: Years 77 | Months 10 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Horace L. Murphy
13. Birthplace Maryland

MOTHER
14. Maiden Name Charlotte Thompson
15. Birthplace Maryland

16 (a) Informant Mrs. Nellie B. Murphy
(b) Address Ellicott City, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-43 (month) (day) (year)
(c) Cemetery or crematory St. Ignatius
Location Urbana, Md

18 (a) Funeral director Harry H. Witte
(b) Address 410 E Edmondson Ave

19 (a) Nov 12 1943 (Date rec'd by local reg.) (b) Hunting for Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 10 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 11th 1943 to Nov. 11th 1943 and that I last saw him alive on Nov 9th 1943

Immediate cause of death: Chronic Myocarditis — Duration: 1 yr.
Due to: 0
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward A. Compton M. D.
Address 6216 Maple Ave Date signed Nov 12 1943

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

#171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30E

Registered No. G 10086

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 S. Vincent (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martha Estelle Shipley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: late William B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-16-76

8. AGE: Years 68 | Months 1 | Days 24 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Ed. M. Bruce

13. Birthplace Md

MOTHER 14. Maiden Name Laura Va. Jordan

15. Birthplace Md

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto. Md.

18 (a) Funeral director Harry H. Wirth

(b) Address 4101 Edmondson Ave

19 (a) Date received NOV 12 1943 (b) Hunting for Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10 1943 at 6 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 7 1943 to Nov. 10 1943, and that I last saw her alive on Nov. 10 1943.

Immediate cause of death: Cerebral accident probably Thrombosis

Due to: hypertension & C-V disease

Due to:

Other Conditions: Positive Wasserman

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John R. Birmingham M. D.

Address JHH Date signed 11-10-43

G 10087

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 10087 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 Eutaw Place
(c) Hospital or institution: Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 Eutaw Pl.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Corbin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Elisha Corbin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Bradshaw Md

8. AGE: Years	Months	Days	If less than one day: hr.	min.
69	—	—	18	54

9. Birthplace Bradshaw Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Pfiffer
13. Birthplace Md

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant George Corbin
(b) Address Bradshaw Md

17 (a) Nov 14-43 (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Salem M.E. Cemetery
Location N. Falls Falls

18 (a) Funeral director David Dandorf
(b) Address Mayer Falls Md

19 (a) Filed by registrar 12 1943 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-12-1943, at 1:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-5-1943, to 11-12-1943, and that I last saw h. alive on 11-12-1943.

Immediate cause of death	Duration
Myocarditis	
Due to Advanced Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Jacobs M. D.,
Address 1700 Eutaw Pl. Date signed 11-12-43

10088 HEALTH DEPARTMENT—CITY OF BALTIMORE 10088

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sieling's Private Home Date Local
CITY OF BALTIMORE: (No.) 600 S. Chapel St. (Ward) 25

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George Elmer Coleman
If U. S. Veteran specify WAR .....

(a) Residence: No. 46 Liberty Parkway St., ... Ward. Dundalk
(Usual place of abode) (If non-resident give city or town and State) Baltimore Co.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie M. Olson

6. DATE OF BIRTH (month, day, year) Sept 8, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	2	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pine Creek, Iowa

FATHER
13. NAME Coleman Colemans
14. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Floyd E. Coleman
(Address) 46 Liberty Parkway, Dundalk

18. BURIAL, CREMATION, OR REMOVAL
Place Evergreen Date Nov 15 1943

19. UNDERTAKER John B. Mitchell & Sons
(Address) 4004 Eastern Ave

20. FILED ..... 19 .....
Registrar.

NOV 12 1943 Hunting for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1943

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1943, to Nov. 11, 1943
I last saw him alive on Nov. 11, 1943 Death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/31/43
Other contributory causes of importance:	
Generalized Arteriosclerosis	?

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Nelson K. Gallagher M. D.
(Address) Catonsville, Md

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10089 BALTIMORE CITY HEALTH DEPARTMENT G 10089

CERTIFICATE OF DEATH 59a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 24-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 324 E BARNEY ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Ethel Butz ETHEL ROSE BUTZ

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEM	WHITE	MARRIED

6 (b) Name of husband or wife WILLIAM BUTZ
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 3 1895

8. AGE: Years	Months	Days	If less than one day
48	5	9	hr. min.

9. Birthplace BALTO MD
(Town, county, and state)
10. Usual Occupation HOUSE WORK
11. Industry or business AT HOME

FATHER
12. Name WILLIAM MYERS
13. Birthplace BALTO MD

MOTHER
14. Maiden Name SADIE HULL
15. Birthplace BALTO MD

16 (a) Informant MRS ETHEL SARRO
(b) Address 324 E BARNEY ST.

17 (a) BURIAL (b) Date thereof NOV 16-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Glen HAVEN CEM
Location GLEN BURNIE

18 (a) Funeral director Bernard C Heath
(b) Address 121 E West St

NOV 13 1943 Hunting Sn Williamsport
(Date received) (Registrar)

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/12 1943, at 7 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/10 1943, to 11/12 1943, and that I last saw h[illegible] alive on 11/12 1943.

Immediate cause of death: Anemia
Due to: Lupus erythematosus disseminated?
Due to:
Other Conditions: Rheumatoid arthritis? Thrombosis?
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: Lupus erythematosus?

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:
23. Signature Sinai Hosp.
Address Sinai Hosp. Date signed 11/12 M.D.

G 10090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 87

G 10090 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1132 Poplar Grove St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1132 Poplar Grove St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ethel K Allen

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Separated

6 (b) Name of husband or wife Walter E. Allen

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Jan. 4, 1882

8. AGE: Years 61 | Months 10 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name George Washington Hiatt
13. Birthplace Ohio

MOTHER
14. Maiden Name Ida Hickmore
15. Birthplace Md.

16 (a) Informant Mr. Walter Allen
(b) Address 1132 Poplar Grove St. Balto. Md.

17 (a) Burial (b) Date thereof Nov. 13 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Springfield Cemetery
Location Lyndenville, Md.

18 (a) Funeral director G. Harry Weyl
(b) Address Lyndenville, Md.

NOV 13 1943
(Date rec'd by Registrar)

Attesting for Williams, M.D.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 11 1943 at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 8th 1943 to Nov 11 1943, and that I last saw h[illegible] alive on Nov 11 1943.

Immediate cause of death: Myocardial insufficiency. Arteriosclerotic type — Duration 4 days

Due to Heart disease — Duration Several yrs.

Due to Generalized arteriosclerosis — Duration 10 yrs.

Other Conditions: Multiple Diabetic gangrene.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. E. Mitchell M. D.
Address 2401 Edmondson Ave Date signed Nov 11 1943

10091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 10091 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2015 N North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 ~~1~~ 2

(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) ~~Street No.~~ 2015 N North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine Hememan ~~Hoelk~~ Heelskoff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex f | 5. Color or race W | 6 (a) ~~Single, married~~, widowed, ~~or divorced~~ widowed

6 (b) Name of husband or wife Wm Heelskoff

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 17 1871

8. AGE: Years 72 | Months 9 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation L-wife

11. Industry or business —

FATHER 12. Name John Hememan

13. Birthplace Balto Md

MOTHER 14. Maiden Name Fell

15. Birthplace Baltimore Md

16 (a) Informant Mrs A Koelbe

(b) Address 1821 W. Lanvale St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 11/15/43 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cem

Location Baltimore Md

18 (a) Funeral director Chas E. Franck

(b) Address 802 Madison Ave

19 NOV 13 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11 1943, at 11 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-11- 1943 to 11-11 1943, and that I last saw h~~e~~r alive on 11-11- 1943.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.

Address 7301 York Rd Date signed 11-11-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The ... information should be carefully supplied. The

V8 3

G 10092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. G 10092

MARGIN RESERVED FOR BINDING. The PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3500 Spaulding Av
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3500 Spaulding Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John. Regan

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Alice F.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16 1867

8. AGE: Years	Months	Days	If less than one day
76	4	26	hr. min.

9. Birthplace Ashland Butte Co.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John. Regan
13. Birthplace Ireland.

MOTHER
14. Maiden Name Marie Murray
15. Birthplace Ireland

16 (a) Informant Alice F. Regan
(b) Address 3500 Spaulding Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 15-43 (month) (day) (year)
(c) Cemetery or crematory St. Joseph's
Location Govans Md.

18 (a) Funeral director Thos. A. Wilson
(b) Address 620 Greenmount Ave

NOV 13 1943 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11 1943 at 5. P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1943 to Nov 11 1943 and that I last saw him alive on Nov 10 1943

Immediate cause of death — Transverse Myelitis — Nephritis Coma. — Duration 3 mths

Due to Paralysis of lower half of body. — Probably 6 mths

Due to Chronic interstitial nephritis — Motor Uremia.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. W. Keown M.D.
Address 1938 Linden Ave Date signed 11/13/43

G 10093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1864

G 10093 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 7

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 513 N. Bethel Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Wright

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years 56 55 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name William Wright
13. Birthplace Virginia

MOTHER 14. Maiden Name Alexander
15. Birthplace Virginia

16 (a) Informant Ira Wright
(b) Address Richmond, Va.

17 (a) Removal (b) Date thereof 11/13/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Clover, Va.
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

NOV 13 1943 Hunting for Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-11- 1943, at 2:30 P.M.

21. I certify that I took charge of the remains described above, held an Personal Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Fractured Skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: 7/5

(a) Date of injury 10-16-43 at 9 P. M.
(b) Where did injury occur? Jefferson & Bond Sts.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Fell on street

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 11-12-43

C 10094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. C 10094

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 27-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3308 Hamilton Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John E. Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Leofoldina Kelly

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15, 1891

8. AGE: Years 52 | Months 9 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Supt Monitor Controller Co.

11. Industry or business

FATHER
12. Name John E. Kelly
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Hagerty
15. Birthplace Md

16 (a) Informant Mrs Leopoldina Kelly
(b) Address 3308 Hamilton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd.

19 NOV 13 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12, 1943, at 2:38 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to Rest death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Nov. 12 1943.

0095 G 0095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 108

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Parkville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3016 Potty Hill Ave
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Gloria Jean Fenwick

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 3, 1943

8. AGE: Years	Months	Days	If less than one day
		8	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Gordon John Fenwick
13. Birthplace Balto

MOTHER
14. Maiden Name Doris Lewis
15. Birthplace Balto

16 (a) Informant Gordon J. Fenwick
(b) Address 3016 Potty Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville

18 (a) Funeral director Leonard Myers
(b) Address 5306 Harford Rd

19 (a) [illegible] (Signature of registrar) (b) Hunter for Williams, M.D. Registrar

NOV 19 1943
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/11/43 19..., at ...M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/3/43 19... to 11/11/43 19..., and that I last saw her alive on 11/11/43 19...

Immediate cause of death Lobar pneumonia — Duration

Due to.....

Due to.....

Other Conditions Gas bacillus infection back, cause unknown
(Include pregnancy within 3 months of death)

Date of operation.....

Major findings of operation:.....

of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at ...M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature C. W. Peake M. D.
Address 4508 Harford Rd Date signed 11-12-43

10096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

C 10096

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4905 Harford Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4905 Harford Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** James H. Robb

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ida K. Ecoff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 19, 1873

8. AGE: Years	Months	Days	If less than one day
70	7	22	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Bricklayer - Retired
11. Industry or business

FATHER
12. Name James D. Robb
13. Birthplace Md

MOTHER
14. Maiden Name Mary E. Hargett
15. Birthplace Md

16 (a) Informant Ida K. Robb
(b) Address 4905 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 15-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md

18 (a) Funeral director Leonard J. Rueck
(b) Address 5305 Harford Road.

19 (a) (Signature of registrar) (b) Huntington Williams, M.D. Registrar

NOV 13 1943
VS 43

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11, 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1943 to Nov. 11 1943 and that I last saw h[illegible] alive on Nov. 11 1943

Immediate cause of death Carcinoma of stomach

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration
over 1 yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George Rausch Jr.
Address 4808 Harford Rd. Date signed 11/14/43
M. D.

C 10097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1939

C 10097 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3036 Westfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3036 Westfield Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Virginia E. Townsend

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife J. Edward Townsend
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-21-1862

8. AGE: Years	Months	Days	If less than one day
81	-	20	hr. min.

9. Birthplace Geneva Ga (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John A. Elkins
13. Birthplace Ga

MOTHER
14. Maiden Name Missouri Barnwell
15. Birthplace Ga

16 (a) Informant Mrs Florence Stafford
(b) Address 3036 Westfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-43 (month) (day) (year)
(c) Cemetery or crematory Moreland
Location

18 (a) Funeral director Leonard J Rusk
(b) Address 5305 Harford Rd
(b) Huntington Williams M.D. Registrar

NOV 13 1943 (Date received by Registrar)

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11 1943, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1st 1943, to Nov 11 1943, and that I last saw h[illegible] alive on Nov 11 1943.

Immediate cause of death Chronic myocarditis — Duration 2 years

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: —

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence — at M
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature L. L. Gundy M.D.
Address 5106 Harford Road Date signed 11-12-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~10098~~ G 10098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92a

Registered No. G 10098

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3805 Grantley Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3805 Grantley Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARIE LOUISE KAUFMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Joseph Lee Kaufman
6 (c) If alive, give age 6 years

7. Birth date of deceased (mo., day, yr.) 8/21/1889

8. AGE: Years	Months	Days	If less than one day
54	2	21 20	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Henry W. Muhl
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ann Marie Finke
15. Birthplace Germany

16 (a) Informant Mrs. Pauline French
(b) Address 622 Orpington Rd. - 29

17 (a) Burial (b) Date thereof 11/15/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (b) Huntington Williams, M.D.
(Date received by registrar)

NOV 13 1943

VS 150

MEDICAL CERTIFICATION PM

20. DATE OF DEATH Nov. 11, 19 43 at 11:27 M

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 19 43, to [illegible] 19 43, and that I last saw h[illegible] alive on [illegible] 19 43.

Immediate cause of death
1. Hypertensive Heart Disease — Duration 2 years
2. Myocardial degeneration & Cardiac Arrest — 5 days
Due to Arteriosclerosis — 7 years
3. Aortic Stenosis
Due to

Other Conditions None

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leon Kaufman M. D.
Address 1201 Eyler Ave. St Date signed 11-12-43

G 10099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1943

G 10099

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 N. Carey St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Sarah Phipps

(a) Residence: No. 516 N. Carey St., 19 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Austin

6. DATE OF BIRTH (month, day, year) Aug 24/1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sidney ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary L. Hatley

(Address) 516 N. Carey St.

18. BURIAL, CREMATION OR REMOVAL

Place St. Thomas Date Nov. 13, 1943

19. UNDERTAKER Mrs. George A. Holland

(Address) 1631 Druid Hill Ave

20. FILED NOV 13 1943 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1943

22. I HEREBY CERTIFY, That I attended deceased from August 1943 to November 10, 1943.

I last saw her alive on November 10, 1943. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance:	

Was an operation performed? No Date of.....

For what disease or injury?.....

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) C R Campbell M. D.

(Address) 718 Dolphin St.

DG 10100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 63B

C 10100 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dunbarland - Rayner
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 147 N. Wolfe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fanny Van Meter

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife JAMES VANMETER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 24 1915

8. AGE: Years	Months	Days	If less than one day
28	8	15	hr. min.

9. Birthplace VIRGINIA
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name GEORGE VANOVER
13. Birthplace VA.

MOTHER
14. Maiden Name MAGGIE HOBBS
15. Birthplace VA.

16 (a) Informant JAMES VANMETER (HUSBAND)
(b) Address 145 S. WOLFE ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 13/43 (month) (day) (year)
(c) Cemetery or crematory KILDIV CEM
Location KENTUCKEY

18 (a) Funeral director Lully & Zeller Inc.
(b) Address 403 S. WOLFE ST.

19 (a) Date received NOV 13 1943 (b) Registrar Huntington Hilliams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/12 1943, at 12 05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/25 1943, to 11/12 1943, and that I last saw h alive on 11/12 1943.

Immediate cause of death
1. Post operative Thyroid Storm
Due to Thyrotoxicosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 11-12-43
Major findings of operation: Thyrotoxicosis
of autopsy:

Duration
6 Months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Milton Levin M. D.
Address 2224 Eutaw Pl Date signed 11-12-43

G 10101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 10101 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2552 Mace St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2552 Mace St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cora Burke

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Royal Oak, Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Edward Burke
13. Birthplace Md.

MOTHER
14. Maiden Name Sally Skinner
15. Birthplace Md.

16 (a) Informant Sophia B. Brown
(b) Address 2552 Mace St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery
Location

18 (a) Funeral director Elroy C. Wilson
(b) Address 1000 Brantley Ave.

NOV 13 1943 Huntington Williams, M.D. Registrar
(Date received by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10, 1943, at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1, 1943, to Nov. 1, 1943, and that I last saw her alive on Nov. 10, 1943.

Immediate cause of death	Duration
Chronic Myocarditis	1 year
Due to Chronic Hypertension	1 year
Due to Generalized Arteria-Sclerosis	2 years
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, or public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Frank M. Ogden, M. D.
Address 2701 N. Calvert St. Date signed Nov. 12, 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10102 (1944 137)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 10102 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 Bennett Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lavenia Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Cornelius

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 2 ? 88?

8. AGE: Years 55 ? Months ? Days ? If less than one day hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Cornelius Savage
13. Birthplace Virginia

MOTHER
14. Maiden Name Josephine ?
15. Birthplace Virginia

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley

19 (a) Date received by registrar NOV 13 1943 Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-11 1943, at 5:24 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-23 1943, to 11-11 1943, and that I last saw h alive on 11-11 1943.

Immediate cause of death: UREMIA — Duration: 2 weeks

Due to: NEPHROSCLEROSIS

Due to: HYPERTENSIVE CARDIO VASCULAR DISEASE WITH

Other Conditions: DECOMPENSATION

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: AS ABOVE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Mattner

Address B. C. H., Date signed 11/11/43 M D.

G 10103

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 106 c

G 10103 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Long Beach, Maryland.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anita Copeland

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 1943.

8. AGE: Years	Months	Days	If less than one day
5 mos. 0	5	24	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Hasker Copeland
13. Birthplace Livingston, Tenn.

MOTHER
14. Maiden Name Nora Anna Hodges
15. Birthplace Livingston, Tenn.

16 (a) Informant Parents
(b) Address Long Beach, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/43 (month) (day) (year)
(c) Cemetery or Crematory
Location Livington, Tenn.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

NOV 13 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-11 1943, at 11:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-11 1943 to 11-11 1943, and that I last saw h[illegible] alive on 11-11 1943.

Immediate cause of death Laryngo-tracheo-bronchitis — Duration

Due to

Due to

Other Conditions Pneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nathan E Cheek M. D.
Address St Joseph Hospital Date signed 11-11-43

G 10104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10104

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address South Baltimore Gen. Hosp.
(c) Hospital or institution: Light St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County 21-01
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 821 Woodmont Av
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Warren R. Freburger

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 3-1943

8. AGE: Years	Months	Days	If less than one day
		9	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Francis L. Freburger
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Naomi Ridenauer
15. Birthplace Frederick Md.

16 (a) Informant Francis L. Freburger
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md.

18 (a) Funeral director Plummer Flannery
(b) Address 426 Light St.

19 NOV 13 1943 (Date rec'd by registrar) (b) Harris for Williams M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12 1943, at 9 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 3 1943, to Nov 10 1943, and that I last saw h[illegible] alive on Nov 10 1943.

Immediate cause of death	Duration
Icterus Neonatorum	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. H. Barranco
Address 426 E. Fayette Date signed M. 11 D. 13/43

Approved Robert Lee Graham M.D.

G 10105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. G 10105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U M H 24

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 206 E. Fort St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) **FULL NAME** John Robert Schmidt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Myrtle Schmidt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 18, 1883

8. AGE: Years ? 60 | Months 1 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Grocer

11. Industry or business Grocery

FATHER
12. Name Eckhardt Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Becker
15. Birthplace Md.

16 (a) Informant Bro. Henry A Schmidt
(b) Address 2734 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Clymer & Flannery
(b) Address 1426 Light St.

19 NOV 13 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11, 1943 at 1.10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 9 1943, to Nov 11 1943, and that I last saw h.i. alive on Nov. 11 1943.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Pneumonia R.L.L. ? metastatic	
Due to: Carcinoma - original site not known.	1 yr ?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Marbitt, Jr. M. D.
Address Union Memorial Hosp. Date signed 11-11-43

C 10106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170c

Registered No. C 10106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ... 12
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) ...

2. USUAL RESIDENCE OF DECEASED:
(a) Md. (b) County ...
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 339 E. 26th St (If rural give location)
(e) Citizen of foreign country? ... (Yes or No)
If yes, name country ...

3 (a) FULL NAME George Bartal

3 (b) If veteran, name war None | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Single

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Feb 20 1913

8. AGE: Years: 30 | Months: 7 | Days: 23 | If less than one day: ... hr. ... min.

9. Birthplace Wayland Co Md (Town, county, and state)

10. Usual Occupation Road Foreman

11. Industry or business Rail Road Bridges

FATHER
12. Name Howard Bartal
13. Birthplace Baltimore Co Md

MOTHER
14. Maiden Name Mina Blackburn
15. Birthplace Baltimore Co Md

16 (a) Informant John Hutchins
(b) Address Parkville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 15 1943 (month) (day) (year)
(c) Cemetery or crematory St Marys
Location Parkville

18 (a) Funeral director Howard Hook
(b) Address Govans Md

19 NOV 13 1943 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12 1943, at 11:10 P. M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to ...

Other Conditions ...

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 12/3 P.
(a) Date of injury November 12, 1943 8:40 P. M.
(b) Where did injury occur? Government Road 25th Md
(c) Did injury occur at home, on farm, industrial place, in public place? public place While at work? No
(d) Means of injury Struck by auto

23. Signature Robert Lee Pentam M.D. Medical Examiner.
Date signed Nov. 13, 1943

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 113

Registered No. C 10107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1223 N. Bond Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1223 N. Bond Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida C. Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26-1864

8. AGE: Years	Months	Days	If less than one day
79	4	16	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Samuel Fogelsonger
13. Birthplace ?

MOTHER
14. Maiden Name Sara Heneng
15. Birthplace ?

16 (a) Informant Katharine R. Wengert
(b) Address 1223 N. Bond Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13-43 (month) (day) (year)
(c) Cemetery or crematory Shippensburg Penna.
Location SPRING HILL CEMY

18 (a) Funeral director Joseph Farace Inc.
(b) Address 2013 Greenmount Ave.

Date received NOV 13 1943 (b) Huntington Williams, M.D.

VE 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12 1943, at 2A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1943 to Nov 12 1943, and that I last saw her alive on in Oct. 1943.

Immediate cause of death Emphysema + Flatulence + Dehydration — Duration

Due to Flatulence + Dehydration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Carman M. D.
Address 1701 N. Caroline Date signed 11-12-43

G 10108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

Registered No. G 10108

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3739 Reistretown Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eugene Joseph Panza
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29/43

8. AGE: Years	Months	Days	If less than one day
		14	hr. min.

9. Birthplace XXXXXXXXXX Baltimore Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Guy C. Panza
13. Birthplace Balt. Md.

MOTHER
14. Maiden Name Sellie Pitraro
15. Birthplace Balti. Md.

16 (a) Informant Guy C. Panza Father
(b) Address 3739 Reistertown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Ce.
Location 4300 Old Frederik Rd.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

NOV 13 1943 (Date rec'd by registrar)
Hamilton for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-12 1943, at 11 20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-10 1943 to 11-12 1943, and that I last saw him alive on 11-12 1943

Immediate cause of death	Duration
Congenital Nephritis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Graham E. Chiodi M. D.
Address St. Joseph Hospital Date signed 11-12-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1192

G 10109 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Saratoga & Calvert Sts

(c) Hospital or institution Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months

(e) Length of stay in Baltimore (yrs., mos., or days) 3 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3013 Edgar Ave. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3 (a) **FULL NAME** Leroy Price Burke.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	Single.

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 11 1943

8. AGE: Years	Months	Days	If less than one day
	3	2	— hr. — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER

12. Name Bruce C. Burke

13. Birthplace Maryland (Salisbury)

MOTHER

14. Maiden Name Mildred Palmer

15. Birthplace Balto., Md.

16 (a) Informant Record

(b) Address Mercy Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/43 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location —

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md.

19 (a) Filed NOV 13 1943 (b) Signature of Registrar for Williams MD Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 13 1943 at 5:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1943, to Nov 13 1943, and that I last saw h.. alive on Nov 13 1943

Immediate cause of death Respiratory Failure

Due to Neo - Natal Jaundice

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at — M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —

(e) Means of injury —

23. Signature Edmund Wayne Lee M. D.

Address Mercy Hospital Date signed 11-13-43

G 20110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 01104 9 / 20110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) Since 3/2/43

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Fort McHenry (USCG) (If outside city or town limits, write RURAL and give town)
(d) Street No. Fort McHenry, Md. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME VALENTINE T. POROWSKI

3 (b) If veteran, name war: CG (Present War)
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: -
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 14, 1925
8. AGE: Years 18 | Months 8 | Days 30 2 | If less than one day hr. min.
9. Birthplace Yonkers, N. Y. (Town, county, and state)
10. Usual Occupation Seaman 2/C (C.G.)
11. Industry or business C.G.

FATHER
12. Name Stanley Porowski
13. Birthplace Poland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Poland

16 (a) Informant Records, U.S. Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 13-1943 (month) (day) (year)
(c) Cemetery or crematory Location Yonkers New York
18 (a) Funeral director Pratt Co & B.M. Wheatley
(b) Address Pratt & Fulton Sts
NOV 14 1943 (Date received by Registrar) (b) Huntington Hillen Registrar

VS 150

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH Nov. 13, 1943, at 7:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 27, 1943, to Nov. 13, 1943, and that I last saw him alive on Nov. 13, 1943.

Immediate cause of death Acute Lymphatic Leukemia — Duration Unk.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Dean McInerney, M.D.
Address Baltimore, Md. Date signed 11/13/43

CG-48786

G 10111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10111 / 180

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. O. A
(e) Length of stay in Baltimore (yrs., mos., or days) 38 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3501 Forest Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Mathias — James Thomas Mathis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Annie Laura Mathis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 7, 1859

8. AGE: Years: 84 | Months: 8 | Days: 6 | If less than one day: hr. min.

9. Birthplace: South Carolina (Town, county, and state)

10. Usual Occupation: Retired Builder

11. Industry or business

FATHER
12. Name: James T. Mathis
13. Birthplace: South Carolina

MOTHER
14. Maiden Name: Susan Burt
15. Birthplace: South Carolina

16 (a) Informant: Mr. S. Carle Cooling
(b) Address: 3415 Forest Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 16, 1943 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge Cemetery
Location: Pikesville, Md.

18 (a) Funeral director: J. Miller Lamoreaux
(b) Address: 2510 Liberty Heights Ave.

19 (a) NOV 14 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1943, at 7 A. M

21. I certify that I took charge of the remains described above, held an Inspection thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Asphyxiation due to smoke from conflagration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Nov. 13, 1943 15/8 M.
(b) Where did injury occur? 3501 Forest Park Ave
(c) Did injury occur at home, on farm, industrial place, in public place? At home While at work? No
(d) Means of injury Inhalation of smoke

23. Signature Robert A. Graham M.D. Medical Examiner.
Date signed Nov. 13 1943

VS 151

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 10112 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1417 E. Federal st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 E. Federal St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Francis Thomas Lynch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of ~~husband~~ or wife Rosalie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29, 43

8. AGE: Years	Months	Days	If less than one day: hr.	min.
78	8	17	4	1865

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Wheelwright

11. Industry or business retired

FATHER
12. Name Matthew Lynch
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget McDermond
15. Birthplace Ireland

16 (a) Informant Mrs. Helen Clifford
(b) Address 924 E. Chase st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 16 43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul St

19 (a) Date rec'd by local registrar NOV 17 1943 (b) Signature of local registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-13 1943 at 11:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 9 1943 to Nov 13 1943 and that I last saw h~~im~~ alive on Nov. 12 1943

Immediate cause of death Arterio-Sclerotic Vascular Disease — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Blenner

Address 1806 E. Preston St. Date signed M 11 D 13/43

443 440 G 10113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157 M

G 10128 Registered No.

MARGIN RESERVED FOR BINDING. The PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 McDonogh St. (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Baby Boy Anderson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10 - 6 - 43

8. AGE: Years	Months	Days	If less than one day
	1	6	.....hr. .....min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation.....
11. Industry or business.....

FATHER
12. Name Waverly Anderson
13. Birthplace Virginia

MOTHER
14. Maiden Name Bird Shivers
15. Birthplace Virginia

16 (a) Informant.....
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 13, 1943 (month) (day) (year)
(c) Cemetery or crematory.....
Location Smithfield Va.

18 (a) Funeral director Mrs. Robert A. Elliott Dept.
(b) Address 1129 N. Caroline St.

19 (a) NOV 14 1943 (Date rec'd by registrar) (b) Hunting for Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov - 12 1943, at 5:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 24 1943, to Nov 12 1943, and that I last saw him alive on Nov 12 1943.

Immediate cause of death	Duration
Cardiac Failure.	
UREMIA	
Due to Congenital Urinary Obstruction Anomaly	
Due to.....	
Other Conditions Birth Injury	

(Include pregnancy within 3 months of death)

Date of operation.....
Major findings of operation:.....
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at..... M
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature Stanley L. Blumenthal M.D.
Address Johns Hopkins Hospital Date signed 11/13/43

G 10114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 5

G 10114 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A

(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 503 Northern Parkway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maya Leon Goldman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Roberta Boggs

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1878

8. AGE: Years 65 | Months 4 | Days 1 | If less than one day hr. min.

9. Birthplace New Orleans, La.
(Town, county, and state)

10. Usual Occupation Consulting Engineer

11. Industry or business Retired

FATHER
12. Name Samuel Goldman
13. Birthplace La.

MOTHER
14. Maiden Name Annie Goldstein
15. Birthplace La.

16 (a) Informant Mrs. Roberta B. Goldman

(b) Address 503 Northern Parkway.

17 (a) Cremation (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore Md

18 (a) Funeral director William Cook Inc

(b) Address 17 St Paul St

NOV 14 1943

19 (a) (Date rec'd by registrar) Huntington Wilkins Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH November 13 1943, at 5:20 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic myocardial degeneration

Due to

Other Conditions Bronchial asthma

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.

Date signed Nov. 11, 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10115 V G 10115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

182a Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 325 E. Whitridge Ave 9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 742 E. 37th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sharon Ann Rose

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: infant

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 3rd 1943

8. AGE: Years | Months: 2 | Days: 9 | If less than one day: hr. min.

9. Birthplace: Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: Paul C. Rose
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Mary C. Hart
15. Birthplace: Baltimore

16 (a) Informant: Paul C. Rose
(b) Address: 742 E. 37th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 15, 43 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Baltimore, Md.

18 (a) Funeral director: William Cook Inc.
(b) Address: 1717 St Paul St.

19 (a) NOV 14 1943 (Date rec'd by registrar) (Huntington for Williams) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 1943, at 2:30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to h[illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Suffocation due to bed clothes

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury November 12, 1943 9/3 M.
(b) Where did injury occur? 742 E. 37th St.
(c) Did injury occur at home, on farm, industrial place, in public place? At home While at work? No
(d) Means of injury Asphyxiation due to bed clothes

23. Signature: Robert Lee Graham M.D.
Medical Examiner.
Date signed Nov. 13, 1943

VS 151

G 10116

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46B

G 10116 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3506 Glen Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3506 Glen Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Philip W. Hundersheimer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Carrie Hundersheimer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day
86			hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Ret.

11. Industry or business

FATHER
12. Name Jacob Hundersheimer
13. Birthplace Germany

MOTHER
14. Maiden Name Leah -
15. Birthplace Germany

16 (a) Informant H. Morton Rehmer
(b) Address 3506 Glen Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-43 (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew
Location

18 (a) Funeral director Jacob Lewis Inc
(b) Address 1439 E. Balto. St

19 (a) NOV 14 1943 (Date rec'd by registrar) Hunterington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1943, at 6 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1st 1943, to Nov. 13 1943, and that I last saw h[illegible] alive on Nov. 13 1943

Immediate cause of death Cancer of Stomach — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Kenneth J. Stanton M.D.

Address 2331 Eutaw Pl Date signed 11/13/43

G 10117 ✓ G 10117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 939

Registered No.

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. Rutland Ave
(c) Hospital or institution: Sinai Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3517 Fon. Pk. Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Louis EPSTEIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Fannie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Samuel —
13. Birthplace Russia

MOTHER
14. Maiden Name —
15. Birthplace Russia

16 (a) Informant Samuel Epstein
(b) Address 3517 Fon. Pk Ave

17 (a) Sinai (Burial, cremation, or removal) (b) Date thereof 11-14-43 (month) (day) (year)
(c) Cemetery or crematory Pinedale
Location Phil. Pa.

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/13 19 43, at 4:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/1 19 .., to 11/13 19 43 and that I last saw h.. alive on 11/12 19 43.

Immediate cause of death Cardiac Failure

Due to Arteriosclerosis Hypertension

Due to

Other Conditions Benign Prostatic Hypertrophy

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address Sinai Hospital Date signed 11/16/43 M. D.

G 10118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 10118 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Belvedere - Hampden Blvd

(c) Hospital or institution: LEVINDALE

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 53yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Balto (b) County

(c) City or town Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2134 E. Balto. St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Abraham Rose

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Martha Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 102 | Months 0 | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name -

13. Birthplace Russia

MOTHER 14. Maiden Name -

15. Birthplace Russia

16 (a) Informant Mrs. Sarah Revels

(b) Address 2134 E. Balto. St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-43 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Philo Rd.

18 (a) Funeral director Jack Lewis Inc

(b) Address 1429 E. Balto. St

NOV 14 1943 (Date rec'd by Registrar) (b) Huntington Willis M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-13-1943, at 2 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27 1930, to 11-13 1943, and that I last saw h alive on 11-13 1943.

Immediate cause of death Hypertension, Arteriosclerosis Chr. Card. Vascular Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. Edmund Levin

Address Levindale Date signed 11/13/43 M. D.

1 Transfer 10119 BALTIMORE CITY HEALTH DEPARTMENT G 10119

CERTIFICATE OF DEATH

467 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully completed. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green
(c) Hospital or institution: University Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 Lenwood Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Ethel B Reeley.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Ira Reeley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 1879

8. AGE: Years 64 | Months 5 | Days 6 | If less than one day: hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George E Schenck
13. Birthplace N Y

MOTHER
14. Maiden Name Mary E Davis
15. Birthplace N Y

16 (a) Informant Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Geo E Talbert
(b) Address Baltimore Md

NOV 14 1943 (Date rec'd by registrar) (b) Herrington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12 1943, at 6:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 7 1943, to Nov 12 1943, and that I last saw her alive on Nov 12 1943.

Immediate cause of death	Duration
Pericolitis	
Sepsis	
Due to Perforated Ca. of Rectum	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 11/10/43
Major findings of operation: Adeno. Ca. of Rectum.
of autopsy: Same.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edwin H. S Kennedy Jr
Address Un. Hosp. Date signed 11/12/43

VS 150

2 Kearaft 10120 BALTIMORE CITY HEALTH DEPARTMENT ✓ G 10120

CERTIFICATE OF DEATH 115c

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5003 Palmer Ave -
(c) Hospital or institution:
Bon Secours.
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5003 Palmer Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country ✓

3 (a) FULL NAME Mrs Thelma Colvin.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single.

6 (b) Name of husband or wife ✓
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14 - 1922

8. AGE: Years	Months	Days	If less than one day
21	7	28	✓ hr. ✓ min.

9. Birthplace Baltimore.
(Town, county, and state)
10. Usual Occupation None -
11. Industry or business

FATHER
12. Name Robert Colvin.
13. Birthplace Kentucky

MOTHER
14. Maiden Name Minnie Brannen
15. Birthplace Maryland

16 (a) Informant Hospt Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-43 (month) (day) (year)
(c) Cemetery or crematory Catholic Cem
Location Baltimore Md

18 (a) Funeral director Geo A Farley
(b) Address Guilford & Fayette

19 (a) NOV 14 1943 (Date rec'd by registrar) (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11 1943, at 9.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 4 1943, to Oct 11 1943, and that I last saw h. alive on Oct 4 1943.

	Duration
Immediate cause of death Secondary hemorrhage -	
following Tonsillectomy.	8 hrs
Due to 7 days after operation	
Due to	
Other Conditions Circulatory failure	1-2 hrs

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frederick Beitler M. D.
Address Medical Arts Bldg - Date signed Nov 11 43

BEITLER

G 10121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

G 10121 Registered No.

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Somerset
(c) City or town Dames Quarter
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Shores

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 14 1943

8. AGE: Years — Months: One — Days — If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Delmas Shores
13. Birthplace Md

MOTHER
14. Maiden Name Eva Shores
15. Birthplace Md

16 (a) Informant Delmas Shores
(b) Address Dames Quarter

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-43 (month) (day) (year)
(c) Cemetery or crematory J. W. & M. Cem
Location Princess Md

18 (a) Funeral director Tawes & Tawes
(b) Address Fulton & Fayette

19 (a) 11 1943 (Date received by registrar) (b) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-13 1943, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-12 1943 to 11-13 1943, and that I last saw her alive on 11-13 1943

Immediate cause of death: Circulatory Collapse — Duration

Due to Hernia - Strangulated

Due to Malnutrition

Other Conditions Intracranial Hemorrhage
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas B. Dunn M. D.
Address Univ. Hosp. Date signed 11-13-43

G 10122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 10122 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1208 Harford Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1208 Harford Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sallie Peterkin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col.	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 17, 1874

8. AGE: Years	Months	Days	If less than one day
67	7	25	hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Dunton Mc Lucus
13. Birthplace So. Carolina

MOTHER
14. Maiden Name Rachel Mc Lucus
15. Birthplace So. Carolina

16 (a) Informant Shadie Manning
(b) Address 1208 Harford Ave.

17 (a) Shiped Burial (Burial, cremation, or removal) (b) Date thereof 11, 14, 43 (month) (day) (year)
(c) Cemetery or crematory Shiped
Location Dillon So. Carolina

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St.

19 (a) 11 14 1943 (Date rec'd by registrar) (b) Clifton Wilson, Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-12-1943 at 5.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/4 1943 to 11/12-1943 and that I last saw her alive on 11/12/1943

Immediate cause of death Bronchio Pneumonia — Duration 7 days

Due to Colds

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Slade

Address 4327-2 Central Ave. Date signed 11/14/43

G 10123 — BALTIMORE CITY HEALTH DEPARTMENT — G 10123

CERTIFICATE OF DEATH

Registered No. 1228

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Texas (b) County
(c) City or town Corpus Christi (If outside city or town limits, write RURAL and give town)
(d) Street No. 546 Cole St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Eleanor B. Leonard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Stark E. Leonard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24, 1876

8. AGE: Years	Months	Days	If less than one day
67	8	19 17	hr. min.

9. Birthplace San Diego, California (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own home.

FATHER
12. Name H. C. Greenwood
13. Birthplace Mount Vernon, Miss.

MOTHER
14. Maiden Name Lydia Cabeniss
15. Birthplace Mobile, Alabama

16 (a) Informant Lewis E. Leonard
(b) Address 22 W 83rd St. N.Y.C.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-14-43 (month) (day) (year)
(c) Cemetery or crematory [illegible] CORPUS CHRISTIE
Location [illegible] TEXAS.

18 (a) Funeral director Harry H. Wilkes
(b) Address 101 E. Edmondson Ave.

19 (a) NOV 14 1943 (Huntington Williams M.D. Registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11 1943 at 7 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 31 1943, to Nov 11 1943, and that I last saw h.C.R. alive on Nov 11 1943.

Immediate cause of death	Duration
Pneumonia Illness	10 days
Due to Ruptured Gall-Bladder	10 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Church Home and Hospital Date signed 11/12/43

(over)

G 10124 ✓ G 10124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1922 W. Pratt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1922 W. Pratt St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry A. Senft

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Margaret nee Demuth 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 4, 1873

8. AGE: Years	Months	Days	If less than one day
70	3	8	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Retired

FATHER
12. Name Lambert Senft
13. Birthplace Germany

MOTHER
14. Maiden Name Uptenoum
15. Birthplace Germany

16 (a) Informant Mrs Henry A Senft
(b) Address 1927 W. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 15/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto. Md

18 (a) Funeral director Harry H. Wiltze
(b) Address 4101 Edmondson Ave.

19 (a) NOV 11 1943 (Date received by registrar) (b) Registrar

VS 180

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/12 1943 at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1943 to Nov 12 1943, and that I last saw h[illegible] alive on 11/12 1943.

Immediate cause of death Carcinoma of oesophagus — Duration 3 months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller M.D.
Address 2030 Wilkens Ave Date signed 11/12/43

C 10125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 10125

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 100 Melvin Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Herman Micklich

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-7063

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28-1866

8. AGE: Years	Months	Days	If less than one day: hr.	min.
77	5	16		

9. Birthplace Germany (Town, county and state)

10. Usual Occupation Cabinet Maker

11. Industry or business

FATHER 12. Name Micklich

13. Birthplace Germany

MOTHER 14. Maiden Name Reschke

15. Birthplace Germany

16 (a) Informant Ina Alpine Micklich

(b) Address 100 Melvin Ave. Catonsville Md

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Nov. 15-1943 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md.

18 (a) Funeral director George L. Schwatt

(b) Address 2181 Frederick Ave

NOV 15 1943 (Date rec'd by registrar)

(b) Hunting for Williamsburg, Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-13 1943, at 12:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-11 1943 to 11-13 1943, and that I last saw him alive on 11-13 1943.

Immediate cause of death: Arteriosclerotic Cardio-Vascular Disease — Duration:

Due to: None

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Catherine Rosberg

Address St. Agnes Hosp. Date signed 11/13/43

C 10126

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93

C 10126 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette Sts
(c) Hospital or institution:
D.O.A. Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1822 W. Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Holland ~~Margaret Holland~~

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife William W. Holland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11-1877

8. AGE: Years	Months	Days	If less than one day
66	9	1	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Marshall Williams
13. Birthplace Va

MOTHER
14. Maiden Name Catherine Bohannon
15. Birthplace Va

16 (a) Informant James V. Holland
(b) Address 1822 W. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 15-1943 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director George L. Schwartz
(b) Address 2101 Frederick Ave

NOV 15 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/12 1943, at 5.00 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Hypertensive Cardio-vascular disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 11/12/43

VS. 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10127 8905 YA

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161a

Registered No. G 10127

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) Nb.
(e) Length of stay in Baltimore (yrs., mos., or days) Nb.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1425 Lorman st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Lorenz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Nb.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 14, 1943

8. AGE: Years	Months	Days	If less than one day
			hr. few min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Roblinsky
13. Birthplace Penna.

MOTHER
14. Maiden Name Stella Lorenz
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof 11 15 43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location Baltimore

18 (a) Funeral director Charles P. Dill
(b) Address 501 E. Fort Ave
(c) Hunting for Williams, M.D.

NOV 15 1943
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14 19 43, at 4:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/14 1943, to 11/14 1943, and that I last saw him alive on 11/14 1943.

Immediate cause of death Congenital Atelectasis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Mathias M. D.
Address Baltimore City Hospitals Date signed 11/16/43

G 10128 T.N

84720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G 10128 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 Penn St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herbert Cowdell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3rd, 1878

8. AGE: Years	Months	Days	If less than one day
65	7	11	hr. min.

9. Birthplace Scotland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edward Cowdell
13. Birthplace ?

MOTHER
14. Maiden Name Peggy Booth
15. Birthplace England

16 (a) Informant Baltimore, City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/14/43 (month) (day) (year)
(c) Cemetery or crematory Chrotan
Location Penna

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

NOV 15 1943 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/14 19 43, at 8 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/5 1943, to 11/14 1943, and that I last saw h[illegible] alive on 11/14 1943.

Immediate cause of death	Duration
Pulmonary Tuberculosis	2
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Mathna M. D.
Address Baltimore City Hospitals Date signed 11/14/43

G 10129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 837

Registered No. G 10129

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1014 Wilmot Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1014 Wilmot Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Anderson

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 14. 1868

8. AGE: Years 75 | Months 3 | Days 29 | If less than one day: hr. min.

9. Birthplace: Scotland (Town, county, and state)

10. Usual Occupation: Lab. Common Retired

11. Industry or business:

FATHER
12. Name: Thomas Anderson
13. Birthplace: Scotland

MOTHER
14. Maiden Name: Unknown
15. Birthplace:

16 (a) Informant: Mrs Elmer Welch
(b) Address: 623 Alabama Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/43 (month) (day) (year)
(c) Cemetery or crematory: Lorraine
Location: Baltimore Md

18 (a) Funeral director: Wilson College
(b) Address: 1317 Eutaw St

19 NOV 15 1943 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13, 1943, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1943 to Nov 11 1943 and that I last saw h[illegible] alive on Nov 11 1943

Immediate cause of death: Left Hemiplegia — Duration 6 Mo

Due to: Arteriosclerosis — 5 yrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Edward Abercrombie, M.D.
Address: 524 Monument Date signed: 11/16/43

G 10130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 10130

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address LaFayette and John Sts.
(c) Hospital or institution:
Hospital for Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3 Millbrook Rd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Eloise Lowndes Lough

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Earnest Lough (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5th, 1867

8. AGE: Years	Months	Days	If less than one day
76 77	6	9	hr. min.

9. Birthplace Cumberland Maryland
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Phillip Roman (D)
13. Birthplace Cumberland Md

MOTHER
14. Maiden Name Eloise Lowndes
15. Birthplace Cumberland, Md.

16 (a) Informant W. Bladen Lowndes
(b) Address Fidelity Trust Co

17 (a) Removal (b) Date thereof 11/15/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Rose Hill
Location Cumberland Md.

18 (a) Funeral director Williams Cook Inc
(b) Address 127 St. Paul St

19 (a) NOV 15 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 14 1943, at 3:12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from November 11 1943, to Nov. 14th 1943, and that I last saw her alive on November 14 1943.

Immediate cause of death	Duration
Cardiac Failure	
Due to Pulmonary Edema	
Due to Hypertensive Arteriosclerotic Heart Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howland Edward Dey M. D.
Address Women's Hospital Date signed Nov. 15/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~3131~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 10131

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1401 W. Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1401 W. Fayette St
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME William J. McMinn

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Florence A. McMinn

6 (c) If alive, give age 2 years

7. Birth date of deceased (mo., day, yr.) Jan. 23-1872

8. AGE: Years	Months	Days	If less than one day
about 71	9	14	hr. min.

9. Birthplace Hendersonville N.C.
(Town, county, and state)

10. Usual Occupation Dentist

11. Industry or business Dentistry

FATHER 12. Name James M. McMinn

FATHER 13. Birthplace N.C.

MOTHER 14. Maiden Name Unknown

MOTHER 15. Birthplace N.C.

16 (a) Informant Mrs Florence McMinn

(b) Address 1401 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-43 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Balto. Md

18 (a) Funeral director Geo L. Beyer Jr

(b) Address 1512 Hollins St

19 (a) NOV 15 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 1943, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1943 to Nov 12 1943, and that I last saw h[illegible] alive on Sept 1 1943.

Immediate cause of death Coronary thrombosis
Cerebral sclerosis — Duration 24 hrs 6 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature H G Jones M.D.

Address 2884 Eutaw Pl Date signed 11/14/43

affidavit by Howard J. Welsing M.D.

4360 G 10132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 131a

Registered No. G 10132

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Lynn Oakes Station
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4 Baker St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN PATTERSON MAYO

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 218-22-9992

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elenora Mayo

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 1-1-69

8. AGE: Years 74 | Months 10 | Days 11 | If less than one day ... hr. ... min.

9. Birthplace New Bern, N. C.
(Town, county, and state)

10. Usual Occupation Retired Marine Engineer

11. Industry or business Merchant & Miners

FATHER
12. Name Cyrus Mayo
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann Lockhart
15. Birthplace N. Carolina

16 (a) Informant Horace B. Mayo
(b) Address 234 Mallow Hill Ave.

17 (a) Burial (b) Date thereof 11/15/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Henry Sander & Sons, Inc.
(b) Address 1649 E. North Ave.

NOV 15 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12 1943 at 4:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 9 1943 to Nov 12 1943 and that I last saw h[illegible] alive on Nov 12 1943.

Immediate cause of death bronchopneumonia — Duration

Due to Pernicious anemia w/ relapse

Due to arteriosclerosis c

Other Conditions arteriosclerotic ~~c~~ renal disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: not reported yet

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John R. Birmingham M. D.
Address J. H. H. Date signed Nov 12

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be careful... correct age is especially important. Physicians: please write th... the causes of death clearly and legibly.

[illegible] RESERVED FOR BINDING

G 10133

L - 84716

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

G 10133 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1644 Clifview Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGIANNA REICHEL

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: - - -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jul. 10. 1862

8. AGE: Years 81 | Months 4 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Old Age Pension

11. Industry or business

FATHER
12. Name Matthew Reichel - deceased
13. Birthplace Maryland

MOTHER
14. Maiden Name Louise Dorothy Plitt
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17. 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

(a) Date received by registrar NOV 15 1943 (b) Registrar Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-15 1943, at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-5 1943, to 11-14 1943, and that I last saw h[illegible] alive on 11-14 1943.

Immediate cause of death: Arteriosclerotic C V Disease — Duration: 7

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Bruce B Stitt M. D.
Address Balto City Hosp Date signed 11-16-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

0134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 ✓ G 10134 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Josephs
(c) Hospital or institution: Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1424 N. Chester st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Marlene Miller

3 (b) If veteran, name war	3 (c) Social Security Account No.
c	c

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Child

6 (b) Name of husband or wife c
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29, 1943

8. AGE: Years	Months	Days	If less than one day
		19	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation c
11. Industry or business

FATHER
12. Name Joseph F. Miller
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Doris Olson
15. Birthplace Baltimore Md

16 (a) Informant Joseph F. Miller
(b) Address 1424 N. Chester St.

17 (a) Burial (b) Date thereof Nov 15, 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4200 Old Frederick Rd

18 (a) Funeral director Edmund W. Conaklin & Son
(b) Address 924 E. Eager St.

19 NOV 15 1943 (c) Hunting for Williams M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-13 1943, at 8:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-11 1943 to 11-13 1943 and that I last saw her alive on 11-13 1943

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions dehydration resulting from diarrhea
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nathan E. Cheski M. D.
Address St Joseph's Hospital Date signed 11-13-43

C 10135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 10135 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PRINTING RESERVED FOR BINDING

1. PLACE OF DEATH: Baltimore
(a) Baltimore City, Maryland
(b) Street address 1121. Harlem Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 1121 Harlem Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rev. Lloyd L. Price
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M. | 5. Color or race Col. | 6 (a) ~~Single~~, married, ~~widowed~~, ~~divorced~~. Married

6 (b) Name of husband or wife Jannie Price (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 59 4y | Months – | Days – | If less than one day hr. min.

9. Birthplace Spotsylvania Co. Va. (Town, county, and state)

10. Usual Occupation Clergy man.

11. Industry or business

FATHER 12. Name Robert Price
13. Birthplace Va.

MOTHER 14. Maiden Name unknown.
15. Birthplace Va.

16 (a) Informant Jannie Price
(b) Address 1121. Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/43 (month) (day) (year)

(c) Cemetery or crematory
Location Va. Fredericksburg

18 (a) Funeral director Chas. H. Elgin & Son
(b) Address 927. N. Mount St.

(c) (Date received by Registrar) NOV 15 1943 (By) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11 1943 at 5:20 PM

21. I certify that death occurred on the date above stated, that I attended deceased from June 4 1943 to Nov 11 1943, and that I last saw h— alive on 11-11 1943.

Immediate cause of death Hypertension & Cardio Renal Disease — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Hatcher M.D.
Address 1225 Park Ave Date signed 11/14/43

G 10136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

469

G 10136 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 months
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mos. 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pennsylvania (b) County
(c) City or town Rossville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME MRS MARGARET E. Spangler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife C. U. Spangler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15, 1882

8. AGE: Years	Months	Days	If less than one day
61	10	29	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Burns
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Mary Jane Myers
15. Birthplace Pennsylvania

16 (a) Informant Mr. Charles W. Spangler
(b) Address Rossville, Pennsylvania

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18 43 (month) (day) (year)
(c) Cemetery or crematory Friends Meeting
Location York Co. Pa.

18 (a) Funeral director A. Lee Adler
(b) Address 4644 York Rd.

NOV 15 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150 Visit - Victor Hearn. E.J. Erney (Event)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 14 1943 at 12:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1943 to Nov. 14 1943 and that I last saw h.e. alive on Nov. 14 1943

Immediate cause of death Cardiac Resp. failure

Due to Carcinoma

Due to Carcinoma of Head of Pancreas

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation July 7, 1943

Major findings of operation Carcinoma Head of Pancreas

of autopsy

Duration
6 Mos.
4 Mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Warfield McFraar M. D.
Address 7 W Hoop Date signed 11/14/43

C 10137

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

C 10137 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Dom. St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1202 Crystal Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Marie E. Blackburne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20-1912

8. AGE: Years	Months	Days	If less than one day
31	4	22	hr. min.

9. Birthplace Buffalo NY. (Town, county, and state)

10. Usual Occupation Housework.

11. Industry or business

FATHER
12. Name Frederick Blackburne.
13. Birthplace NY City

MOTHER
14. Maiden Name Margaret Ryan
15. Birthplace Ireland

16 (a) Informant Frederick Blackburne
(b) Address 1702 Crystal Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Rd.

18 (a) Funeral director Wendell E Humphreys
(b) Address 1501 N Broadway

NOV 15 1943 (Date received by Registrar)

(b) Huntington Nottingham, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/12 1943, at 5. AM

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Hypertensive Cardio Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 11/12/43

VS 151

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~G 10138~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 10138

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3405 Crossland Ave
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3405 Crossland Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Simpson Earle

3 (b) If veteran, name war: yes (W. War)
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Georgia P. Earle
6 (c) If give, give age 46 years
7. Birth date of deceased (mo., day, yr.) Aug-3-1879
8. AGE: Years 64 | Months 3 | Days 11 | If less than one day: hr. min.
9. Birthplace Queen Annes Md. (Town, county, and state)
10. Usual Occupation Retired Naval Officer
11. Industry or business

FATHER
12. Name William B Earle
13. Birthplace Queen Anne Md.

MOTHER
14. Maiden Name Louisa Stubbs
15. Birthplace Norfolk Va.

16 (a) Informant Mrs Georgia P. Earle (wife)
(b) Address 3405 Crossland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-17-43 (month) (day) (year)
(c) Cemetery or crematory Forest Hills Cemetery
Location Hanford Co. Md.

18 (a) Funeral director Stewart Memorial Co.
(b) Address 108 W Mt Royal Ave.

NOV 15 1943 (Date rec'd by registrar)

(b) Huntington for Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 14 1943, at 6 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1942 to Nov 10 1943 and that I last saw h[im] alive on Nov 10 1943

Immediate cause of death: Coronary Thrombosis — Duration: 1 day
Due to: Coronary artery disease — 1 year
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Frederick Lentz M. D.
Address Temple Gardens Apts Date signed 15-Nov-43

Affirmed by Howard J. Huntington, M.D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 10139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2516 Maryland Ave
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2516 Maryland Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lenora Agnes Leigh

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Charles Leigh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28 1864

8. AGE: Years: 79 | Months: 7 | Days: 15 | If less than one day ..... hr. ..... min.

9. Birthplace: Baltimore
(Town, county, and state)

10. Usual Occupation: none

11. Industry or business: none

FATHER
12. Name: William E. Logsdon
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Eleanor Miller
15. Birthplace: Maryland

16 (a) Informant: Miss Ethel Leigh (daughter)
(b) Address: 2516 Maryland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 18 43 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: Baltimore

18 (a) Funeral director: Sherwood Mortuary
(b) Address: 1426 Mt Ave.

19 (a) NOV 15 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12 1943 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1943, to Nov 12, 1943, and that I last saw h alive on 19

Immediate cause of death	Duration
Coronary Occlusion	Immediate
Due to Cardio Vascular disease	Indefinite
Due to Arteria Sclerosis	Indefinite
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George H. Cross M. D.
Address 18 W 25th St Date signed 11-13-43

10140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 10140

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3900 Stratmore Ave
(c) Hospital or institution:
3

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Fallstaff
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3415 Falstaff Rd
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Gordon Goldsmith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Evelyn K. Goldsmith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28 1878

8. AGE: Years	Months	Days	If less than one day
64	11	15	..... hr. ..... min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Shoe Merchant
11. Industry or business

FATHER
12. Name Louis Goldsmith
13. Birthplace Germany

MOTHER
14. Maiden Name Esther Siegel
15. Birthplace Germany

16 (a) Informant Mrs. Evelyn K. Goldsmith
(b) Address 3415 Fallstaff Road

17 (a) Burial (b) Date thereof 11/15/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Sonnenstein & Son
(b) Address 1902 Eutaw Place

NOV 15 1943
(Date rec'd by registrar)

(b) Huntington Williams, Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 1943, at 9:15 P.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Nov. 13, 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46a

Registered No. G 10141

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3802 Reisterstown Rd

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3802 Reisterstown Rd

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Selig Levitt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Millie Levitt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Grocer

11. Industry or business

FATHER

12. Name Simon Levitt

13. Birthplace Russia

MOTHER

14. Maiden Name Mary -

15. Birthplace Russia

16 (a) Informant Bernard Levitt

(b) Address 2643 Cecil Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-43 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location Fernwood Rd

18 (a) Funeral director Race Levin Inc

(b) Address 1439 E. Balto St

NOV 15 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14 1943, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1943 to Nov. 14, 1943.

and that I last saw him alive on Nov. 14, 1943.

Immediate cause of death Hemorrhage — Duration

Due to Carcinoma of esophagus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Extensive Carcinoma of esophagus

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Joseph Kemler M. D.

Address 1918 Eutaw Pl. Date signed 11/14/43

Kemler

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122a

Registered No. G 10142

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. & Linden ave
(c) Hospital or institution: Maryland General 6
(d) Length of stay in hospital or inst. (~~yrs., mos.,~~ days) 2½
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) ~~County~~
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 433 N. Patterson Park ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Mary Engberson

3 (b) If veteran, name war ------
3 (c) Social Security Account No. ------

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: August Engberson
6 (c) If alive, give age ~~years~~
7. Birth date of deceased (mo., day, yr.): Mar. 31, 1886

8. AGE: Years	Months	Days	If less than one day
57	7	12	....hr. ....min.

9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual Occupation: none
11. Industry or business

FATHER
12. Name: Gus. A. Herold
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Thersea Wilax
15. Birthplace: Balto. Md.

16 (a) Informant: Mr. Gus Herold
(b) Address: 433 N. Pat. Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 15/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto. Md.

18 (a) Funeral director: Philip Henry Sons
(b) Address: 2024 Orleans St.

19 (a) ... (b) ... Huntington Williams Mgr

NOV 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11/13 1943, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/10 1943, to 11/13 1943, and that I last saw him alive on 11/13 1943.

Immediate cause of death	Duration
Diffuse peritonitis	
Due to Ruptured gangrenous intestine	
Due to Strangulated ventral hernia	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 11/12/43
Major findings of operation: Above
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: John D. Young Jr. M. D.
Address: Md. Gen. Hosp. Date signed 11/19/43

G 10143 ✓ G 10143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1240

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 77 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 831 S. Bond Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** GUNNAR ALBIN ANDERSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
- NO	700-18-2863

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1889

8. AGE: Years	Months	Days	If less than one day
54	9	25 24	hr. min.

9. Birthplace Sweden ?
(Town, county, and state)
10. Usual Occupation Fire Watchman
11. Industry or business -

FATHER
12. Name Barnard Anderson
13. Birthplace Sweden

MOTHER
14. Maiden Name Corina ?
15. Birthplace Sweden

16 (a) Informant Records, U.S.Marine Hosp.
(b) Address Baltimore, Md.

17 (a) BURIAL (b) Date thereof NOV. 15/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD
18 (a) Funeral director Lilly and Geiss IIVC.
(b) Address 403 S. WOLFE ST.
NOV 15 1943 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION P.

20. DATE OF DEATH Nov. 11, 1943, at 1:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 25, 1943, to Nov. 11, 1943, and that I last saw him alive on Nov. 11, 1943

Immediate cause of death (1) Advanced atrophic cirrhosis of the liver; (2) Terminal congestion. — Duration (1) 7 mos.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Paracentesis 8/26; 9/5; & 9/20/43
Major findings of operation: Straw colored fluid removed.
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Arthur M. D.
Address Baltimore, Md. Date signed 11/12/43

VS 150

MS-47639

0144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 132

Registered No. C 10144

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2108 Druid Hill ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 2108 Druid Hill ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Daisy R. Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife John W. Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1st 1903

8. AGE: Years	Months	Days	If less than one day
40	6	24	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Thomas Conway

13. Birthplace Md

MOTHER 14. Maiden Name Rosie Thompson

15. Birthplace Md

16 (a) Informant John Walter Smith

(b) Address 2108 Druid Hill ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn.

Location Md

18 (a) Funeral director George H. Nelson

(b) Address 1303 Pennsylvania Ave

NOV 15 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov-12- 1943, at 3:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-20-1943, to 11-12-1943, and that I last saw her alive on 11-11-1943

Immediate cause of death Uremic Coma — Duration 2 da

Due to Nephritis; Cystitis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Wm R. Boykin M.D.

Address 1135 Eutaw Pl Date signed 11/13/43

10145 — 84813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124a

Registered No. G 10145

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3021 Philadelphia Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Weber'

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1872

8. AGE: Years	Months	Days	If less than one day
71	4	10	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Unable to work

11. Industry or business City of Balto

FATHER
12. Name Floyd (d)
13. Birthplace Germany

MOTHER
14. Maiden Name Mergeret (d)
15. Birthplace Germeny

16 (a) Informant BALTIMORE CITY HOSPTIALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 17 43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Philip Henry Sons
(b) Address 202 E Cleanst

19 NOV 15 1943 (Date received by Local Registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/13 1943, at 3:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/10 1943, to 11/13 1943, and that I last saw h alive on 11/13 1943.

Immediate cause of death Tamponade — Duration 3 weeks

Due to Laeimnecs Cirrhosis — 6 weeks

Due to

Other Conditions Hypertensive cardiovascular disease with congestive failure

(Include pregnancy within 3 months)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Mathe, M. D.
Address Baltimore City Hospitals Date signed 11/14/43

G 10146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. G 10146

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2108 Poplar Grove St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2108 Poplar Grove St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CAPT. JESSE FOSTER

3 (b) If veteran, name war --

3 (c) Social Security Account No. 216-14-1691

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Blanche

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1877

8. AGE: Years 66 | Months 7 | Days 4 | If less than one day hr. min.

9. Birthplace Grand Manan, Canada (Town, county, and state)

10. Usual Occupation Retired Capt.

11. Industry or business American Hawaiian Steamship Co.

FATHER

12. Name John Newton Foster

13. Birthplace Grand Manan, Canada

MOTHER

14. Maiden Name --

15. Birthplace Grand Manan, Canada

16 (a) Informant Mrs. Blanche Foster

(b) Address 2108 Poplar Grove St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/43 (month) (day) (year)

(c) Cemetery or crematory Boo

Location Boothbay Harbor, Maine

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md.

19 (a) NOV 15 1943 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/12/ 1943, at 2:00P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1943, to June 12 1943, and that I last saw h alive on June 12 1943.

Immediate cause of death: Coronary Thrombosis — Duration: 4 days

Due to: Hypertension — Duration: 2 years

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. C. Smink M. D.

Address 4509 Liberty Hts. Date signed June 14

A.C. SMINK

G 10147

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

G 10147 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1222 Augusta St
(c) Hospital or Institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1222 Augusta St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME AUGUSTA E. WIENEKE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Harry M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1902

8. AGE: Years 41 | Months 9 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name -- Waldner
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr. Harry M. Wieneke
(b) Address 1222 Augusta St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/43 (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Baltimore, Md.

19 (a) NOV 15 1943 (Date rec'd by registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14 1943 at 12 45 M

21. I certify that I took charge of the remains described above, held an inquiry Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to hers death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D. and Medical Examiner.
Date signed 11-14-43.

Please write the causes of death clearly and legibly. Physicians: please write the correct age in especially important.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 10148

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) short time
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1545 Clifton Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothy Rave (Dorothy Lee Rave)

3 (b) If veteran, name war No

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — Jan. 28, 1942

8. AGE: Years 1 Months 9 Days 17 If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER
12. Name Charles A Rave
13. Birthplace Maryland (Balto.)

MOTHER
14. Maiden Name Dorothy Rave (nee Jones)
15. Birthplace Maryland (Balto.)

16 (a) Informant Records of University Hospital
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director W. J. Fuchs & Sons
(b) Address [redacted]

19 (a) NOV 15 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14 43, at 2:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 14 1943, to Nov 14 1943, and that I last saw her alive on Nov 14 1943.

Immediate cause of death Pulmonary Edema Peripheral Circulatory Collapse — Duration

Due to Tetanus — —

Due to Cellulitis of face. — —

Other Conditions — —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy —

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

PHYSICIAN

Underline the cause to which death should be charged statistically.

23. Signature Thomas Ayles Shanks M. D.
Address University Hospital Date signed 11/16/43

C 10149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

C 10149

Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution:
Bon Secours Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Harford

(c) City or town Aberdeen Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. William Frederick Berger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Wilhelmina Volt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1878

8. AGE: Years	Months	Days	If less than one day
64	11	14	hr. min.

9. Birthplace Luxemburg
(Town, county, and state)

10. Usual Occupation

11. Industry or business U.S.Gov't., Aberdeen, Md.

FATHER
12. Name Mathia Berger
13. Birthplace Luxemburg

MOTHER
14. Maiden Name Mary Regeney
15. Birthplace Luxemburg

16 (a) Informant Mrs. Wilhelmina Berger

(b) Address 210 Edmund St., Aberdeen, Md.

17 (a) Burial (b) Date thereof 11/17/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Baker Cem.

Location Henry Farrington & Sons

18 (a) Funeral director [illegible] & SONS

(b) Address Hampstead, Md.

19 NOV 15 1943 Huntington for Williams, M.D.
(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/14/1943 at 2 10 M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/11/1943 to 11/14/1943, and that I last saw him alive on 11/14/1943.

Immediate cause of death Cerebrovascular Collapse

Due to Hypertension and Myocardial Failure

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

Means of injury

23. Signature Charles P. Conroy M. D.

Address Date signed 11/14/43

C 20150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161a

Registered No. C 20150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2121 Herbert St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2121 Herbert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BABY BOY BRUNNER

3 (b) If veteran, name war --

3 (c) Social Security Account No. Single

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/10/43

8. AGE: Years -; Months -; Days 2; If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Howard Brunner
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Therada Carter
15. Birthplace N. C.

16 (a) Informant Mrs. Howard Brunner
(b) Address 2121 Herbert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

NOV 15 1943
(Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/12/ 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10, 1943 to Nov. 12 1943, and that I last saw him alive on Nov. 12 1943

Immediate cause of death

Atelectasis — Duration: 2 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 2257 W. North Date signed 11/13/43 D.

C 0151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 10151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3601 Frankfort Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3601 Frankfort Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: DAVID GILLESPIE, Sr.

3 (b) If veteran, name war: --

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Katie A. Gillespie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 13, 1882

8. AGE: Years	Months	Days	If less than one day
61	0	0	hr. min.

9. Birthplace Sunderland, England
(Town, county, and state)
10. Usual Occupation Ship Builder
11. Industry or business Bethlehem Fairfield

FATHER
12. Name David Gillespie
13. Birthplace Scotland

MOTHER
14. Maiden Name Margaret Owen
15. Birthplace England

16 (a) Informant Mrs. Katie A. Gillespie
(b) Address 3601 Frankfort Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/43 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Balto. Co., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) NOV 15 1943 (Date received by Registrar) (b) Huntington Williams, M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13, 1943, at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/1 1943 to 11/13 1943, and that I last saw h[illegible] alive on 11/13 1943.

Immediate cause of death Asphyxia
Myocarditis
Coronary Thrombosis
Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Tyler Gilley M.D.
Address 3703 Harford Rd. Date signed 11/14/43

G 10152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. G 10152

Every item of information should be carefully supplied. Write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 201 N. Mount.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Md
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 201 N. Mount St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Hawthorne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Married

6 (b) Name of husband or wife Rosalee Hawthorne
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 8-1902

8. AGE: Years	Months	Days	If less than one day
41	8	3	hr. min.

9. Birthplace Anderson S. C.
(Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business

FATHER
12. Name John Hawthorne
13. Birthplace Abbieville S. C.

MOTHER
14. Maiden Name Aday Grimes
15. Birthplace Nashville Ga.

16 (a) Informant Rosalee Hawthorne
(b) Address 201 N. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 15, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Judea Cem.
Location Baltimore, Md

18 (a) Funeral director Mrs. Katie R. Wilson
(b) Address 2227 N. Schroeder St.

19 (a) Filed NOV 15 1943 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11 1943 at 11 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 6th 1943 to Nov 11 1943 and that I last saw he alive on Nov 10 1943

Immediate cause of death	Duration
Cerebral Hemorrhage	5 days
Due to 2nd " Stroke	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature F. C. Link M. D.
Address 1107 N. Rut Drive Date signed Nov 12

G 10153 Konieczny

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G 10153

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 S Montford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Agnes Konieczny

3 (b) If veteran, name war
(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife George Konieczny
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873.

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at Home

FATHER
12. Name Konk
13. Birthplace Poland

MOTHER
14. Maiden Name Konk.
15. Birthplace Poland

16 (a) Informant Ann Dzgos
(b) Address 700 S Montford ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 16/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Dyczewski
(b) Address 1944 Eastern Ave.

NOV 15 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1943, at 6a M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-28 1943, to 11-13 1943, and that I last saw her alive on 11-13 1943.

Immediate cause of death Diabetic gangrene of left foot. — Duration

Due to Diabetes Mellitus

Due to Senility.

Other Conditions Senility.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan E Rhode M. D.
Address St. Joseph's Hospital Date signed 11-13-43

10154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 B

G 10154
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene St.
(c) Hospital or institution:
University Of Maryland Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 W. Pratt St.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) **FULL NAME** Regina Fontacone

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 213-09-8837

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Raffaele Fontacone

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1890

8. AGE: Years 53 | Months 9 | Days | If less than one day hr. min.

9. Birthplace Atri Italy
(Town, county, and state)

10. Usual Occupation Seamstress

11. Industry or business Tailor Shop

FATHER
12. Name Frank Costantino
13. Birthplace Italy

MOTHER
14. Maiden Name Mary Costantino
15. Birthplace Italy

16 (a) Informant Mary Fontacone (Daughter)
(b) Address 1417 W. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 16/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 (a) Date received NOV 15 1943 (b) Registrar Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/13 1943; at 12 45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/10 1943, to 11/13 1943, and that I last saw h[illegible] alive on 11/12 1943

Immediate cause of death: Pulmonary infarction — Duration:
Due to: mitral Stenosis
Due to: Rheumatic C V D
Other Conditions: Pneumonia
(Include pregnancy within 3 months of death)

Date of operation: none
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Josephine E Renshaw M. D.
Address Univ. Hospital Date signed 11/13

G 10155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 10155 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 347 S. Calhoun St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 347 S. Calhoun St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick L. Reuschling

3 (b) If veteran, name war W

3 (c) Social Security Account No. none

4. Sex Male

5. Color or race White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~. Widowed

6 (b) Name of ~~husband or~~ wife Katherine Reuschling

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 29th 1860

8. AGE: Years 83 Months 8 Days 14 If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county and state)

10. Usual Occupation Retired Coffee Roaster

11. Industry or business Levering Coffee Co.

FATHER
12. Name (Unknown) Reuschling
13. Birthplace Germany

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Robert E. Reuschling
(b) Address 1000 S. Paca St.

17 (a) Burial (b) Date thereof 11/16/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Western
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

NOV 15 1943
(Date rec'd by registrar)

Ellington Williams, M.D.
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 13th 1943, at 5:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1942 to Nov 13, 1943, and that I last saw him alive on Nov 13 1943

Immediate cause of death Cerebral Thrombosis — Duration

Due to Arteriosclerotic CV Disease

Due to Hypertension

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Bayless M.D.

Address 1600 Wilkens Ave Date signed 11/15/43
M. D.

G 10156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

G 10156 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Not admitted
(e) Length of stay in Baltimore (yrs., mos., or days) Since Dec. 23, 1942

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3100 Remington Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME THEODORE T. HARTMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	186-14-7933

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Div.

6 (b) Name of husband or wife Carolyne Cook
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1892

8. AGE: Years	Months	Days	If less than one day
51	0	14	....hr. ....min.

9. Birthplace Chester, Pa.
(Town, county, and state)
10. Usual Occupation Messman - MS
11. Industry or business MS- Dec. 1942

FATHER
12. Name Henry Joseph Hartman
13. Birthplace Lebanon, Pa.

MOTHER
14. Maiden Name Mary C. Swanger
15. Birthplace Hershey, Pa.

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial, cremation, or removal Burial (b) Date thereof 11/15/43 (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address
(c) NOV 15 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION A.

20. DATE OF DEATH Nov. 15, 1943, at 6:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h alive on 19
Dead when examined at 7:05 A.M., had been dead approximately 15 minutes. Was former patient, and under treatment as outpatient.

Immediate cause of death Rheumatic heart disease; and chronic bronchitis — Duration Unk.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation No operation
Major findings of operation:
of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Baltimore, Md.
Address Baltimore, Md. Date signed 11/15/43

Typed by VS 1/44

Howard T. Weldin M.D. MS per Robert Lee Feaster M.D.

0157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 30157

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3409 Copley Rd.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3409 Copley Rd.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME RAYMOND DOUGLAS PISTEL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1883

8. AGE: Years	Months	Days	If less than one day
59	11	22	hr. min.

9. Birthplace Baltimore

(Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business Bethlehem Steel Corp.

FATHER

12. Name Harry Pistel

13. Birthplace Baltimore, Md.

MOTHER

14. Maiden Name Catherine Koenig

15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Rena Pistel

(b) Address 3409 Copley Rd.

17 (a) Burial (b) Date thereof 11/17/43

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md. Huntington Williams, M.D.

NOV 15 1943

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14, 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1943 to 19; and that I last saw h was alive on 19.

Immediate cause of death	Duration
Hypertension with Arteriosclerosis	
a) Aneurysm, Aneurysm of Aorta	1 yr.
Due to b) Cardiac Hypertrophy	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature David Jones

Address 11 E. Chase St Date signed 11/16/43 M. D.

VS 150

G 10158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V83a

G 10158 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4323 Wickford Road
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4323 Wickford Road (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Ellen L. O'Neill

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife William F. O'Neill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1859

8. AGE: Years	Months	Days	If less than one day
84	3	-	hr. min.

9. Birthplace Middletown, N. Y. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Hiland H. Hunt
13. Birthplace New York State

MOTHER
14. Maiden Name Mary Blanchard
15. Birthplace New York State

16 (a) Informant Edna L. Grover
(b) Address Middletown, N. Y.

17 (a) Bur Cremation (Burial, cremation, or removal) (b) Date thereof 11/16/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John C. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

NOV 15 1943 (Date Rec'd by Registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14, 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11 1943, to Nov. 14 1943, and that I last saw h e alive on Nov. 14 1943

Immediate cause of death apoplexy

Due to hypertension and arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
at least 5 yrs. - probably longer.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charlotte McCarthy M.D.
Address Medical Arts Bldg. Date signed

McCarthy

C 10159

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

C 10159 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Bon. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 806 Jessamine Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Finder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

FATHER 13. Birthplace

MOTHER 14. Maiden Name

MOTHER 15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL NOV 15 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 NOV 15 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-27- 1943, at 12 25 P.M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Howard J. Malloch M.D. Medical Examiner.

Date signed 10-28-43

10511

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

C 10160 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1134 N. Gilmore Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1134 N. Gilmore Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Turner

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 65 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL NOV 15 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) NOV 15 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

0510

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-30-1943, at 3:30 P.M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection of Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Cardio-vascular Renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Howard J. Andersen M.D.
Medical Examiner.

Date signed 10/31/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 0161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 10161 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2029 Mc Elderry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 10 min

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2029 Mc Elderry St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Barnett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day hr. 10 min.

9. Birthplace 2029 Mc Elderry St
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Calvin Jane Barnett
13. Birthplace Calvert Co Md

MOTHER
14. Maiden Name Jane Bowen
15. Birthplace Balto Md

16 (a) Informant Jane Barnett
(b) Address 2029 Mc Elderry St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 15 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 NOV 15 1943 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 13 1943 at 8 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 13 1943 to 19 , and that I last saw h alive on Nov 13 1943 .

Immediate cause of death Pneumonia. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton L. Solomon M. D.
Address 129 S. Bway Date signed 11/13/43

0512

.0162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. G 10162

Please write the causes of death clearly and legibly. Physicians: please give street age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Gilmore - Fairfield
(c) Hospital or institution: Shipyard Infirmary

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 D : A
(e) Length of stay in Baltimore (yrs., mos., or days) 9 M Ther

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 305 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph F. Miller

3 (b) If veteran, name war

3 (c) Social Security Account No. 083-16-4480

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Flossie June

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Shipfitter

11. Industry or business Tool checker Yard

FATHER 12. Name Simon F. Miller

13. Birthplace Russia

MOTHER 14. Maiden Name Mary Rusken

15. Birthplace Russia

16 (a) Informant Flossie June Miller

(b) Address 305 N Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/43 (month) (day) (year)

(c) Cemetery or crematory Shel Shalom Cem Co

Location O'Donnell St

18 (a) Funeral director Sol Levinson & Bro

(b) Address 1124-26 W Baltimore St

19 (a) Nov 15 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12 1943, at 11:25 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed Nov. 13, 1943

442599 G 10163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10163 Registered No. 102

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State FLA (b) County
(c) City or town Jacksonville (If outside city or town limits, write RURAL and give town)
(d) Street No. 4634 Polaris St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Asa L Lockwood

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Grace

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) 10-16-00

8. AGE: Years 43 | Months - | Days 29 | If less than one day ... hr. ... min.

9. Birthplace Fla (Town, county, and state)

10. Usual Occupation Manager

11. Industry or business Soft

FATHER
12. Name Richard H Lockwood
13. Birthplace Mich.

MOTHER
14. Maiden Name Lenada Shepard
15. Birthplace Fla.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 18 43 (month) (day) (year)
(c) Cemetery or crematory
Location Jacksonville Fla.

18 (a) Funeral director John. G Moran
(b) Address 4201 Greenmount Av

NOV 15 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 15 1943, at 3 65 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 8 1943, to Nov 15 1943, and that I last saw him alive on Nov 15 1943.

Immediate cause of death: Malignant Hypertension — TERMINAL UREMIA — Duration 1

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E.S. Goss I. M. D.
Address J.H.H. Date signed Nov 16 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1192

G 10164 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mullens + Caton Ave.
(c) Hospital or Institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 406 S. Vincent St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Sprought

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 25, 1942

8. AGE: Years 1 | Months 1 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles E. Sprought
13. Birthplace Md.

MOTHER
14. Maiden Name Ethel M. Moses
15. Birthplace Md.

16 (a) Informant Mrs. Ethel M. Sprought
(b) Address 406 S. Vincent St

17 (a) Burial (b) Date thereof 11/15/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Dorsey

18 (a) Funeral director Harry H. Witzke
(b) Address 4101 Edmondson Ave.

NOV 15 1943 (b) Huntington Williams, M.D.
(Date received by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-13 19 43 at 11:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-12 19 43 to 11-13 19 43 and that I last saw him alive on 11-13 19 43

Immediate cause of death Nutritional Diarrhea — Duration 20 days

Due to

Due to

Other Conditions Marasmus Dehydration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Gardner M.D.

Address St. Agnes Hosp. Date signed 11/13/43

G 10165

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83a

Registered No. G 10165

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 117 S. Gilmore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 117 S. Gilmore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN F. DONELLY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Emma C. Handy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1873

8. AGE: Years 70 Yrs. | Months 0 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business B. & O. R. R. (Retired)

FATHER
12. Name Wm. F. Donnelly
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary McKeever
15. Birthplace South Carolina

16 (a) Informant Mrs. Dorothy H. Lambert (Daughter)
(b) Address 117 S. Gilmor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 15/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Maryland

18 (a) Funeral director Harry H. Witzke
(b) Address 4018 Edmondson Ave

19 (a) NOV 15 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 13, 1943, at 2 15 M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Cerebral hemorrhage

Due to Hypertension

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ causes of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. L. Wollenweber M.D.
Medical Examiner.
Date signed 11-14-43

VS 151

Please write the causes of death clearly and legibly. Physicians: please write. Correct age is especially important.

G 10166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1147

G 10166 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2753 W. Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2753 W. Fairmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles D. Loewenstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex

5. Color or race

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ruth M. Mc Mac Kenzie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 7, 1877

8. AGE: Years 66 | Months 7 | Days 7 | If less than one day hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Balto. City.

FATHER
12. Name Charles D Loewenstein
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Ruth M. Loewenstein
(b) Address 2753 W. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location 2930 Frederick Ave

18 (a) Funeral director Harry A. Leitzke
(b) Address 4101 E Monument Ave.

19 (a) 51949 (Filed by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14/43 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Year 1943 to Nov 13 1943 and that I last saw h alive on 19

Immediate cause of death Pulmonary abscess — Duration 8 Months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Klassman M. D.
Address 753 W Fayette St Date signed Nov 15-43

444271

G 10167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 10167 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully written. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1316 N. Central (If rural give location)
(e) Citizen of foreign country? (Yes or No) V
If yes, name country

3 (a) FULL NAME Leon Fore
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 6-27-43
8. AGE: Years | Months: 3 4 | Days: 16 | If less than one day: hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Solomon Fore
13. Birthplace Va

MOTHER
14. Maiden Name Eloza Pearl Fore
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County, Md.
18 (a) Funeral director Joseph B. Lockard
(b) Address 1304 N. Central Ave
19 NOV 16 1943 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1943 at 7 15 PM
21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 8 1943 to Nov. 13 1943, and that I last saw h alive on Nov. 13 1943.
Immediate cause of death: Cardio respiratory failure
Due to: Pneumonia - Bilat
Due to: Pneumococcic bacteremia
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Helen Bevis
Address Johns Hopkins Hosp Date signed 11/17/43

VS 150

10168 BALTIMORE CITY HEALTH DEPARTMENT C 10168

CERTIFICATE OF DEATH

Registered No. 83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution: Jenkins Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Calvert
(c) City or town Solomon's
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE C. JOHNSON

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife George W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1856

8. AGE: Years	Months	Days	If less than one day
87	3	4	hr. min.

9. Birthplace Dorchester, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name -- Hathway
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mr. H. C. Roberts
(b) Address 4 St. Martins Rd.

17 (a) Burial (b) Date thereof 11/16/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Solomon's M. E.
Location Solomon's M. E.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 NOV 16 1943 (b) Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/14/ 1943, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1943 to Nov 12 1943, and that I last saw h alive on Nov 12 1943

Immediate cause of death — Duration

Myocardial failure — 1 mos
Due to Cerebral hemorrhage — 6 mos
Due to Arterio-sclerosis — 5 yrs
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Frederick Lantz M. D.
Address Temple Garden Apts Date signed 11/15/43

10169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 D

G 10169 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 347 Gwynn Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 347 Gwynn Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William L. Weber

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-5031

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Daisy A. Foskey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 22, 1889

8. AGE: Years 54 | Months 7 | Days 21 | If less than one day hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Woodworker

11. Industry or business Retired

FATHER
12. Name George Weber
13. Birthplace Germany

MOTHER
14. Maiden Name Sally Eathers
15. Birthplace Md

16 (a) Informant Mrs. Daisy A. Weber
(b) Address 347 Gwynn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 16/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director Harry H. Lutkhe
(b) Address 4101 E. Monument Ave

NOV 16 1943 (Date rec'd by Registrar) (Huntington Williams, M.D.) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13/43 19 ..., at 2 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1943 to Nov 13, 1943, and that I last saw him alive on Nov. 13 1943

Immediate cause of death Edema of lungs — Duration 10 hrs.

Due to Chronic Endocarditis — 12 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos. E. Wells. M. D.

Address 4100 Edmondson Ave Date signed 11/15/43

G 10170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C

Registered No. G 10170

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
South Baltimore Gen'l Hosp. V

(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Brooklyn Park
(If outside city or town limits, write RURAL and give town)
(d) Street No. 216 Meadow Road
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Larry Edward Snyder

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife.....
6 (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) April 14, 1942

8. AGE: Years	Months	Days	If less than one day
1	7	1	.....hr. .....min.

9. Birthplace Lemmons W. Va.
(Town, county, and state)

10. Usual Occupation.....
11. Industry or business

FATHER
12. Name Kenneth Edward Snyder
13. Birthplace N. C.

MOTHER
14. Maiden Name Jewel Virginia Wrights
15. Birthplace N. C.

16 (a) Informant Kenneth Edward Snyder
(b) Address 216 Meadow Rd. Brooklyn Park

17 (a) Removal (b) Date thereof 11/16/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Winston-Salem N.C.
Location Wm. J. Zachum & Sons

18 (a) Funeral director Frank Vogler & Sons
(b) Address 1201 W. Pratt Ave.

19 NOV 16 1943 Huntington Williams, Md.
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 1943, at 2:45 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Nov. 15 1943 2:15 P.M.
(b) Where did injury occur? Meadow Rd. Brooklyn a.a.c.
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? No
(d) Means of injury Struck by truck

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Nov. 15 1943

Please write the causes of death clearly and legibly. Physicians: please write as specially important.

G 10171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G 10171

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1525 Pa. Ave.
(c) Hospital or institution:
Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 Pennsylvania Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM H. NEWMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Maggie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22 1869

8. AGE: Years	Months	Days	If less than one day
74	1	21	hr. min.

9. Birthplace Easton, Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William Newman
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Askew
15. Birthplace Md.

16 (a) Informant Mrs. Maggie Newman
(b) Address 1525 Penna. avenue

17 (a) Burial (b) Date thereof 11-16-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director H. A. Jackson
(b) Address 916 Penna. ave.

19 (a) NOV 16 1943 (Date received by Registrar) (b) Huntington Wilson Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1943, at 1 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst. Medical Examiner.
Date signed 11-13-43

Please write the causes of death clearly and legibly. Physicians: please note that correct age is especially important.

10172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170c

Registered No. C 10172

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Upperco
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Evans

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1908

8. AGE: Years 35 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Farmwork

11. Industry or business

FATHER
12. Name Foster Evans
13. Birthplace N. C.

MOTHER
14. Maiden Name Annie Montague
15. Birthplace N. C.

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 16, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) NOV 16 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. (Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-8- 1943, at 7.25 P M

21. I certify that I took charge of the remains described above, held an Postmortem Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Fractured skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 14/1

(a) Date of injury 11-8-43 at 7.10 P M.
(b) Where did injury occur? North Ave - near Bolton St
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Struck by auto (?)

23. Signature Thomas J. Cholesis M.D.
Medical Examiner.
Date signed 11-9-43

G 10173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 10173 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3229 FAIT AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 11
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3229 FAIT AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BARBARA DEEGAN

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: MICHAEL J. DEEGAN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): JUNE 3 1862

8. AGE: Years 81 | Months 6 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace: BALTIMORE MD. (Town, county, and state)

10. Usual Occupation: HOUSE WIFE

11. Industry or business: AT HOME

FATHER
12. Name: MICHAEL SANDNER
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: UNKNOWN
15. Birthplace: GERMANY

16 (a) Informant: JOSEPH DEEGAN (SON)
(b) Address: 3229 FAIT AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 17/43 (month) (day) (year)
(c) Cemetery or crematory: SACRED HEART
Location: GERMAN HILL ROAD

18 (a) Funeral director: Lilly and Zeiler INC.
(b) Address: 403 S. WOLFE ST.
(c) NOV 16 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV. 13 1943, at 8/30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2nd 1942 to Nov 13th 1943 and that I last saw h[er] alive on 11/13th 1943.

Immediate cause of death: Coronary Thrombosis — Duration: 2 hours

Due to: Cardio Vascular disease — Duration: 2

Due to: — Duration:

Other Conditions: — Duration:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Jenkins M. D.

Address 100 N. Miller Date signed 11/16/43

G 10174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

Registered No. G 10174

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3038 Elliott st
(c) Hospital or institution: 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) all life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3038 Elliott St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry F. Luebben

3 (b) If veteran, name war: World War #1

3 (c) Social Security Account No. 212-03-1936

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret E Luebben

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/29/84

8. AGE: Years 49 | Months 5 | Days 19 | If less than one day: 20 hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Machine Shop.

FATHER
12. Name Carl Menut Luebben
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Boltzes
15. Birthplace Germany

16 (a) Informant Margaret Luebben
(b) Address 3038 Elliott St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 11-17-43 (month) (day) (year)
(c) Cemetery or crematory Lorel Heath
Location Ferguson Hill Rd.

18 (a) Funeral director Lorman V Bruzdzinski
(b) Address 1407 Eastern Ave Essex 21

18 (c) 11-16-1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

NOV 16 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-14-43 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 08-25-1943 to 11-14-1943 and that I last saw alive on 08-22-1943.

Immediate cause of death: (a) Coronary Thrombosis — Duration: 4 Mo

Due to:

Due to: Myocarditis Arteriosclerosis

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John W. C. Blake M. D.

Address Med. Arts Bldg (Physician signed)

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170c

G 10175 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution: Franklin Square Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1219 W. Fayette Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY WEST

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace Unknown

16 (a) Informant
(b) Address Unknown

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location

18 (a) Funeral director H. Sauter
(b) Address North Ave & Pennsylvania Ave

19 NOV 15 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION 1:20 P.

20. DATE OF DEATH November 10, 1943, at M

21. I certify that I took charge of the remains described above, held an inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull and left tatus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 11-8-43 at 6:10 P. 12 M.
(b) Where did injury occur? Carey & Fayette St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public Place While at work? No
(d) Means of injury Pedestrian struck by auto.

23. Signature W. L. Wallenmeyer M.D. Medical Examiner.
Date signed Nov. 11, 1943

NOV 15 1943
UNIVERSITY MEDICAL SCHOOL
Commissioner of Health

0513

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 10176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 10176

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 4-W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 15yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A.A.
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. Patapsco Park (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Banks

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife Nancy Banks
6 (c) If alive, give age 18 years

7. Birth date of deceased (mo., day, yr.) Apr. 11, 1877

8. AGE: Years	Months	Days	If less than one day
58	7	4	hr. min.

9. Birthplace Gloucester Co. Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER — 12. Name Not stated
13. Birthplace " "

MOTHER — 14. Maiden Name Lucy Banks
15. Birthplace Va

16 (a) Informant Sarah Eaton (daughter)
(b) Address 1601 Booker St. Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18, 1943 (month) (day) (year)
(c) Cemetery or crematory Roane, Gloucester Co. Va.
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

NOV 16 1943 (Date received by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-15- 1943, at 7:45 AM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic Myocardial Degeneration

Due to

Other Conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Andersen M.D.
Medical Examiner.
Date signed 11-15-43

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 10177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12/a

Registered No. C 10177

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 725 Sarah Ann Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Wilmor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of ~~husband~~ or wife Cora Wilmor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1873

8. AGE: Years 70 | Months 10 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Emma Wilmor
15. Birthplace Md.

16 (a) Informant Vernita Harris (Niece)
(b) Address 734½ W. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 16-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem.
Location

18 (a) Funeral director Mae Katie R. Williams
(b) Address 312 N. Schroeder St.

NOV 16 1943 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12 43, at 1105 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to Exitus death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular - renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Nov. 12 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

Registered No. G 10178

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2204 Park Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2204 Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Yetta Schonfeld

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Julius

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Isaac Snyder
13. Birthplace Russia

MOTHER
14. Maiden Name Celia
15. Birthplace Russia

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phila Pike & Hamilton Ave

18 (a) Funeral director Jack Levy Son
(b) Address 1459 E. Balto St

NOV 16 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 15 1943, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15, 1943, to Nov 16 1943 and that I last saw h[illegible] alive on Nov 15 1943.

Immediate cause of death: Pulmonary Edema — Duration: 1 hour

Due to: Cardiac Hypertrophy, Hypertension — Duration: years

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Theodore Cooper M.D.
Address 2107 Park Ave Date signed 11/15/43

G 10179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1943a

Registered No. G 10179

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton Ave
(c) Hospital or institution: St. Agnes Hospital W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Bloomsbury Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mrs. Grace Hawley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Wd

6 (b) Name of husband or wife Jackson H. Hawley
6 (c) If alive, give age dead yrs

7. Birth date of deceased (mo., day, yr.) Dec. 14, 1893

8. AGE: Years	Months	Days	If less than one day
49	11	1	hr. min.

9. Birthplace Springfield Ill.
(Town, county, and state)

10. Usual Occupation Home maker
11. Industry or business Geriatric Asylum Home

FATHER
12. Name Don't know (Davis)
13. Birthplace " "

MOTHER
14. Maiden Name Don't know
15. Birthplace " "

16 (a) Informant Miss Violet Hawley
(b) Address 3032 Belmont Ave

17 (a) Burial (b) Date thereof Nov. 17, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Harmony Presbyterian
Location near Darlington, Md.

18 (a) Funeral director Wm. Berryman & Sons
(b) Address Reisterstown, Md.

NOV 16 1943 Huntington Williams, M.D. Registrar
(Date rec'd) (Registrar)

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 1943, at 6 20/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 14 1943, to Nov 15 1943 and that I last saw her alive on Nov. 12 1943.

Immediate cause of death Cerebral hemorrhage

Due to Severe essential hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Clifton Rosberg
Address St. Agnes Hosp. Date signed 11-16-43

G 10180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 480

Registered No. G 10180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1233 Riverside Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1233 Riverside Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3 (a) FULL NAME Elizabeth Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Married

6 (b) Name of husband or wife Chas. D.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Housework at home

11. Industry or business

FATHER
12. Name Jno Spencer
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Beachman
15. Birthplace Md

16 (a) Informant Mrs. Charles D. Johnson
(b) Address 1233 Riverside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave

18 (a) Funeral director William M Marack
(b) Address 715 Light St

19 (a) (Date received by Registrar) (b) Huntington Williams, M.D.

NOV 16 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 14 1943, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1943, to Nov 14 1943, and that I last saw her alive on Nov 14 1943.

Immediate cause of death	Duration
Pneumonia	2 days
Due to Carcinoma of Uterus	2 mos
Due to Diabetes	Indef
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. L. Campeau, M.D.
Address 644 Hanover St Date signed 11/16/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10181

MJ-84816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51B

Registered No. G 10181

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

24-15

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 Covington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis Gerhard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Annie (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 6, 1862

8. AGE: Years	Months	Days	If less than one day
81	2	8	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Christopher
13. Birthplace Germany

MOTHER
14. Maiden Name Meydalene
15. Birthplace Germany

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17-43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A.A. Co.

18 (a) Funeral director Elizabeth Hawle Fun. Dir.
(b) Address 115 E. West St.

NOV 16 1943 (Date received) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-14 1943, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-10 1943, to 11-14 1943, and that I last saw h[illegible] alive on 11/14 1943.

Immediate cause of death PNEUMONIA — Duration 2 days

Due to BRONCHIECTASIS, OLD LUNG ABSCESS — ?

Due to URINARY RETENTION DUE TO CARCINOMA OF PROSTATE — ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: AS ABOVE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Mattern M. D.

Address B. C. H. Date signed 11/15/43

G 10182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G 10182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert Sts.
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Pikesville Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3059 Stanbury Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Edna D. Fisher

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Married

6 (b) Name of husband or wife B. Robt. Fisher
6 (c) If alive, give age 45 years
7. Birth date of deceased (mo., day, yr.) June 13 1900

8. AGE: Years	Months	Days	If less than one day
43	5	—	— hr. — min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business None

FATHER
12. Name Louis Schafer
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mattie Trouth
15. Birthplace Balto. Md.

16 (a) Informant Next of kin
(b) Address Mercy Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Maryland
18 (a) Funeral director Young Byers
(b) Address 5005 Park Heights Ave

19 (a) NOV 16 1943 (Date rec'd by registrar) (b) NOV 16 1943 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 13 1943 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 12 1943 to Nov 13 1943 and that I last saw h.w. alive on Nov 13 1943.

Immediate cause of death	Duration
Resp. Failure	
Due to Cerebro-Vascular Accident	16 hrs.
Due to Hypertension	from onset of attack
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edmund Napier Lee M. D.
Address Mercy Hospital Date signed 11/13/43

10183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

V G 10183 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOR
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1017 Peach alley (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JAMES WALKER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lillian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/3/1905

8. AGE: Years 38 | Months 10 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace N. C (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Allen Walker
13. Birthplace N. C

MOTHER
14. Maiden Name Emma
15. Birthplace N C

16 (a) Informant Lillian Walker
(b) Address 1017 Peach St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Ct
Location A a 6 Map

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 1048 W Montgomery St

19 (a) Nov 18 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14 1943, at 1:25 M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Tuberculosis, pulmonary

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenwein M.D. Medical Examiner.
Date signed 11-14-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓ G 10184 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
Provident Hospital ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ✓ (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 602 W. Lee St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EMMETT HARRIS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex m

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1888

8. AGE: Years 55 | Months 6 | Days | If less than one day hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James Harris
13. Birthplace Va

MOTHER
14. Maiden Name Lucy Barnett
15. Birthplace Va

16 (a) Informant Frank Harris (B)
(b) Address 602 W Lee st

17 (a) Removal (b) Date thereof 11/17/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Portsmouth
Location Va

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery st

19 (a) 16 1943 (b) Interring for Williams Mfg. Co.
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1943 at 8 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 11-14-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

G 10185 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St
(c) Hospital or institution: So Balt Genl Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3da
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Baltimore -30
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 E. Fayette St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ronald William Ruth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. I

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/4/43

8. AGE: Years | Months 2 | Days 1/10 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Henry H. Ruth
13. Birthplace Balto

MOTHER 14. Maiden Name Evelyn Reitz
15. Birthplace Balto

16 (a) Informant EVELYN REITZ RUTH
(b) Address 1825 E FAYETTE STREET

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-16-43 (month) (day) (year)
(c) Cemetery or crematory ST. STANISLAUS
Location BALTIMORE- Md

18 (a) Funeral director George A. Weber
(b) Address 705 S Arisn street

19 (a) NOV 16 1943 (Date received by registrar) (b) Huntington Williams M.D. Registrar

YS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-14 1943, at 5.24 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-13 1943 to 11-14 1943 and that I last saw him alive on 11-14 1943

Immediate cause of death Acute Gastro-enteritis — Duration 1 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul L. Lukats M. D.
Address 1213 Light St. Date signed 11-16-43

G 10186 Roach

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

Registered No. G 10186

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital 9-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Chevy Chase
(If outside city or town limits, write RURAL and give town)
(d) Street No. 310 Patapsco Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine V Roach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept-11-1943

8. AGE: Years | Months 2 | Days 4 | If less than one day hr. min.

9. Birthplace Balto Co., Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Ronal Roach
13. Birthplace Easton Md.

MOTHER
14. Maiden Name Anna Lacotte
15. Birthplace Balto. Co. Md.

16 (a) Informant Mr. Ronal Roach
(b) Address Chevy Chase Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17-43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location O'Donnell St Rd.

18 (a) Funeral director John F. Connelly
(b) Address 416 Eastern Ave.

19 NOV 16 1943 (b) Registrar
(Date rec'd by local reg.)

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-15 1943, at 2.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15 1943 to 11-15 1943, and that I last saw h alive on 19

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mathew E. Chisolm M. D.

Address St Joseph's Hospital Date signed 11-15-43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10187 — 186V — Registered No. 6-18182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital - 21
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 920 Burgundy St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** John Reinhardt

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Not known
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15-1867

8. AGE: Years	Months	Days	If less than one day
76	10		hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business —

FATHER
12. Name Not known
13. Birthplace Not known

MOTHER
14. Maiden Name Not known
15. Birthplace Not known

16 (a) Informant John P Reinhardt Jr
(b) Address 920 Burgundy St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 18-43 (month) (day) (year)
(c) Cemetery or crematory ZION CEMETERY
Location DORSEY MD

18 (a) Funeral director Bernard C Hanke
(b) Address 121 E West St

19 NOV 16 1943 (Date rec'd by Registrar) (b) Huntington Md (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/15 1943, at 4:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/10 1943, to 11/15 1943, and that I last saw him alive on 11/14 1943.

Immediate cause of death Cardiac decompensation — Duration

Due to

Due to Intertrochanteric fracture Rt. hip

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Reduction & fracture
Major findings of operation: on 11/14/43 Marked overriding of fragments
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11/5/43 at M
(c) Where did injury occur? 913 Burgundy St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? At home (Specify type of place) While at work? No
(e) Means of injury Slipped + fell to floor

23. Signature [illegible]

Address Univ. Hosp Date signed 11/16/43 M. D.

Dr Chambers 4100 Liberty Heights

G 10188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 10188 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4011 Forrest Park ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4011 Forrest Park ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jennie T. Osterling

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 28-1872

8. AGE: Years	Months	Days	If less than one day
71	1	15	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name Frederick F. Osterling
13. Birthplace Hanover Germany

MOTHER
14. Maiden Name Elizabeth Trollet
15. Birthplace Germany

16 (a) Informant Miss Ida Osterling
(b) Address 4011 Forrest Park ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 16-43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Francis Cook Byrne
(b) Address 1600 N. Northern Ave Baltimore, Md.

NOV 16 1943 (Date received by Registrar) (b) Signature of Registrar Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1943, at 9 A M
21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1943 to Nov 13 1943; and that I last saw her alive on Nov. 11 1943.

Immediate cause of death
1- Pneumonia
Due to Bronchitis

Due to

Other Conditions - Anemia -
(Include pregnancy within 3 months of death)
Date of operation - None -
Major findings of operation: - None -
of autopsy: - None -

Duration: 8 months

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Emil T. Chambers M. D.
Address 4108 Liberty Hts. Date signed 11/15/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 10189 Registered No.

1. PLACE OF DEATH:
Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town 1538 Woodward Street
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1538 Woodyear St
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cora Snell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Chas.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 61 ST. | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state or country)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Joseph Burgess
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Susie Hales
15. Birthplace Balto. Md

16 (a) Informant Wm Burgess

(b) Address 612 School St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Md

18 (a) Funeral director Geo. H. Kelson

(b) Address 1303 Pleasant St

NOV 16 1943 (Date rec'd) Registrar for Williams M.D. Registrar

VS 161

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-14- 1943, at 5 P. M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Chronic Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Howard J. Waldeis M.D.
Medical Examiner.

Date signed 11-15-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

G 10190 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 123 N. Fremont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 123 N. Fremont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth Harding Winder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Fem

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Edw Winder

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 5 1885

8. AGE: Years 58 | Months — | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Matthew Harding
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore Md

16 (a) Informant Adele Johnson
(b) Address 123 N. Fremont Ave

17 (a) Burial (b) Date thereof Nov 17 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cemetery
Location

18 (a) Funeral director Mrs Robert A. Elliott Daughter
(b) 1125 N. Carline St.

NOV 16 1943

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12 1943 at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 8 1943 to Nov 12 1943 and that I last saw her alive on Nov 12 1943

Immediate cause of death Lobar Pneumonia

Duration 6 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature F. C. Link M. D.

Address 1127 N. Fremont Ave Date signed Nov 13 1943

Huntington Hillcrest 4-8

North Ave & Linden St

G 10191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10191 Registered No. 1310

Please write the causes of death clearly and legibly. Physicians: please ... especially important.

1. PLACE OF DEATH
(a) Baltimore City, Maryland
(b) Street address 1453 Covington St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1453 Covington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella G. McQuigg

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	M.

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24 1888

8. AGE: Years	Months	Days	If less than one day
55	8	20	...hr. ...min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Housework.

11. Industry or business

FATHER
12. Name Curtis Gaman
13. Birthplace Md.

MOTHER
14. Maiden Name Nala Haman
15. Birthplace Md.

16 (a) Informant Family
(b) Address 1453 Covington St.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 11/18/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Rd. Balto.

18 (a) Funeral director James L. McQuay
(b) Address 420 E. Fort Ave.

19 (a) NOV 16 1943 (Date received by local registrar) (b) Livingston Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 14 1943 at 1030 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1943 to Nov 14 1943 and that I last saw h[er] alive on Nov 13 1943.

Immediate cause of death Chronic Nephritis

	Duration
Due to	
Due to	
Other Conditions Arteriosclerosis Hypertension & Myocarditis	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C. Scheurich, M.D.
Address 1337 S. Charles St. Date signed 11/15/43

SCHEURICH

10192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122a

G 10192 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette & Payson Sts
(c) Hospital or institution:
Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 945 W. Baltimore
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Shanahan

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. widow.

6 (b) Name of husband or wife late Daniel J. Shanahan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14. 1864

8. AGE: Years 78. | Months 5 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(town, county, and state)

10. Usual Occupation housework

11. Industry or business at home

FATHER
12. Name John Liberty
13. Birthplace Ireland

MOTHER
14. Maiden Name Isley.
15. Birthplace Ireland

16 (a) Informant Mr. Daniel J. Shanahan
(b) Address 945 W. Baltimore St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 11/18/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location 43 00 Cap Sec 4 d

18 (a) Funeral director John J. Brown & Son
(b) Address 901 Hollins

19 NOV 16 1943 (c) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-15-43 19 at 12.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-11 1943 to 11-15 1943 and that I last saw h[illegible] alive on 11-15 1943

Immediate cause of death	Duration
Congestive Heart failure	4 days
Due to Arteriosclerotic C-V Dis.	
Due to	
Other Conditions Terminal Bronchio-Pneumonia (Include pregnancy within 3 months of death)	3 days

Date of operation 11-11-43
Major findings of operation: Uncovercated Umbilical Hernia
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward L. J. Kraig M.D.
Address Bon Secours Hosp. Date signed 11-15-43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √50

G 10193

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 S. Conkling St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1 S. Conkling St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3 (a) FULL NAME EDA A. OWENS

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband ~~or wife~~ Ernest
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 24 1884

8. AGE: Years	Months	Days	If less than one day
59	3	24	..... hr. ..... min.

9. Birthplace Barbour Co. W. VA.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own Home

FATHER
12. Name William Martin
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Saffel
15. Birthplace W. Va.

16 (a) Informant Mrs. Ernest Owens
(b) Address 1 S. Conkling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 18, 1943 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Md

18 (a) Funeral director William Cook Sons
(b) Address 1217 St. Paul St.

NOV 16 1943 (Date received by Registrar) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 1943, at 8:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-2-43 19..., to 11-15-43 19..., and that I last saw h-r alive on 11-13-43 19...

Immediate cause of death Carcinoma of breast — Duration 2 yrs.
Due to .....
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature John Constantine M. D.
Address 224 S. Conkling St Date signed 11-15-43

G 10194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 171a

G 10194 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 501 Reed Bird ave..
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Burch

3 (b) If veteran, name war —
3 (c) Social Security Account No. 220-07-4100

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Separated
6 (b) Name of husband or wife: Mattie Burch
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Sept. 9-1901

8. AGE: Years 42 | Months 2 | Days 65 | If less than one day ..... hr. ..... min.

9. Birthplace Essex Co. Va, Dunnsville
(Town, county, and state)

10. Usual Occupation Bath-Fitter Ship Corp
11. Industry or business Acetylene Burner

FATHER
12. Name Dero Burch
13. Birthplace Dunnsville, Essex Co. Va

MOTHER
14. Maiden Name Maggie Taylor
15. Birthplace Dunnsville Essex Co. Va

16 (a) Informant Walter Burch
(b) Address 1445 Eylau street

17 (a) Burial (b) Date thereof 11/16/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery Rappahannock Laurel Hill
Location Danville Va.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) NOV 16 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-14-1943, at 11 5 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured Skull

Due to

Other Conditions: Multiple lacerations abrasions, contusions & bruised burn
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: 25-2
(a) Date of injury 11-14-43 at 5.30 P M.
(b) Where did injury occur? Hanover St. & Reed Bird Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian struck by Ship Corp.

23. Signature Howard J. Maldeis M.D.
Medical Examiner.
Date signed 11-15-43

Please write the causes of death clearly and legibly. Physicians: please write the exact age is especially important.

VS 151

G 10195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 10195 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1914 Oak Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mo
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town 1914 Oak Hill Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth R. Hepburn

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Michael J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1864

8. AGE:	Years	Months	Days	If less than one day
79	77	5	23	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Rowley
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Hogan
15. Birthplace Ireland

16 (a) Informant Mary A. Hepburn
(b) Address 1914 Oak Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18, 43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul St

19 (a) NOV 16 1943 (Date rec'd by registrar) (b) Huntington, Williamsport, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-15 1943, at 3:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 30 1943 to Nov 15 1943, and that I last saw h Ex alive on Nov 1st 1943.

Immediate cause of death Myocardial Insufficiency — Duration 1 mos.
Due to Myocarditis — 2 yrs
Due to Arteriosclerosis — 2 yrs
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas F. White M. D.
Address 532 E 22nd St Date signed 11-16-43

G 10196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G 10196 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not abbreviate. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2033 Harlem Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 d
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 2033 Harlem Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Virginia Mc Cormick

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bernard L
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 8, 1883

8. AGE: Years 60 | Months 8 | Days 5 | If less than one day hr. min.

9. Birthplace Halifax Co Va
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frank M. Finch
13. Birthplace Halifax Co Va

MOTHER
14. Maiden Name Mary Jane (Unknown)
15. Birthplace

16 (a) Informant Bernard L McCormick
(b) Address 2033 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md

18 (a) Funeral director Wilson Cook Inc
(b) Address 1219 St Paul St

(c) NOV 16 1943 Registrar Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 13, 1943, at 9 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 25 1943 to Nov. 14 1943, and that I last saw her alive on Nov 13 1943.

Immediate cause of death: Pulmonary Embolism — Duration: 1 hr.
Due to: Mastectomy — 2 wks.
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation 10-30-43
Major findings of operation: CARCINOMA LEFT BREAST
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Norman R. Kleiman M.D.
Address 1101 N. Fulton Ave. Date signed M. 11 D. 15 '43

Norman R KLEIMAN.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 10197 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkins + Caton Aves
(c) Hospital or institution:
St. Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3740 Old Frederick Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Hanley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W. white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 8 1878

8. AGE: Years	Months	Days	If less than one day
65	8	7	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Michael Hanley (deceased)
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Mallin (deceased)
15. Birthplace Ireland

16 (a) Informant Mrs. N. F. Benson
(b) Address 208 S. Vincent St

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 11/09/43 (month) (day) (year)
(c) Cemetery Cathedral
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 217 St. Paul St

19 (a) 11 16 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-15-43 1943, at 6 7. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-13 1943, to 11-15 1943, and that I last saw him alive on 11-15 1943

Immediate cause of death	Duration
Congestive heart failure	
Due to Arteriosclerotic c-v disease.	
Due to	
Other Conditions Partial hernia left.	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: none

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard W. Stier M. D.
Address St. Agnes Hospital Date signed 11/15/43

0198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 10198 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 7-

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Race Rd. - Middle River
(If outside city or town limits, write RURAL and give town)
(d) Street No. Route 16 - Box 97
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Edward Kaniecki

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 13, 1943

8. AGE: Years | Months: 1 | Days: 7 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Kaniecki
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Sarah Stone
15. Birthplace Baltimore, Maryland

16 (a) Informant Sarah Kaniecki
(b) Address Route 16, Box 97 - Race Rd. Middle River Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 16 1943

18 (a) Funeral director Commissioner of Health
(b) Address

NOV 16 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 20 1943, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 13 1943 to Sept 20 1943, and that I last saw him alive on Sept 20 1943.

Immediate cause of death: Bronchopneumonia

Due to: Prematurity

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operation: —

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Morris L. Robstein M. D.
Address Sinai Hosp. Date signed 9/11/43

VS 3

0514

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G 10199

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland

(b) Street address.....

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA

(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County.....

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2326 Barclay St.
(If rural give location)

(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Louise Wilson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	

6 (b) Name of husband or wife.....

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
56			....hr. ....min.

9. Birthplace.....
(Town, county, and state)

10. Usual Occupation.....

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant.....
(b) Address Unknown

17 (a).....(b) Date thereof.....
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory.....
Location UNIVERSITY MEDICAL SCHOOL NOV 15 1943

18 (a) Funeral director Commissioner of Health

(b) Address.....

NOV 16 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9 1943, at 5:40 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral Hemorrhage, spontaneous

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury.....at.....M.

(b) Where did injury occur?.....

(c) Did injury occur at home, on farm, industrial place, in public place?.....While at work?.....

(d) Means of injury.....

23. Signature Robert L. Graham M.D.
Medical Examiner.

Date signed Nov. 10, 1943

10515

G 10200 ✓ G 10200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Try correct age is especially important. Physicians: please write the cause of death clearly and legibly. DO NOT WRITE IN SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1810 Walbrook Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 21 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 Walbrook Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Rose Miner

3 (b) If veteran, name war: N
3 (c) Social Security Account No.: none
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: John A
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Jan. 4. 1877
8. AGE: Years 66 | Months 10 | Days 11 | If less than one day hr. min.
9. Birthplace Pa (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business
FATHER — 12. Name Eli Conklin
13. Birthplace Pa
MOTHER — 14. Maiden Name Nancy E Gibbs
15. Birthplace Pa
16 (a) Informant Orville P Conklin
(b) Address 2907 Wayne Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/43 (month) (day) (year)
(c) Cemetery or crematory Oakwood
Location Richmond Va
18 (a) Funeral director William Cole Inc
(b) Address 1217 E Fayette St
19 (a) Date rec'd by registrar NOV 16 1943 (b) Signature of registrar for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 15 1943 at 4:35 PM
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 29 1943 to Nov 15 1943 and that I last saw h alive on Nov 15 1943
Immediate cause of death: Chronic Myocarditis
Hypertension
Due to Acute Myocardial Failure
Due to
Other Conditions Fracture of Right Femur
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration
years
2 weeks
Sept 29 1943

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Accident
(a) Accident, suicide, or homicide Sept 29, 1943
(b) Date of occurrence Sept 29 at M
(c) Where did injury occur? 1810 Walbrook Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? At home (Specify type of place) While at work? No
(e) Means of injury Slipped & fell to floor
23. Signature Henry Lohman
Address 1911 W North Ave Date signed 11/16/43

Operated: Dr Orville Conklin M.D.

G 10201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

132

G 10201 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2324 Jefferson St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2324 Jefferson St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles E. Wright

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-7511

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced:
Male	White	Married

6 (b) Name of husband or wife Mary Wright

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20-1874

8. AGE: Years	Months	Days	If less than one day
69	-	26	24 hr. min.

9. Birthplace Balto., Md. (Town, county and state)

10. Usual Occupation Hardwood Finisher

11. Industry or business

FATHER

12. Name Wm. Wright

13. Birthplace England

MOTHER

14. Maiden Name ~~Mary Hamm~~ HARRIETT Woolford

15. Birthplace ~~Maryland~~ Dorchester Co. MD.

16 (a) Informant Mary Wright

(b) Address 2324 Jefferson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17-43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belgian Ave.

18 (a) Funeral director John F. Miller

(b) Address 2534 Jefferson St.

NOV 16 1943

(c) Date received (d) Registrar

V8 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov - 14 - 1943 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1937 to Nov 14-1943, and that I last saw him alive on Nov 14 1943.

Immediate cause of death Myocardial Insufficiency

Due to Pulmonary Edema.

Due to Pulmonary Tuberculosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Co,

of autopsy:

Duration
3 days
6 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm. C. Keyser

Address 156 N. Mulberry St Date signed 11/15/43 M. D.

G 10202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860

G 10202

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: St. Agnes Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 37 da
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No.....
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Rosa Raab

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	S

6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 28, 1860

8. AGE: Years	Months	Days	If less than one day
83	1	22	hr. min.

9. Birthplace Md.
(Town, county and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Michael Raab.
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Wenteo
15. Birthplace Maryland.

16 (a) Informant B. F. Raab.
(b) Address 111 Park Drive Catons

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/ (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Balto.

18 (a) Funeral director Edgar S. MacNabb
(b) Address Catonsville Md.
Huntington or Wilkens Ave.

NOV 16 1943
(Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-15- 1943 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-11- 1943 to 11-15- 1943 and that I last saw h.e.r. alive on..... 19.....

Immediate cause of death Cardiac failure

	Duration
Due to postoperative shock	
Due to open reduction of fractured humerus	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 11-11-43

Major findings of operation: fracture surgical neck-L humerus

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-11-43 at M
(c) Where did injury occur? Catonsville (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Apt. House (Specify type of place) While at work? no
(e) Means of injury Fall

23. Signature J. Bierer M. D.
Address St. Agnes Hospital Date signed 11-15-43

C 10203 — BALTIMORE CITY HEALTH DEPARTMENT — C 10203

CERTIFICATE OF DEATH 1940

Registered No.

Please write the causes of death clearly and legibly. Physicians: please write correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 133 N Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 133 N. Lombard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard Aloysius Creaghan

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/10/1891

8. AGE: Years 52 | Months 3 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Cope from Moulder
11. Industry or business Foundryman

FATHER
12. Name Patrick J. Creaghan
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret O'Brien
15. Birthplace Baltimore

16 (a) Informant The Signature Creaghan
(b) Address 1331 N. Lombard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Road

18 (a) Funeral director J. J. Daley Sons
(b) Address 1618 Light St.

19 NOV 16 1943 (Date rec'd by registrar) Practitioner for Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 14th 1943, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1943, to November 14 1943, and that I last saw him alive on October 30th 1943.

Immediate cause of death Angina Pectoris.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Nelson White M. D.
Address 3005 St. Paul St., Date signed 11-15-43.

G 10204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10204 / 48a

Type or use ink. Give the causes of death clearly and legibly. Physicians: please write your signatures.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 141 E. Heat St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 141 E. Heat St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine M Reinhart

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Frederick P. Reinhart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/6/1886

8. AGE: Years 57 | Months 3 | Days 29 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name George Schwermann
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Schoberg
15. Birthplace Balto. Md

16 (a) Informant Coralie Kirkpatrick
(b) Address 141 E. Heat St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/43 (month) (day) (year)
(c) Cemetery or crematory Pachedal
Location Old Frederick Road

18 (a) Funeral director Chas. E. Lahey & Sons
(b) Address 1218 Light St

(a) Date received by registrar NOV 16 1943 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/15/1943 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1942 to Nov 15 1943 and that I last saw h alive on 19

Immediate cause of death	Duration
Carcinoma of cervix uteri	1 year
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac Miller M.D.
Address 1228 N Charles St Date signed 11/16/43

10205 BALTIMORE CITY HEALTH DEPARTMENT X ✓ G 10205

CERTIFICATE OF DEATH 46 H

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Philadelphia
(If outside city or town limits, write RURAL and give town)
(d) Street No. 773 N. Taylor St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dmytro Luber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife. Mary Luber

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) 11-8-77

8. AGE: Years 65 | Months - | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Austria
(Town, county, and state)

10. Usual Occupation Window Cleaner

11. Industry or business

FATHER
12. Name Dan Luber
13. Birthplace Austria

MOTHER
14. Maiden Name ? Hapka
15. Birthplace Austria

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-16-43 (month) (day) (year)
(c) Cemetery or crematory
Location Philadelphia Pennsa

18 (a) Funeral director Wm. J. Tinkner & Son
(b) Address North & Penna Ave

NOV 17 1943 Huntington Williams M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1943 at 12 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 3 1943 to Nov 16 1943 and that I last saw h[illegible] alive on Nov 10 1943

Immediate cause of death	Duration
? Coronary occlusion?	
? Pulmonary embolus?	
Due to	
Due to	
Other Conditions Carcinomatosis peritonei	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Carcinomatosis peritonei

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John W. Churchers
Address Johns Hopkins Hosp Date signed 11/16

G 10206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 H

G 10206 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month & -- 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 month & 17 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Michigan (b) County
(c) City or town Lansing
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1202 W. Lenewee
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME LEWIS JOSEPH WILLIAMS

3 (b) If veteran, name war: -
3 (c) Social Security Account No. -

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: -
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 25, 1919
8. AGE: Years 24 | Months 5 | Days 22 | If less than one day hr. min.
9. Birthplace Lansing, Michigan (Town, county, and state)
10. Usual Occupation MS - Baker
11. Industry or business M.S.- Last service-7/21/43

FATHER
12. Name Joseph Williams
13. Birthplace Syria

MOTHER
14. Maiden Name Eva ?
15. Birthplace Syria

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-43. (month) (day) (year)
(c) Cemetery or crematory
Location Lansing Michigan.

18 (a) Funeral director D. Lee Adler.
(b) Address 4644 York Rd.
(c) (Date received by registrar) NOV 17 1943 Huntington Williams M.D. (Signature of registrar)

VS 150

MEDICAL CERTIFICATION A.

20. DATE OF DEATH November 16, 1943, at 5:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 30, 1943 to Nov. 16, 1943, and that I last saw h was alive on Nov. 16 1943.

Immediate cause of death: Pulmonary Metastases — Duration
Due to: Tetratoma, Retroperitoneal
Due to:
Other Conditions: Rheumatic Heart Disease
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations:
of autopsy: Carcinomatous metastases

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emanuel Epstein M. D.
Address Baltimore, Md. Date signed 11/16/43

MS-46279

0207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

Registered No. C 10207

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1833 Druid Hill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1833 Druid Hill Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME IDA E. ELLIOTT

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Widow

6 (b) Name of husband or wife Deder

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Isaac Sample
13. Birthplace Accomac Co. Va.

MOTHER
14. Maiden Name Margaret Dorsey
15. Birthplace Baltimore, Md.

16 (a) Informant Amelia Jones
(b) Address 1833 Druid Hill Ave.

17 (a) Burial (b) Date thereof Nov. 17, 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director Mrs. Lyd. A. Dashiell
(b) Address 1681 Druid Hill Ave.
Baltimore, Md.

NOV 17 1943
(Date rec'd by registrar)

(By) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14 1943, at 9:30 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at A.M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. J. Wallenmaier M.D.
Asst. Medical Examiner.
Date signed 11-17-43

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

VS 151

0208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G 10208 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2803 Harrison Boulevard
(c) Hospital or institution: Harrison Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2946 Keswick Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Albertina E. Dandy

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-07-6613

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife. Irving A. Dandy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21-1898

8. AGE: Years 45 | Months 6 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Cigar

11. Industry or business M. Vernon Woodberry Mills

FATHER
12. Name Charles Albert Evert
13. Birthplace Washington D. C.

MOTHER
14. Maiden Name Theresa Agnes Fuesetel
15. Birthplace Maryland

16 (a) Informant Miss Hilda Evert
(b) Address 72 Bay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 20-1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director Burgee Funeral Home
(b) Address 3621 Falls Road

NOV 17 1943 Huntington Williams M.D. (Date received) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16 1943, at 10 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1943, to Nov 15 1943, and that I last saw her alive on Nov 15 1943.

Immediate cause of death Duration
Carcinoma
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward A. Morgan M. D.
Address 1216 W. Fayette St. Date signed Nov 17/43

DR. EDW. A. MORGAN

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10209 MJ-81965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 10209 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos., 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

17

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 W. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jennie James

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Henry (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1860

8. AGE: Years	Months	Days	If less than one day
83	5	4	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Zecharia Sherper
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Jane Cole
15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-43 (month) (day) (year)
(c) Cemetery or crematory Laurel Gem.
Location Baltimore Md

18 (a) Funeral director Mr. Frances A. Hejnosley
(b) Address 517 Biddle St Baltimore, Md.

19 NOV 17 1943 (Date rec'd by registrar) Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/13 1943, at 12.20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943 to 11/13 1943, and that I last saw h-SA alive on 11/13 1943.

Immediate cause of death: one hour gen'l accident — Duration: 20 min
Due to H < V D
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature E. L. Jorgman
Address BCH Date signed 11/16 M. D.

G 10210

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

171a

Registered No. G 10210

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore & Fayette Sts
(c) Hospital or institution:
Franklin Square Hosp. 1911
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1429 Pennsylvania Ave
(If in institution, give name)
(e) Citizen of foreign country? 873 W. Fayette St (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Stubblefield

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Late Margaret Stubblefield
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 3rd 1878

8. AGE: Years	Months	Days	If less than one day
65	1	13	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Stone mason
11. Industry or business self

FATHER
12. Name William Stubblefield
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant Mrs Lora Baker
(b) Address 108 Parkin St

17 (a) Burial (b) Date thereof 11/19/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location 1936 Frederick Ave

18 (a) Funeral director John Conway & Son
(b) Address 90 Hoffman Street

19 (a) NOV 17 1943 (b) Hunting for Williams M.D.
(Date rec'd by Registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16 1943, at 11:30 A.M.

21. I certify that I took charge of the remains described above, held an Inspection Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 18/1 P.
(a) Date of injury Nov. 13 1943 6:47 P.M.
(b) Where did injury occur? Fayette & Poppleton Sts
(c) Did injury occur at home, on farm, industrial place, in public place? Public Place While at work? No
(d) Means of injury Struck by Department car

23. Signature Robert L. Graham M.D.
Medical Examiner.
Date signed Nov. 16, 1943

NOTE.—Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 10211

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Robinson Lindy
(c) Hospital or institution Md. Fr. Hosp
(d) Length of stay in hospital or inst. (If not in hospital or inst., give number of days) 10/3/43 - 11/17/43
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 286 E. Main St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. James D. Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife James R. Mitchell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 7. 1873

8. AGE: Years 70 | Months 9d | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Toolmaker

11. Industry or business

FATHER 12. Name James A. Mitchell

13. Birthplace

MOTHER 14. Maiden Name Sarah J.

15. Birthplace

16 (a) Informant James R. Mitchell

(b) Address Westminster, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/43 (month) (day) (year)

(c) Cemetery or crematory Westminster

Location Westminster, Md

18 (a) Funeral director J. Francis Reese

(b) Address Hunters Lane Westminster, Md

(c) ..... (b) .....

NOV 17 1943
(Date rec'd by registrar)

Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/17 1943 at 6 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/3 1943 to 11/17 1943. and that I last saw h alive on 11/17 1943.

Immediate cause of death: Prostatic carcinoma

Due to: Resection

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 10/4/43

Major findings of operation: Prostatic carcinoma

of autopsy: —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward J. McKinsey M. D.

Address Md. Fr. Hosp Date signed 11/17/43

10212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. C 10212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3829 Kimble Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3829 Kimble Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Edrington.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow.

6 (b) Name of husband or wife Wm. W. Edrington
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 4, 1871.

8. AGE: Years	Months	Days	If less than one day
72	10	11	hr. min.

9. Birthplace Maryland.
(Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

MOTHER | FATHER
12. Name Unknown
13. Birthplace Unknown
14. Maiden Name Ellen Harding.
15. Birthplace Maryland.

16 (a) Informant Mrs. Ralph Harris.
(b) Address 3829 Kimble Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 17, 1943 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampstead

18 (a) Funeral director Edmondson & Donovan
(b) Address 3615-17 Eastern Ave.

19 (a) (Name of hospital or institution) (b) Interment, Vault or Mausoleum

NOV 17 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 1943, at 2:25 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1943 to 11/15 1943, and that I last saw h alive on 11/14 1943

Immediate cause of death Cerebral hemorrhage

Due to arteriosclerosis

Due to

Other Conditions Diabetes

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
3 days
years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard H. Low M. D.
Address 2020 N. Charles Date signed 11/17/43

C 10213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. C 10213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town 31 Baltimore Co
(If outside city or town limits, write RURAL and give town)
(d) Street No. 315 Westminster Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Joseph Lee
3 (b) If veteran, name war
3 (c) Social Security Account No. 213-05-7124
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Mary L. Hartwell
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 23 1874
8. AGE: Years 70 69 | Months 5 | Days 23 22 | If less than one day hr. min.
9. Birthplace New Jersey (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name (Joseph ?) Lee
13. Birthplace New Jersey

MOTHER
14. Maiden Name Mary (Purcell ?)
15. Birthplace New Jersey

16 (a) Informant Mrs Frank Kidd
(b) Address 4304 Mansfield Ave
17 (a) Burial (b) Date thereof NOV 15 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md
18 (a) Funeral director Henry W Jenkins & Sons
(b) Address McCulloh & Eutaw Sts
NOV 17 1943
(Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-15 1943, at 9:10 A M
21. I certify that death occurred on the date above stated; that I attended deceased from 11-11-43 19 to 11-15 1943, and that I last saw him alive on 11-15 1943.
Immediate cause of death Bronchopneumonia — Duration
Due to
Due to
Other Conditions Arteriosclerotic Cardiovascular disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Nathan E Rhode M. D.
Address St Joseph's Hospital Date signed 11-15-43

444421

G 10214

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93

G 10214 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1737 Ellsworth St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bertha Dorsey
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Paul Dorsey (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-13-96

8. AGE: Years 47 | Months 6 | Days - | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ? ?
13. Birthplace ?

MOTHER
14. Maiden Name Emma Johnson
15. Birthplace Md

16 (a) Informant Ricardo
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17-1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A A Co, Md.

18 (a) Funeral director Robert E. Williams
(b) Address 1515 McElderry St.

NOV 17 1943 (Date received by Registrar) (b) Huntington Williams, M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1943 at 3:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 11 1943 to Nov 13 1943 and that I last saw h[illegible] alive on Nov 13 1943.

Immediate cause of death: Congestive Heart Failure — Duration:
Due to: Hypertensive Cardiovascular Disease.
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. C. Hueman Jr.
Address J H H Date signed 11-15-43

G 10215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. G 10215

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) City [illegible] (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2507 Radgley St (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME LEE HUDSON

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Viola

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 12/7/1899

8. AGE: Years 43 | Months 11 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Wm Hudson
13. Birthplace N. C.

MOTHER
14. Maiden Name Unobtainable
15. Birthplace

16 (a) Informant Viola Hudson
(b) Address 2507 Radgley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md

18 (a) Funeral director Rep. L. Nelson
(b) Address 1303 Preston St

19 (a) NOV 17 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 1943, at 3:30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Fracture of 3rd cervical vertebra with dislocation

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 11-8-43 at 2:30 P.M.
(b) Where did injury occur? 5318 Harford Rd (East Baltimore City)
(c) Did injury occur at home, on farm, industrial place, in public place? public place While at work? Yes
(d) Means of injury fell off city dump truck

23. Signature H. G. Williams M.D. Medical Examiner.
Date signed 11-14-43

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124B

Registered No. G 10216

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 26 N. Eden St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Abraham Bernstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth Bernstein

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business

FATHER
12. Name Naftel Bernstein
13. Birthplace Russia

MOTHER
14. Maiden Name Ruby –
15. Birthplace Russia

16 (a) Informant Sonia Klotz
(b) Address 4017 Fairfax Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-43 (month) (day) (year)
(c) Cemetery or crematory Workmen Circle
Location Hebrew Mt. Carmel

18 (a) Funeral director Pace Herring Inc
(b) Address 1739 E. Balto. St.

19 NOV 17 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16, 1943 at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 30, 1943 to Nov. 16, 1943 and that I last saw h[illegible] alive on Nov. 16, 1943

Immediate cause of death Pulmonary Edema — Duration

Due to Congestive Heart Failure — 18 days

Due to Degeneration CVD

Other Conditions Portal Cirrhosis, Ascites, Peripheral Edema, arteriosclerosis

(Important pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Muanick M. D.

Address Sinai Hosp Date signed 11/15/43

10217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. C 10217

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5832 Jonquil Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5832 Jonquil Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HANNAH RACHAEL ZUBEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Jacob Moses

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1878

8. AGE: Years 65 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace: Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: Mayer Laib Brodie
13. Birthplace: Russia

MOTHER
14. Maiden Name: Bluma
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (b) Date thereof 11-17-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory: Bnai Israel Cong.
Location: Southern Ave.

18 (a) Funeral director: Jack Levin Co
(b) Address: 439 E. Balto. St.

NOV 17 1943
(Date rec'd by registrar)

(b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 1943, at 12:45 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Coronary Occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 11-20-

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 10218

write the causes of death clearly and legibly. Physicians: please write the correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1308 Pennsylvania ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1308 Penna. ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Watkins

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1921

8. AGE: Years 22 | Months 2 | Days 26 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name James Watkins
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Alberta Hall
15. Birthplace Balto. Md.

16 (a) Informant Alberta Watkins
(b) Address 28 Penna. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19-1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 922 N. Schroeder St.

NOV 17 1943 (Date rec'd by Registrar) (b) Wm. Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-15-1943, at 10 A M

21. I certify that I took charge of the remains described above, held an Postmortem autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Chronic Pulmonary Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Worsley M.D.
Medical Examiner.
Date signed 11-15-43

10219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 H

G 10219 Registered No.

RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 764 N Franklin
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Saunders Sanders

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Negro	married

6 (b) Name of husband or wife Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12 8 1902

8. AGE: Years	Months	Days	If less than one day
40	11	11	hr. min.

9. Birthplace Wyatt County N.C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Longshoreman

FATHER
12. Name Wilson Saunders
13. Birthplace North Carolina

MOTHER
14. Maiden Name of Indiana Thom
15. Birthplace North Carolina

16 (a) Informant Charles Saunders
(b) Address 764 N Franklin St

17 (a) Burial (b) Date thereof Nov 17, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) 11/17/43 (b)
(Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-14 1943, at 12 5 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-11 1943 to 11-14 1943, and that I last saw h alive on 11-14 1943.

Immediate cause of death	Duration
Carcinoma Uteri	1 week
Due to Bleeding Cystitis	
Uteri	
Due to	
Other Conditions Carcinoma of Omentum	

(Include pregnancy within 3 months of death)

Date of operation 11-11-43

Major findings of operation: Carcinoma of omentum

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M.D.
M. D.
Address 803 N. Fremont Ave Date signed 11-17-43

Spsc.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 10220

G 10220

83a

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH Baltimore, Maryland

City of BALTIMORE: (No. 5201 Gwynn Oak Avenue St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Arthur Harper

(a) RESIDENCE NO. 5201 Gwynn Oak Avenue St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lesla Miller Harper

6 DATE OF BIRTH (month, day, and year) December 1, 1869

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min..
	73	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Collingwood

(State or country) Ohio

PARENTS

10 NAME OF FATHER George Washington Harper

11 BIRTHPLACE OF FATHER (City or town) Cleveland

(State or country) Ohio

12 MAIDEN NAME OF MOTHER Mary Frances Barr

13 BIRTHPLACE OF MOTHER (city or town) Franklin

(State or country) Penna.

14 Informant H.V.Harper

(Address) 5201 Gwynn Oak Avenue

15 Filed NOV 17 1943 16 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 November 16, 1943

17 I HEREBY CERTIFY, That I attended deceased from October 22, 19 43, to November 16, 19 43, that I last saw h im alive on November 16, 1943, 19, and that death occurred, on the date stated above, at 1 A.M. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary) Arterio - sclerosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H.V.Harper M. D.

11/16 1943 (Address) 5201 Gwynn Oak Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Woodlawn Cemetery	Nov. 18 1943

20 UNDERTAKER Miller & Amoreau

ADDRESS 4510 Liberty Hgts. Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

G 10221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1312

G 10221 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Woman's Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County Lycoming
(c) City or town Jersey Shore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ~~Edna Ellen Shadle~~ Edna Shadle

3 (b) If veteran, name war

3 (c) Social Security Account No. 176-07-7893

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 27, 1902

8. AGE: Years	Months	Days	If less than one day
40	11	20 19	hr. min.

9. Birthplace Jersey Shore, Pa.
(Town, county, and state)

10. Usual Occupation ~~Housewife~~ Factory Worker

11. Industry or business Hooper Mills

FATHER
12. Name ~~Not given~~ Bert Shadle
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name ~~Not given~~ Evelyn Appleton
15. Birthplace Pennsylvania

16 (a) Informant ~~Hospital record~~ Mrs. Mary Nichols
(b) Address 7405 Liberty Road

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 18, 1943 (month) (day) (year)
(c) Cemetery or crematory
Location Jersey Shore, Pa.

18 (a) Funeral director E. W. Cameron
(b) Address 4510 Liberty Hgts. Ave.

19 (a) NOV 17 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/16 1943, at 3:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/2 1943 to 11/16 1943, and that I last saw h[illegible] alive on 11/16 1943

Immediate cause of death
Uremia — Duration 3 days.
Due to Kidney failure — 6 months last
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Franklin E. Leahi M. D.
Address Woman's Hospital Date signed 11/16/43

G 10222 HENRY FRANKLIN G 10222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 1216 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 501 Orchard
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 501 Orchard
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Franklin
3 (b) If veteran, name war —
3 (c) Social Security Account No.
4. Sex M
5. Color or race C
6 (a) Single, married, widowed, or divorced Widower
6 (b) Name of husband or wife Lillian Franklin
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 8 23
8. AGE: Years 70 | Months | Days | If less than one day hr. min.
9. Birthplace Balto. City (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace "
MOTHER 14. Maiden Name Unknown
15. Birthplace "
16 (a) Informant George Baker
(b) Address 502 Orchard
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location West Port Balto
18 (a) Funeral director Chas. L. Alexander
(b) Address 2412 W. Baltimore St.
19 (a) 11 19 1943 Hopkins for Williams, M.D.
(Interred by the Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/19/43 19 2 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 9 30 43 to 11 19 43
and that I last saw alive on 11 19 43
Immediate cause of death Exposure & Acute Dilatation of Heart
Due to Chronic Nephritis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature H. Lee Ellis
Address 502 Orchard Date signed 11-19-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ADD FOR BINDING

ALL RIGHTS RESERVED

VS 150

10223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 10223 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 533 N. Luzerne Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 7
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 533 N. Luzerne Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Krieglstein

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 13 1855

8. AGE: Years 88 | Months 1 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER
12. Name Andrew Scharzman
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret
15. Birthplace Germany

16 (a) Informant Rose M. Seeger
(b) Address 533 N. Luzerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4300 Belair Rd

18 (a) Funeral director Martin W. E. Dippel
(b) Address 37 S. Ann St.

19 NOV 17 1943 (Date received by local registrar) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 1943 at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1943, to Nov 15 1943, and that I last saw h[illegible] alive on Nov 14 1943.

Immediate cause of death Coronary Thrombosis — Duration 9 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Pekarny M.D.
Address 2200 E. Madison Date signed 11/15/43

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

G 10224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1166

Registered No. G 10224

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 Brentwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theodore Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4 1922

8. AGE: Years 20 | Months 7 | Days 9 | If less than one day hr. min.

9. Birthplace Gloster, Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Joshua T. Harris
13. Birthplace Va.

MOTHER
14. Maiden Name Pauline Smith
15. Birthplace Va.

16 (a) Informant Mr. J. Harris
(b) Address 935 - Madison ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18, '43 (month) (day) (year)
(c) Cemetery or crematory Gloucester
Location Virginia

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

NOV 17 1943 (Date rec'd by registrar) (b) Hunting for Williams 11-17 Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13, 1943, at 2 35 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Its death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Bullet wound of head

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Nov. 13, 1943 12:30 A.M.
(b) Where did injury occur? 2012 Federal St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Shot in head

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Nov. 15 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 H

Registered No. G 10225

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette Sts
(c) Hospital or institution: Franklin Square Hosp. 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Reisterstown Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Nicodemus Road (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) **FULL NAME** John L. Rau

3 (b) If veteran, name war No.

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Bertha A. Rau

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) 3-1-1880

8. AGE: Years 63 | Months 8 | Days 15 | If less than one day — hr. — min.

9. Birthplace Baltimore Co., Md. (Town, county, and state)

10. Usual Occupation Fireman - Kneewood Hosp.

11. Industry or business —

FATHER
12. Name John Rau
13. Birthplace unknown

MOTHER
14. Maiden Name Louise L Loyd
15. Birthplace Carroll County Md.

16 (a) Informant Mrs. Bertha A. Rau
(b) Address Nicodemus Rd - Reisterstown Md

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Nov. 19 - 1943 (month) (day) (year)
(c) Cemetery or crematory Meadow Branch Cemetery
Location Westminster Md.

18 (a) Funeral director Wm. Berryman & Sons
(b) Address Reisterstown Md.

19 (a) Date received by registrar NOV 17 1943 (b) Registrar Hattie Lee Williams Asst. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-16-1943, at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-27 1943 to 11-16 1943, and that I last saw h[illegible] alive on 11-16 1943.

Immediate cause of death	Duration
Lymphosarcoma of abdominal cavity.	6 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: Lymphosarcoma glands in mesentery.

If autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature D. D. Caples M. D.
Address Reisterstown Date signed 11-16-43

G 10226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G 10226

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1729 William St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 H
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1729 William St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothy a. Kirby

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Joseph E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 8, 1864

8. AGE: Years 78 | Months 11 | Days 28 | If less than one day hr. min.

9. Birthplace Balto., Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name John Phillips

13. Birthplace Balto., Md

MOTHER 14. Maiden Name

15. Birthplace Balto Md.

16 (a) Informant Mrs. Violet Kirby

(b) Address 1729 William St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-43 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Brooklyn, Anne Arundel Co., Md

18 (a) Funeral director Flynn & Fleming

(b) Address 1426 Light St.

NOV 17 1943

(Date rec'd by registrar) Filing for Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1943, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 26 1943 to Nov 16 1943. and that I last saw h. alive on Nov 16 1943.

Immediate cause of death	Duration
Exhaustion	3 hr.
Due to Cerebral Hemorrhage	3 [illegible]
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. E. L. Campfield M.D.

Address 1644 Hanover Date signed 11/12/43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

TURNER

G 10227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 10227

1. PLACE OF DEATH:
(a) Baltimore City, Maryland W.
(b) Street address 1046 W. Saratoga St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1046 W. Saratoga St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John C. Turner

3 (b) If veteran, name war

3 (c). Social Security Account No. 212-01-2229

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Eugenia Turner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-19-1893

8. AGE: Years 49 | Months 10 | Days 27 26 | If less than one day hr. min.

9. Birthplace N. Carolina
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Henry Turner
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Josephine Cromwell
15. Birthplace Maryland

16 (a) Informant Mrs. Eugenia Turner
(b) Address 1046 W. Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Q. A. County Md.

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna. Ave.

NOV 17 1943 Huntington Williams M.D. Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-15 1943, at 1.05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-6 1943 to 11-15 1943 and that I last saw h[im] alive on 11-15 1943.

	Duration
Immediate cause of death Cerebral Hemorrhage	9 days
Due to Hypertensive Cardiac Disease	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. N. Pifer M. D.
Address 1364 Lawdale St Date signed 11-17-43

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

Registered No. G 10228

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 18 Druid Hill Ave
(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1828 Druid Hill Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George L. Pendleton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Clarena Pendleton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 186[illegible]

8. AGE: Years 79 | Months 5 | Days 14 | If less than one day hr. min.

9. Birthplace Millerstown, Va.
(Town, county, and state)

10. Usual Occupation Attorney
11. Industry or business Law

FATHER
12. Name William Pendleton
13. Birthplace Millerstown, Va.

MOTHER
14. Maiden Name Katie Bird
15. Birthplace Millerstown, Va.

16 (a) Informant Clarena Pendleton
(b) Address 1828 Druid Hill Ave.

17 (a) Burial (b) Date thereof Nov. 17, 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Brewer Hill
Location Annapolis, Md

18 (a) Funeral director Wm. Geo. H. Hellen
(b) Address 613 Druid Hill Ave
(b) Huntington Williams, M.D.

NOV 17 1943
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11.13. 1943, at 1:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1943, to Nov. 13 1943, and that I last saw him alive on Nov. 13 1943.

	Duration
Immediate cause of death: Pulmonary edema	24 hrs
Due to: cardiac decompensation	48 hrs
Due to: Carcinoma of bladder	7 mos.
Other Conditions: none	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James D. Carr, M. D.
Address 5 E. Mosher St Date signed 11.17.43

VS 3

G 10229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B

G 10229 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: St. Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 y

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3010 Hamilton Ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs. Frances Meisz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Henry B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22-187[illegible]

8. AGE: Years 69 | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER

12. Name Albert Schmidt

13. Birthplace Germany

MOTHER

14. Maiden Name Anna Theis

15. Birthplace Germany

16 (a) Informant Albert Meisz

(b) Address 3010 Hamilton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 19-43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location

18 (a) Funeral director L. J. Rusk

(b) Address 5305 Harford Rd

19 (a) (b) Registrar

NOV 17 1943

Date received by local registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 19 43 at 12 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 19 43 to Nov. 15 19 43 and that I last saw her alive on Nov. 15 19 43

Immediate cause of death: Carcinoma of Stomach — Duration

Due to

Due to

Other Conditions Arteriosclerotic Cardio-vascular Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William H. Lueking

Address St. Joseph's Hosp. Date signed 11-15-43

~~C 10230~~ BALTIMORE CITY HEALTH DEPARTMENT C 10230

CERTIFICATE OF DEATH 55E Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 912 E. Eager St.
(c) Hospital or institution:
10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city limits, write RURAL and give town)
(d) Street No. 912 E. Eager St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Cattuso

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4 1926

8. AGE: Years	Months	Days	If less than one day
17	9	11	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph Cattuso
13. Birthplace New York

MOTHER
14. Maiden Name Vincenzina Di Trapani
15. Birthplace Italy

16 (a) Informant Aghata Arcilesi (Aunt)
(b) Address 2638 Mc. Elderry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Ce.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Adler Hoe
(b) Address 52 N. Morley St.

19 (a) (Date received by local registrar) (b) Huntington Williams M.D. Registrar

NOV 17 1943
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-15- 19 43 at 11.40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15 19 43 to 11-15 19 43 and that I last saw h 3 alive on 7-14 19 43.

Immediate cause of death Sarcoma of lung — Duration about 5 mos.
Due to Sarcoma of leg. about 2 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Sarcoma of leg —
of autopsy Sarcoma of leg.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. Leonard M. D.
Address Medical Arts Bldg. Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10231 EM186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 10231 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2246 Guilford Ave
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Mother 7 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2246 Guilford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roger Wm Emrich

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Baby

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-20-1943

8. AGE: Years | Months: 3 | Days: 17 27 | If less than one day: hr. min.

9. Birthplace 2246 Guilford Ave (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Herman Emrich
13. Birthplace Potter Co Pa

MOTHER
14. Maiden Name Martha Bender
15. Birthplace Potter Co Pa

16 (a) Informant Mrs M Bender
(b) Address 2246 Guilford Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-18-1943 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director May M Warfield
(b) Address 27 E 22nd St

NOV 17 1943 (Date rec'd by registrar)

(b) Huntington Williams 11-17

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 16 1943 to Nov 17 1943, and that I last saw h[illegible] alive on Nov 17 1943.

Immediate cause of death — Duration

Bronchopneumonia — 24 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Ephraim M. D.
Address 443 E 33rd Date signed Nov 17, 43

G 1.0232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 1.0232 Registered No. 184

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. Marley Creek Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William A. Johnson

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 215-03-7281

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Evelyn Davis

6 (c) If alive, give age: 36 years

7. Birth date of deceased (mo., day, yr.): June 28 1903

8. AGE: Years: 40 | Months: 4 | Days: 17 | If less than one day: hr. min.

9. Birthplace: Howard Co. Md
(Town, county, and state)

10. Usual Occupation: Burner

11. Industry or business: Shipyard

FATHER
12. Name: Geo Johnson
13. Birthplace: Howard Co. Md

MOTHER
14. Maiden Name: Ella Thompson
15. Birthplace: Howard Co. Md.

16 (a) Informant: Mrs Wm A. Johnson
(b) Address: 1620 Light St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/43 (month) (day) (year)
(c) Cemetery or crematory: Johns
Location: Elkridge City

18 (a) Funeral director: Hopkins
(b) Address: Collins & Gilmore

17 1943 Huntington Williams, Registrar
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 1943, at 2 50 PM

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Hemorrhage due to gunshot wound of thigh

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Nov. 15 1943 at M.
(b) Where did injury occur? Home
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury: shotgun wound

23. Signature: Robert Lee Graham M.D.
Medical Examiner.
Date signed Nov. 15 1943

Please write the causes of death clearly and legibly. Physicians: please see that age is especially important.

G 10233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10233 Registered No. 61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd. & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Owings Mills (If outside city or town limits, write RURAL and give town)
(d) Street No. Pleasant Hill Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank C. Kenny
3 (b) If veteran, name war: World War II
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) July 29 1903

8. AGE: Years	Months	Days	If less than one day
40	3	15	hr. min.

9. Birthplace Buffalo N. Y. (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Farming

FATHER
12. Name John M. Kenny
13. Birthplace Phila Pa

MOTHER
14. Maiden Name Catherine Kelly
15. Birthplace Ithaca Md

16 (a) Informant Mrs C. Kenny
(b) Address Owings Mills

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Rd
18 (a) Funeral director Geo. F. Kenny
(b) Address Fallsway & Biddle
19 (a) 11/19/43 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 14 1943, at 11:02 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 3:10 P.M. 11-14 1943, to 11:02 P.M. 11-14 1943, and that I last saw h[illegible] alive on 11-14 1943.

Immediate cause of death	Duration
Cardio-respiratory failure	
Due to Diabetic acidosis	?
Due to Bronchopneumonia (?)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature George W. Naughton Jr. M. D.
Address 332 E. University Pkwy. Date signed 11/14/43

G 10234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 10234 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly. RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3028 Edmondson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3028 Edmondson Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELLEN M. KRIES

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Henry E.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 27, 1887
8. AGE: Years 56 | Months 1 | Days 19 | If less than one day ..... hr. ..... min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James McDonough
13. Birthplace

MOTHER
14. Maiden Name Margaret Clarke
15. Birthplace Md.

16 (a) Informant Mr. Henry E. Kries
(b) Address 3028 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

Date received NOV 17 1943 (Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 4 1940 to Nov. 16 1943 and that I last saw h er alive on Nov. 16 1943

Immediate cause of death: Arteriosclerotic Cardiovascular Disease — Duration: Nov. 4 1943
Due to Cerebral Arteriosclerosis
Due to Cerebral Hemorrhage
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret Knipp
Address 3030 Edmondson Ave. Date signed 11/19/43

~~10235~~ G 10235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 10235

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3903 Carlisle Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

1549

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3903 Carlisle Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CECILIA E. WILSON

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife J. M. Wilson
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1862

8. AGE: Years	Months	Days	If less than one day
81	9	19	hr. min.

9. Birthplace Eldorado, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Benjamin Hackett
13. Birthplace Eldorado, Md.

MOTHER
14. Maiden Name Bethany Wright
15. Birthplace Eldorado, Md.

16 (a) Informant Miss Ruth Wilson
(b) Address 3903 Carlisle ave

17 (a) Burial (b) Date thereof 11/18/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Salisbury, Md.

18 (a) Funeral director Wm. J. Aikins & Son
Address Baltimore, Md.

19 (a) NOV 17 1943 (b) Harrington Williams, M.D. Registrar
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 16, 1943, at 12:15 P. M

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenweber M.D.
Asst. Medical Examiner.
Date signed 11-17-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. That correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~C 10236~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10236

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dr Sydenham Hospital
(c) Hospital or institution: ambulance on the way to the hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 500 N. Curley St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) **FULL NAME** Mary Ferrucci (Ferrucci)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Fem. | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1 1934

8. AGE: Years 9 | Months | Days 15 | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Schoolgirl

11. Industry or business

FATHER
12. Name Nick Ferrucci
13. Birthplace Italy

MOTHER
14. Maiden Name Grace Torrence
15. Birthplace Baltimore

16 (a) Informant Nick Ferrucci
(b) Address 500 N. Curley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 18 - 43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Frank V. Pipitone
(b) Address 258 E. Baltimore st

19 (a) NOV 17 1943 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/16/43 19 ... at ... M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/16 1943, to 11/16 1943, and that I last saw h.. alive on 11/16 1943.

	Duration
Immediate cause of death Respiratory failure due to	
Meningococcus Meningitis	2 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation ...
Major findings of operation: ...
of autopsy: ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ... at ... M
(c) Where did injury occur? ... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work? ... (Specify type of place)
(e) Means of injury ...

23. Signature Max Bauer M. D.
Address 1501 N. Milton Ave Date signed 11/17/43

G 10237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1228

G 10237

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp. W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 614 Hanover St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sampston Trigger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/4/1895

8. AGE: Years	Months	Days	If less than one day
47 48	11	13	hr. min.

9. Birthplace Spotsylvania County, Va.
(Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Transfer Business

FATHER
12. Name Benjamin Franklin Trigger
13. Birthplace King George Co., Va.

MOTHER
14. Maiden Name Lucy Ann Ferrel
15. Birthplace King George Co., Va.

16 (a) Informant St. Joseph's Hosp. Records
(b) Address

17 (a) Burial (b) Date thereof 11/21/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Fredricksburg, Va.
Location

18 (a) Funeral director Wm. J. Teckner & Sons
(b) Address North & Pa. Aves. Balto.

19 (a) (Date received by Registrar) (b) Registrar
NOV 17 1943
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-17 1943 at 12:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-14 1943 to 11-17-1943 and that I last saw h.i.m. alive on 11-17-1943.

Immediate cause of death	Duration
Intestinal Obstruction.	
Due to Post operative Adhesions and peritonitis	1 day.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 11-16-43

Major findings of operation: Adhesions of small Intestines

of autopsy Intestinal Adhesions - operation

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Christian F. Richter M. D.
Address St. Joseph's Hosp. Date signed 11/17/43

G 10238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 a

G 10238 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3518 Lyndale Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3518 Lyndale Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA SANGGLEER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 3/1910

8. AGE: Years 33 | Months 3 | Days 13 | If less than one day hr. min.

9. Birthplace Waltham. Mass
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Len Geicus
13. Birthplace Mass

MOTHER
14. Maiden Name —
15. Birthplace

16 (a) Informant Wm Sangeleer
(b) Address 3518 Lyndale Ave

17 (a) Burial (b) Date thereof Nov 17/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Waltham, Mass

18 (a) Funeral director Geo McFaddon
(b) Address 511 N Howard St Huntington, West Va.

NOV 18 1943
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 16, 1943, at 6:30 P. M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Cerebral hemorrhage

Due to Hypertensive cardiovascular renal disease.

Other Conditions Six Months pregnancy.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature T. J. Wollenweber M.D.
Medical Examiner.
Date signed Nov. 17, 1943

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0239 444172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 10239 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Charles
(c) City or town Hughesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Walter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Bryantown
Location Md

18 (a) Funeral director E. M. Rzade
(b) Address Hughesville Md

NOV 18 1943 (Date received by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1943, at 10.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 7 1943, to Nov 16 1943, and that I last saw him alive on Nov 16 1943

Immediate cause of death	Duration
renal failure - infarcts and abscesses	
Due to staphylococcemia	
Due to arteriosclerotic c-v disease	
Other Conditions: survey planned soon	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of autopsy: stopped; bacterial endocarditis; brain abscesses not reported yet

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John R. Birmingham M. D.
Address J.H.H. Date signed 11-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 10240 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1162 Carroll St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1162 Carroll St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara V. Hart

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hubert H. Hart

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1875

8. AGE: Years 68 | Months 10 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER
12. Name Richard Spencer
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Essenberg
15. Birthplace Maryland

16 (a) Informant Mr. Hubert H. Hart
(b) Address 1162 Carroll St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave. Balto. Md.

18 (a) Funeral director E. Howard Strong
(b) Address 3207 W. North Ave.

19 NOV 18 1943 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15, 1943 at 8.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 3, 1935, to Nov. 15 1943, and that I last saw her alive on Nov. 15 1943.

	Duration
Immediate cause of death: Arteriosclerotic Cardiovascular Disease	
Due to: Arterial Hypertension	
Due to: Cerebral Hemorrhage	Nov. 10
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Siegfried Krug

Address 3030 Edmondson Avenue Date signed 11/16/43 (M. D.)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~10241~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 10241

Registered No. 838

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1302 E. Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1302 E. Lexington St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rachael Schwartz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b). Name of husband or wife Jacob Schwartz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Mordecai Jacob —
13. Birthplace Poland

MOTHER
14. Maiden Name Fagis —
15. Birthplace Russia

16 (a) Informant Jacob Schwartz
(b) Address 1302 E. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-43 (month) (day) (year)

(c) Cemetery or crematory United Hebrew Cem.
Location Wash. Blvd.

18 (a) Funeral director Jos Lewis Inc
(b) Address 1439 E. Balto. St.

NOV 18 1943 Huntington Williams, M.D.
(Date of death) (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-18-43 19 at 12 Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5 1943 to Nov. 17 1943, and that I last saw h alive on Nov 16 1943.

Immediate cause of death Cerebral Thrombus — Duration 15 days

Due to Arteri-Sclerosis — 4 yrs

Due to — —

Other Conditions Left hemiplegia — 15 days
Coma recent
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury G. F. Rei

23. Signature I. S. Brody M. D.

Address 1415 S Broadway Date signed Nov 18/43

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10 Ext 2 old

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133B

Registered No. G 10242

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 N. Bond St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME SADIE CATHERINE IMWOLD

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Henry Imwold
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1865

8. AGE: Years	Months	Days	If less than one day
78	1	2	hr. min.

9. Birthplace Baltimore County -Fullerton (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Amos Kirkendall
13. Birthplace Maryland

MOTHER
14. Maiden Name Peterson
15. Birthplace Maryland

16 (a) Informant Mrs. Albert L. Frick
(b) Address 2218 Kentucky Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore County

18 (a) Funeral director Henry Sander & Sons, Inc
(b) Address 1348 E. North Ave.

19 (a) Date received NOV 18 1943 (b) Registrar Baltimore, Md.

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 1943 5.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-14 1943 to 11-15 1943 and that I last saw her alive on 11-15 1943

Immediate cause of death: Acute Hemorrhage - Shock.
Due to: Ruptured Renal Vessels - Left.
Due to: Abscessed Kidney.
Other Conditions: Ben'l - Arteriosclerosis

Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Peri Renal Hemorrhage Retroperitoneal Hemorrhage
of autopsy: a large Blood clot. Lt.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan E Chinsky M. D.
Address St Joseph's Hospital Date signed 11-15-43

G 10243 T.N

84895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

Registered No. G 10243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals 10

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1123 Wilcox St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Dougherty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rose Harris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov, 25, 1877

8. AGE: Years 65 | Months 11 | Days 22 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Thomas Dougherty

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden Name Mary Catherine ?

MOTHER 15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals

(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20 43 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cemetery

Location 4300 Old Frederick Rd

18 (a) Funeral director Elmer W. Conklin & Son

(b) Address 927 E Eager St

NOV 18 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-17 1943, at 1 18 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-16 1943, to 11-17 1943, and that I last saw alive on 11-17 1943

Immediate cause of death

Uremia

Due to Urinary Obstruction

Due to Benign Prostatic Hypertrophy

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 3 dy; 3 mos

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Donald B Kelly

Address Balto City Hosp Date signed 11 17 43 M.D.

G 10244

STATE OF MARYLAND—CERTIFICATE OF DEATH

V 131a G 10244

1. PLACE OF DEATH

County ..... Registration Dist. No. .....

Village or City Baltimore City Md No 2423 Washington Blvd St., Ward

Length of residence in city or town where death occurred 54 yrs. 1 mos. ds. How long in U. S. if of foreign birth? yrs. ds.

2. FULL NAME William Early Laing

(a) Residence: No. 2423 Washington Blvd St., V Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl F.

6. DATE OF BIRTH (month, day, and year) July 16 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	3	25 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Civil Service

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Social Security

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William L Laing

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Amanda King

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Pearl F Laing

(Address) 2423 Wash Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 11/18/43, 19

19. UNDERTAKER Edward Toylson

(Address) 2359 Wash Blvd

FILED NOV 18 1943 Hunter for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 15 1943

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1943, to Nov 15 1943

I last saw him alive on Nov. 15, 1943

to have occurred on the date stated above, at 11:30 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Cerebral Haemorrhage

Other Contributory Causes of importance:

Hypertensive Cardiovascular Renal Disease

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Exam. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Carey Rox Laing M. D.

(Address) 1326 W. Lombard St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

For B & O Graham by Howard J. Wallace M.D.

TION is very important. See instructions on back of certificate.

G 10245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1702

G 10245 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3833 Yolanda Rd
3833
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES Harvey REID.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	Married

6 (b) Name of husband or wife Emma Barnes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1913

8. AGE: Years	Months	Days	If less than one day
30			hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Detectives, Police
11. Industry or business Bureau, Balto. City

FATHER
12. Name Richard E. Reid
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Bessie Delano
15. Birthplace Virginia

16 (a) Informant Mrs. Bessie D. Reid
(b) Address 1525 Roundhill Rd.

17 (a) Burial (b) Date thereof 11/20/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director H. W. Measyplow
(b) Address 1840 N. Calvert St.

NOV 18 1943
(Date rec'd by registrar)
(a) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1943, at 7 05 P M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fracture of skull
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 11-16-43 at 6 30 P. M. 9/3
(b) Where did injury occur? 33rd St + Edmondson Rd
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? No
(d) Means of injury Auto Auto Car collided with
23. Signature H. L. Wollenmuten M.D.
Medical Examiner.
Date signed 11-16-43
tree

G 10246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 W

G 10246 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1114 S.Conkling St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 S.Conkling St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME John Frederick Sauter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13,1883

8. AGE: Years	Months	Days	If less than one day
60	4	3	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation watchman

11. Industry or business

FATHER
12. Name Henry Sauter
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Margaret Reuter
15. Birthplace Baltimore Md.

16 (a) Informant Mrs.Raymond Rau
(b) Address 1114 S.Conkling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/43 (month) (day) (year)
(c) Cemetery or crematory Mt.Carmel
Location O'Donnell St.

18 (a) Funeral director Clarence F.Hoffmann
(b) Address 1639 N.Broadway.

NOV 18 1943 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16, 1943, at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1942 to Nov. 16 1943, and that I last saw h[illegible] alive on Nov. 3 1943

Immediate cause of death Hypostatic pneumonia Cardio-vascular renal disease — Duration ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. N. Gaskel
Address 63[illegible] S. Conkling St Date signed 11/17/43 M.D.

10247 M1-84872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46M

G 10247 Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2107 Annapolis Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sussie Gerbrick

3 (b) If veteran, name war W
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct ? 1882

8. AGE: Years	Months	Days	If less than one day
61	?	?	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Abraham Konevickle
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS (RECORDS)
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wilson Funeral Home
(b) Address 1219 E. Coal St.

19 (a) Date 1943 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-16 1943, at 10 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-14 1943, to 11-16 1943, and that I last saw h[illegible] alive on 11-16 1943.

Immediate cause of death CACHEXIA, ANEMIA — Duration ?
Due to ? NEOPLASM OF GASTRINTESTINAL TRACT
Due to
Other Conditions CEREBRAL ACCIDENT
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Mattus M. D.
Address B. C. H. Date signed 11-17-43

G 10248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

G 10248 ✓ Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 11 N. Wolfe St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George A. Weber

3 (b) If veteran, name war W
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 13th 1886

8. AGE: Years	Months	Days	If less than one day
57	2	3	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Self

FATHER
12. Name George Weber
13. Birthplace Germany

MOTHER
14. Maiden Name Sarah F. Cathers
15. Birthplace Balto. Md.

16 (a) Informant Irene Fluka
(b) Address 66 Franklintown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1219 St Paul St

NOV 18 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16 1943, at 3:20 A M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture - dislocation of neck

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Nov. 16 1943 2:40 A.M. 11/3
(b) Where did injury occur? 525 N. Eutaw St
(c) Did injury occur at home, on farm, industrial place, in public place? house While at work? no
(d) Means of injury Fell down stairs
23. Signature Robert Lee Fraley M.D. Medical Examiner.
Date signed Nov. 16 1943

VS 151

G 10249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

140 c

G 10249
Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp. 9-9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 Harford Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary R Springer

3 (b) If veteran, name war No

3 (c) Social Security Account No. 215-07-5768

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced

6 (b) Name of husband or wife Albert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1914

8. AGE: Years	Months	Days	If less than one day
29	9	27	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation File Clerk

11. Name of Employer Bartlett Kennedy

FATHER
12. Name David W. Bartley
13. Birthplace Wales

MOTHER
14. Maiden Name Lizzie S. Shelby
15. Birthplace Balto., Maryland

16 (a) Informant Mrs. Lenny S. Bartley
(b) Address 1825 Harford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Maryland

18 (a) Funeral director Wilhoyte & Son
(b) Address 1517 St

NOV 18 1943
(Date rec'd by registrar)

(b) Huntington Williams, M.D.
Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16 1943, at 7:50 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Generalized peritonitis

Due to Incomplete abortion

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Nov. 16, 1943

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

0250
YA 84792

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

G 10250
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4240 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2703 Hampden Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elmer W. McCauley

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Jane (deceased)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1863

8. AGE: Years 79 | Months 11 | Days 24 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Laborer

FATHER
12. Name Horace (d) McCauley
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca Seymore (d)
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/43 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden

18 (a) Funeral director Wm Cook Inc
(b) Address 1207 St. Paul St.

19 (Date received) NOV 18 1943 (Registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/16 1943, at 6:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/9 1943 to 11/16 1943. and that I last saw him alive on 11/16 1943.

Immediate cause of death Cardiac decompensation due to Coronary

Due to A.S.C.V.D.

Due to

Other Conditions Hydrothorax, R

(Include pregnancy within 3 months of death)

Duration: 2-3 wks, 1 yr.

Date of operation

Major findings of operation:

of autopsy: no post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. J. Seligman M. D.

Address BCH Date signed 11/16

G 10251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46F

G 10251 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3006 Evergreen Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3006 Evergreen Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOEY HOLLMAN SMITH

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife George Harry Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1873

8. AGE: Years	Months	Days	If less than one day
70	1	18	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Henry Hollman
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Hendle
15. Birthplace Germany

16 (a) Informant Mr. Wallace E. Grethaus
(b) Address 4112 Westview Rd.

17 (a) Burial (b) Date thereof 11/19/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Date received by Registrar NOV 18 1943 (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17, 1943, at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1943 to Nov 17 1943 and that I last saw he alive on Nov 16 1943

Immediate cause of death Carcinoma of Liver — Duration About 6 months

Due to

Due to

Other Conditions Paral

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Morris B. Green M. D.
Address 3009 Evergreen Ave Date signed 11/18/43
Baltimore 14 - Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10252

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 819 Powers St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 819 Powers St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE CHARLOTTE FORSYTHE

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Charles D.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 30, 1869

8. AGE: Years	Months	Days	If less than one day
74	9	17	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Abraham Morris
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Mary Orandt
15. Birthplace Sunbury, Pa.

16 (a) Informant Miss Elizabeth Forsythe
(b) Address 819 Powers St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

NOV 18 1943 (Date Rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17, 1943, at 12:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1940, to 11/17 1943.
and that I last saw h-- alive on 11-17 1943.

Immediate cause of death Thrombosis of Cerebral Arteriosclerosis. artery — Duration 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert L. Mortimer Jr.

Address 2706 St Paul St Date signed 11/

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10253

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4614 Roland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4614 Roland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY HAZLEHURST WIEGAND

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1861

8. AGE: Years	Months	Days	If less than one day
82	4	20	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation --
11. Industry or business

FATHER
12. Name William Daniel Wiegand
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Louise Hewett
15. Birthplace Kent Co., Md.

16 (a) Informant Mr. William G. Wiegand
(b) Address 8 Stanley Drive

17 (a) Burial (b) Date thereof 11/19/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) NOV 18 1943 (b) Huntington Williams, M.D.
(Date received by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17, 1943, at 12:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1942, to Nov. 17 1943, and that I last saw h[illegible] alive on Nov. 16 1943.

	Duration
Immediate cause of death Broncho-Pneumonia	2 days
Due to Carcinoma of Stomach	2 years
Due to Arteria Sclerosis	3 years
Other Conditions Chronic Cystitis	6 years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Dr. Gibson Porter
Address 4822 Roland Ave. Date signed 11/18/43
M. D.

G 10254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 V

Registered No. G 10254

Every item of information should be carefully supplied. Please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3900 8th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 & 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3900 8th St. Brooklyn (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Minnie C. Lambeth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	Widow

6 (b) Name of husband or wife Richard M Lambeth 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
abt 69	-	-	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Amos Carr
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Lancaster
15. Birthplace Maryland

16 (a) Informant Mrs Marietta Longest
(b) Address 3900 8th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Anne Arundel Co.

18 (a) Funeral director J. J. Tobin Sons
(b) Address 31 S Light St

19 (a) NOV 18 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/16 1943, at 10:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/15 1943, to 11/16 1943, and that I last saw h[illegible] alive on 11/16 1943

Immediate cause of death

Cerebral hemorrhage

Due to Hypertension

Cerebral arteriosclerosis

Due to Uremia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Cole M. D.
Address 203 Dolphin Date signed

VS 3

G 10255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G 10255

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1109 N. Carey St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 N. Carey St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John H. Hill

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mamie L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1878

8. AGE: Years 65 | Months 4 | Days 23 | If less than one day hr. min.

9. Birthplace Fort River, Md. (Town, county, and state)

10. Usual Occupation Dec business

11. Industry or business

FATHER
12. Name Benjn Hill
13. Birthplace Fort River, Md.

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Mamie L. Hill
(b) Address 1109 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md

18 (a) Funeral director Mrs. George A. Hallam
(b) Address 1631 Druid Hill Ave

NOV 18 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/15 1943 at 3:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased 11/15 19 43 to 19 , and that I last saw h alive on 11/15/43

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Williams M.D.

Address 1131 Harlem Date signed 11/15/43

10256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 163M

Registered No. G 10256

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 12

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1702 N. Calvert Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Richards

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1881

8. AGE: Years 62 | Months 4 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace Wash. D. C.
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER 12. Name Morris Richards

13. Birthplace D. C.

MOTHER 14. Maiden Name Rose ?

15. Birthplace D. C.

16 (a) Informant William A. Richards

(b) Address Washington D.C.

17 (a) Removal (b) Date thereof Nov 18, 43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Washington D.C.

Location

18 (a) Funeral director W. W. Chambers & Co

(b) Address Washington D. C.

19 (a) Hoffberger for Williams Hall
(Date received by Registrar) Registrar

NOV 18 1943

VS 161

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-17-1943, at 11 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Asphyxiation

Due to Carbon Monoxide

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: 12/5

(a) Date of injury 11-17-43 at M.

(b) Where did injury occur? 1702 N. Calvert Street

(c) Did injury occur at home, on farm, industrial place, in public place? Boarding house While at work? No

(d) Means of injury Automobile Exhaust

23. Signature Howard J. Williams M.D.
Medical Examiner.

Date signed 11-18-43

G 10257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 10257 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd & Calvert Sts.

(c) Hospital or institution:

Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 623 W. 33rd. St. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) **FULL NAME** William D. Ness

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife. Mary F Ness

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1871

8. AGE: Years	Months	Days	If less than one day
72	9	14	hr. min.

9. Birthplace Maryland (Town, county and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Samuel Ness

13. Birthplace Maryland

MOTHER 14. Maiden Name ?

15. Birthplace Maryland

16 (a) Informant Elmer Ness

(b) Address 623 W 33rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-43 (month) (day) (year)

(c) Cemetery or crematory Loraine

Location Baltimore Md

18 (a) Funeral director Frank H Seitz

(b) Address 814 W 36th St.

NOV 18 1943 Huntington Williams M.D.

(Local registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 1943, at 8 05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-16 (7 P.M.) 1943, to 8 A.M. 11-17 1943, and that I last saw him alive on 11-16 1943

Immediate cause of death Cardio-respiratory failure — Duration ?

Due to Hypertensive cardio-vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature George W Baumgartner Jr. M. D.

Address 332 E. University Pkwy. Date signed 11/17/43

G 10258

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G 10258

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 612 Glenolden Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in Baltimore (yrs., mos., or days) 43 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 Glenolden Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME SADIE (SARAH) ADLER.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jany. 12th. 1868

8. AGE: Years	Months	Days	If less than one day
75	10	4	hr. min.

9. Birthplace Chicago, Ill. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Moritz Adler,
13. Birthplace Germany.

MOTHER
14. Maiden Name Rachel Fisher,
15. Birthplace Germany.

16 (a) Informant Miss. Birdie Marx,
(b) Address 612 Glenolden Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/18/43. (month) (day) (year)
(c) Cemetery or crematory Forest Home
Location Chicago, Ill.

18 (a) Funeral director David Sonneborn & Son,
(b) Address 1902 Eutaw Place.
NOV 18 1943 (Date received by Registrar) (b) Huntington Williams, M.D.

V8 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16th. 1943 at 2.50A M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1937, to Nov. 16 1943, and that I last saw h[illegible] alive on Nov 16 1943.

Immediate cause of death Coronary thrombosis — Duration 1 Hour

Due to Arteriosclerotic type heart di[illegible] Several Years

Due to Generalized arterio sclerosis with hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Michel M. D.
Address 2901 Edmondson Av. Date signed 11/16/43

G 10259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1111c

G 10259 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied. Do not guess. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1249 N. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1249 N. Broadway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BABY BENJAMIN HARRISON JENKINS III

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1943

8. AGE: Years --; Months 1; Days 16; If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Benjamin H. Jenkins, Jr.
13. Birthplace Tennessee

MOTHER
14. Maiden Name Ruth Dowdy
15. Birthplace Prince George, Va.

16 (a) Informant Mr. Benjamin H. Jenkins, Jr.
(b) Address 1249 N. Broadway

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/18/43 (month) (day) (year)
(c) Cemetery or crematory Sulphur Spring Cem.
Location Johnson City, Tenn.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

NOV 18 1943 (Date filed by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17, 1943, at 7:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 13 1943 to Nov. 17 1943 and that I last saw h[illegible] alive on Nov 17 1943

Immediate cause of death: Pneumonia — Duration: 10 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert M. Foster, M.D.

Address 2424 St. Paul St. Date signed Nov 17, 1943.

G 10260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 10260 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 221 S. Ann Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 221 S. Ann Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maryanna Ogar

3 (b) If veteran, name war -

3 (c) Social Security Account No. -

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Hieromin Ogar

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 67 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Michael Stus
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Miss Rose Ogar
(b) Address 221 S. Ann Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 20 43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary cem
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 401 S. Fulton Ave Thereon or Hillsdale, Md.

NOV 18 1943 (Date received by Registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16 1943, at 9A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 14 1943, to Nov. 16 1943 and that I last saw h 4 alive on Nov. 16 1943

Immediate cause of death: Cerebral apoplexy

Due to: Cerebral Arteriosclerosis ?

Due to: Chronic Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 3 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rose Ogar

Address 2002 E. Fourth St. Date signed 11/18/43 M. D.

10261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 10261 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1078 W Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1078 W. Fairmount Ave
(If rural, give location)
(e) Citizen of foreign country? FAIRMOUNT (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES GREEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Georgianna Green

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years 83 | Months | Days | If less than one day ....hr. ....min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace ?

MOTHER
14. Maiden Name Unknown
15. Birthplace ?

16 (a) Informant James A. Wooden
(b) Address 1070 W. Fairmount Ave

17 (a) Burial (b) Date thereof Nov. 18-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem.
Location

18 (a) Funeral director Wm Kates R. Williams
(b) Address 33 E. Lexington St.

19 (a) Date received by Registrar NOV 18 1943 (b) Huntington Williams, M.D.
Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14, 1943, at 10 50 AM

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 11-17-43

G 10262

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 10262 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2814 Montebello Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2814 Montebello Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellen A. Gallagher Funk

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John W. Funk
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1890

8. AGE: Years	Months	Days	If less than one day
53	4 5		hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Tele. Operator
11. Industry or business Soc. Security Board

FATHER
12. Name Patrick Gallagher
13. Birthplace Ireland

MOTHER
14. Maiden Name Delia Garrity
15. Birthplace Ireland

16 (a) Informant Mary Gallagher
(b) Address 2814 Montebello Terrace

17 (a) Burial (b) Date thereof Nov. 19, '43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) (Date rec'd by reg.) (b) Registrar

NOV 18 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 - 16 - 1943 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15, 1940, to 11 - 16 - 1943, and that I last saw h[illegible] alive on 11 - 16 - 1943

Immediate cause of death	Duration
Apoplexy	2 days
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury.

23. Signature Geo B. Leyhart M. D.
Address 2802 Harford Rd Date signed 11-18-43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10263 / 171a — Registered No. 10263

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Md.
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 54 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2213 Boyer Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BARBARA BLOSL

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	MARRIED

6 (b) Name of husband or wife WILLIAM BLOSL
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 10 1860

8. AGE: Years	Months	Days	If less than one day
83	0	6	hr. min.

9. Birthplace GERMANY
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name ? SHANA
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GERMANY

16 (a) Informant JOHN BLOSL (SON)
(b) Address 913 N. BRADFORD ST.

17 (a) BURIAL (b) Date thereof 11/20/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly and Gerber INC.
(b) Address 403 S. WOLFE ST.

19 (a) NOV 18 1943 Huntington Williams M.D.
(Date received) (Registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH November 16, 1943, at 8:30 P. M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Intracranial hemorrhage.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Nov. 16, 1943 at 3:50 P. M. 6/3
(b) Where did injury occur? Fairmount Ave. & Collington Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Public Place While at work? No
(d) Means of injury Pedestrian struck by streetcar

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 11-17-43

G 10264 G 10264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 940

Registered No. 2657

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Md.
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) d.o.a.
(e) Length of stay in Baltimore (yrs., mos., or days) 48 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3801 FAIT AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN C. MAYR

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. WIDOWER

6 (b) Name of husband or wife ROSA MAYR

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 6 1873

8. AGE: Years 70 | Months 10 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace GERMANY (Town, county, and state)

10. Usual Occupation BAKER

11. Industry or business FOR SELF

FATHER
12. Name BALANIS MAYR
13. Birthplace GERMANY

MOTHER
14. Maiden Name FRANCES MALEA
15. Birthplace GERMANY

16 (a) Informant LENA MAYR (SISTER)
(b) Address 3801 FAIT AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 20/43 (month) (day) (year)
(c) Cemetery or crematory PARK WOOD
Location TAYLOR AVE.

18 (a) Funeral director Lillyand Geiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) NOV 9 1943 (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH November 16, 1943, at 9:45 P. M

21. I certify that I took charge of the remains described above, held an inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 11-17-43

G 10265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87E

G 10265 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Where correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address FAYETTE & CALHOUN STS.

(c) Hospital or institution: FRANKLIN SQUARE HOSP.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1

(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County BALTO.

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 231 S. WOLFE ST. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GERTRUDE HEKO (HAKO)

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 214-12-1292

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: ALBERT HEKO

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 9 1901

8. AGE: Years 42 | Months 2 | Days 9 | If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation

11. Industry or business DAVIDSON CHEMICAL C O

FATHER

12. Name ? JOHNSON

13. Birthplace MD.

MOTHER

14. Maiden Name UNKNOWN

15. Birthplace MD.

16 (a) Informant ALBERT HEKO (HUS.)

(b) Address 231 S. WOLFE ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 20 43 (month) (day) (year)

(c) Cemetery or crematory SACRED HEART

Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Zeiler

(b) Address 403 S. WOLFE ST.

19 (a) (Date received) Washington Williams, M.D. Registrar

NOV 22 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV. 18 43 at 4/30 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 18 1943 to Nov 18 1943 and that I last saw h alive on Nov 17 1943

Immediate cause of death: Ruptured tubo ovarian abscess

Due to

Due to

Other Conditions Ruptured tubo ovarian abscess

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration of Illness

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. W. Thomas M. D.

Address 3126 Hereford Rd Date signed 11/19/43

G 10266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10266 X 159

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correctness is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Guilford - Jessup
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-1-43

8. AGE: Years | Months | Days 14/16 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Donald Edward
13. Birthplace N. Car.

MOTHER 14. Maiden Name Mildred T. Bickell
15. Birthplace Md

16 (a) Informant Mrs. Hilda Miller
(b) Address Jessup Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18/43 (month) (day) (year)

(c) Cemetery or crematory Hope Hill
Location Laurel Md.

18 (a) Funeral director Weatherholz-Goldsborough
(b) Address Laurel Md.

19 (a) NOV 18 1943 (Date rec'd by registrar) (b) Registrar

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-17 1943, at 9 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-17 1943, to 11-17 1943, and that I last saw him alive on 11-17 1943.

	Duration
Immediate cause of death: Congenital Atelectasis	
Due to: Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard W Steer M. D.
Address St Agnes Hospital Date signed 11-17-43

G 10267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10267

Registered No. 937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Baltimore
(a) Baltimore City, Maryland
(b) Street address 627 N. Mount St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 627 N. Mount St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Beatrice Henderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Perry Henderson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1904

8. AGE: Years 39 yrs | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace Philadelphia Pa.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Garland Phillips

13. Birthplace Tennessee

MOTHER 14. Maiden Name Bettie Temples

15. Birthplace Balto. Md.

16 (a) Informant Perry Henderson

(b) Address 627 N. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location West North Ave

18 (a) Funeral director Chas. H. Slaughter

(b) Address 924 Pennsylvania Ave

19 (a) (Date received by registrar) NOV 18 1943 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-15-1943, at 11:57 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-13 1943 to 11-15 1943 and that I last saw her alive on 11-14 1943

Immediate cause of death Cerebral Hemorrhage — Duration 3 days

Due to Hypertensive Cardiac Disease — 7

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?

(e) Means of injury

23. Signature C. N. Pifer M.D.

Address 1536 W. Lanvale St Date signed 11-16-43

10268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 10268 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1627 No Elderry Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME [illegible] Mayo

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 7, 1943

8. AGE: Years | Months | Days | If less than one day: 6 hr. 57 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Milton Mayo

13. Birthplace Unknown

MOTHER 14. Maiden Name Callie Smith

15. Birthplace Maryland

16 (a) Informant Hospital Records

(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHNS HOPKINS MEDICAL SCHOOL NOV 18 1943

18 (a) Funeral director Commissioner of Health

(b) Address

NOV 18 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7 1943, at 10:45PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 7 1943 to Nov. 7 1943, and that I last saw her alive on Nov. 7 1943.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.

Address Johns Hopkins Hospital Date signed 11-10-43

0524

G 0269

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10269 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Cecil
(c) City or town Port Deposit (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) **FULL NAME** Baby Enoches

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 2, 1943

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Roy C. Enoches
13. Birthplace Unknown

MOTHER
14. Maiden Name Bertha Hanna
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL NOV 18 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (c) NOV 18 1943 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5 1943, at 2:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 2 1943 to Nov. 5 1943. and that I last saw him alive on Nov. 5 1943.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Johns Hopkins Hospital Date signed 11-5-43

0525

G 10270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G 10270

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 N. Gilmor St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 19

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 212 N. Gilmor St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Clark

3 (b) If veteran, name war —

3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	None

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1943

8. AGE: Years	Months	Days	If less than one day
			hr. 25 min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Walter Compton
13. Birthplace Va

MOTHER
14. Maiden Name Mary Lee Clark
15. Birthplace Romneyville Va

16 (a) Informant Mary Lee Clark
(b) Address 212 N. Gilmor St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 18 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 NOV 18 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 1943, at 4.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 17 1943 to Nov. 17 1943, and that I last saw h[illegible] alive on Nov. 17 1943.

Immediate cause of death	Duration
Premature Birth	
Due to (Cause unknown)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph W. Pentz M.D.
Address 426 N. Gilmor St Date signed 11/17/43

VS 180

0526

443334 G 10271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46a

G 10271 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Columbus
(If outside city or town limits, write RURAL and give town)
(d) Street No. 861 S 18 st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Morris Berlinger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rose

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) 2-21-91

8. AGE: Years	Months	Days	If less than one day
52	8	27	hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name Harry Berlinger
13. Birthplace Russia

MOTHER
14. Maiden Name Sylvia Chendel
15. Birthplace Russia

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (b) Date thereof 11/18/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Columbus Ohio

18 (a) Funeral director Smith Ferris & Ball St
(b) Address 1419 E Ball St

NOV 18 1943 (b) Huntington Williams
(Date rec'd by registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1943, at 2 28 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 22 1943, to Nov 18 1943, and that I last saw him alive on Nov 18 1943.

Immediate cause of death Ca of Esophagus — Duration 4 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 11-15-43

Major findings of operation: Inoperable Ca

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Merel H. Harmel M. D.

Address Johns Hopkins Hosp Date signed 11/19/43

G 10272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 10272

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3126 Howard Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ernie Hannah Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Dr. Jefferson Zachary Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 19, 1858

8. AGE: Years	Months	Days	If less than one day
85	9	28	hr. min.

9. Birthplace Deal Island, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Evans
13. Birthplace Maryland

MOTHER
14. Maiden Name Amanda Bailey
15. Birthplace Maryland

16 (a) Informant Mrs. Roy Davis
(b) Address 3126 Howard Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19, 1943 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director Willis L. Amoss
(b) Address 4510 Liberty Heights Ave.

19 (a) (by registrar) (b) Registered

NOV 18 1943
VS 8

Huntington Hill, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 1943, at 12 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 15 1943, to Nov. 17 1943 and that I last saw her alive on Nov. 17 1943

Immediate cause of death Myocarditis

Due to Advanced atherosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Jacob M. D.
Address 1700 Eutaw Place Date signed 11-17-43

G 10273
Geo. Baker

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

98

G 10273
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 615 N. Ellwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George BAKER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Susan Baker

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 5/30/1877

8. AGE: Years 66 | Months 5 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Plumber

11. Industry or business

FATHER
12. Name John Baker
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary Jane Dead
15. Birthplace Baltimore, Maryland

16 (a) Informant Susan Baker
(b) Address 615 N. Ellwood Avenue

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Windsor Mill Road

18 (a) Funeral director Frederick D. Miller, Inc.
(b) Address 3018 E. Monument Street

NOV 19 1943 Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 - 18 1943, at 2:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-31 1943 to 11-18 1943, and that I last saw him alive on 11-18 1943

Immediate cause of death: Gas Gangrene Infection of L. wt leg.

Due to: Post op - Amputation of Rt leg.

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 11-14-43.

Major findings of operation: Gangrene of Rt. Leg.

of autopsy:

Duration
2 days.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stanley B. Klyanowicz

Address St. Joseph's Hospital Date signed 11/18/43 D.

G 10274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 ✓

G 10274 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1603 E. Lanvale street
(c) Hospital or institution: -----
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County --
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 E. Lanvale (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME MARY MAGDALENE DORSEY

3 (b) If veteran, name war ----
3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married

6 (b) Name of husband or wife John F. Dorsey
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Mar. 10, 1866

8. AGE: Years	Months	Days	If less than one day
77	8	7	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Brushmiller
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. John F. Dorsey
(b) Address 1603 E. Lanvale street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Evans Son, Inc
(b) Address 118 W. Mt. Royal Ave

19 (a) NOV 19 1943 (Date rec'd by local reg.) (b) Hunting for Hills Baltimore, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 19 43, at 11 24 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1943 to Nov. 17 1943 and that I last saw h[illegible] alive on Nov. 15 1943.

Immediate cause of death: Bronchopneumonia — Duration 5 days
Due to: Hypertension + arterio-sclerotic heart disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Krueger
Address 1402 E. Lanvale Date signed 11-19-43

10275 [illegible] BALTIMORE CITY HEALTH DEPARTMENT 54a Registered No. G 10275

CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Canton Ave
(c) Hospital or institution: St. Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 469 Augusta Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Walton.

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 212-05-0050

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife * * *
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21-1895

8. AGE: Years	Months	Days	If less than one day
48	3	26	hr. min.

9. Birthplace Gouanstown
(Town, county, and state)
10. Usual Occupation Telephone Op.
11. Industry or business

FATHER
12. Name William H Walton
13. Birthplace Baltimore Co. Md

MOTHER
14. Maiden Name Margaret A Grochan
15. Birthplace Ireland

16 (a) Informant Sister
(b) Address 469 Augusta ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Fredericks Road

18 (a) Funeral director Chas F. Evans & Son
(b) Address 118 W Mt Royal Ave

19 (a) Date received by Registrar NOV 19 1943 (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-17 1943 at 2:52 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-4 1943 to 11-17 1943 and that I last saw h[illegible] alive on 11-17 1943

Immediate cause of death Brain tumor

	Duration
Due to	
Due to	
	Over
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 11-16-43
Major findings of operation: Brain tumor
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. J. Muse M.D.
Address St. Agnes' Hosp. Date signed 11/21/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 10276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. C 10276

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 527 E. 38th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltr (If outside city or town limits, write RURAL and give town)
(d) Street No. 527 E. 38th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Nelson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Andrew Nelson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15-1853

8. AGE: Years	Months	Days	If less than one day
90	6	1	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Wm. Schluetter
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mrs. Jesse Francis
(b) Address 628 S. Linwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Mem.
Location 5608 Dogwood Rd.

18 (a) Funeral director John H. Miller
(b) Address 334 Jefferson St.

NOV 19 1943 (Date received by registrar)

Clifford Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16 1943 5:30P at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1943 to Nov 16 1943 and that I last saw h[illegible] alive on Nov 16 1943

Immediate cause of death (a) Cardiac Decompensation — Duration: indef

Due to

Due to

Other Conditions Arteriosclerosis — Duration: Many yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clifford Williams, M.D.

Address 1125 N. Calvert St. Date signed Nov 17 1943

MARGIN RESERVED FOR BINDING.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 10277 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1512 Saratoga St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 W. Saratoga (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie D. Ross.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 1 1894.
8. AGE: 49 Years | 4 Months | 16 Days | If less than one day: hr. min.
9. Birthplace Sumpter S. C. (Town, county, and state)
10. Usual Occupation Seamstress.
11. Industry or business

FATHER
12. Name Friday Powers
13. Birthplace S. C.

MOTHER
14. Maiden Name Unknown.
15. Birthplace

16 (a) Informant McKinley Ross.
(b) Address 1512 Saratoga St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-43 (month) (day) (year)
(c) Cemetery or crematory
Location Sumpter, S. C.
18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 518 N. Bradford St. Funeral Home Petersville, Md.

NOV 19 1943 (Date rec'd by registrar)

Registrar

V8 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/17 1943, at 10 M
21. I certify that death occurred on the date above stated; that I attended deceased from 11/10 1943 to 11/17 1943, and that I last saw him alive on 11/16 1943.

Immediate cause of death: Coma
Due to: Pneumonia
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature B. M. Rhetta M. D.
Address 734 Druid Hill Ave Date signed 11/18/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

C 10278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1220

Registered No. C 10278

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. St. Johns Lane (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Green

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Wife - Eleanor
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 21, 1856
8. AGE: Years 87 | Months 4 | Days 27 | If less than one day: hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John Green
13. Birthplace Md

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Wm Green
(b) Address Ellicott City Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-43 (month) (day) (year)
(c) Cemetery or crematory Howard Chapel
Location Long Corner
18 (a) Funeral director D. L. Kinnebrew
(b) Address Ellicott City, Md
(a) NOV 19 1943 (Date received by registrar) (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH November 18 1943, at M
21. I certify that death occurred on the date above stated; that I attended deceased from 11-15 1943, to 11-18 1943, and that I last saw him alive on 11-15 1943

Immediate cause of death: Intestinal obstruction — Duration 8 days
Due to: strangulated hernia — 8 days
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation 11/15/43
Major findings of operation: strangulated left inguinal hernia
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature M. Dungan MD
Address St Agnes Hosp Date signed 11/18/43 M. D.

10279

G 10279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

WHITE

G 10279 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Wash D C County
(c) City or town Washington D C (If outside city or town limits, write RURAL and give town)
(d) Street No. 721 Peabody Court (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Green (Frederich)

3 (b) If veteran, name war W

3 (c) Social Security Account No. NONE

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife Infant.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 23rd 1942

8. AGE: Years 1 | Months 8 | Days 25 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Infant.

11. Industry or business

FATHER
12. Name Frederick A. Greene
13. Birthplace Elkins W. Va

MOTHER
14. Maiden Name Elizabeth Fling
15. Birthplace Elkins W. Va

16 (a) Informant Mrs Elizabeth Green
(b) Address 721 Peabody Court Washington D.C. Ga 8846

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/19/43 (month) (day) (year)

(c) Cemetery or crematory Maplewood
Location Elkins W. Va.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St
(b) Huntington West Virginia

NOV 19 1943 (Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 19 45. at 5:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 19 43. to Nov 18 19 43.
and that I last saw h L W alive on Nov. 18 19 43.

Immediate cause of death Pneumonia — Duration

Due to

Due to

Other Conditions Spastic Paralysis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr Hughlett L Powers Jr

Address Union Mem Hosp Date signed 11/19/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10280 10280

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 10280 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Levi Bess. Hospital 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3403 Woodbrook Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jacob Becker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Fannye

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years 64 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Barber Shop

FATHER
12. Name Simon Becker
13. Birthplace Russia

MOTHER
14. Maiden Name Rachael ?
15. Birthplace Russia

16 (a) Informant Mrs Fannye Becker
(b) Address 3403 Wood Brook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov, 19, 1943 (month) (day) (year)
(c) Cemetery or crematory Bnai Israel Cemetery
Location Southern Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

NOV 19 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-18- 1943, at 10 A M

21. I certify that I took charge of the remains described above, held an Autopsy-Inquest thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Hypertensive Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Thomas J. Woodcock M.D. Medical Examiner.
Date signed 11/20/43

0281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 10281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3111 Gwynns Falls Parkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3111 Gwynns Falls Parkway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John H. Mainhart

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 212-16-2506

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Jennie E. Mainhart

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 10, 1861

8. AGE: Years 81 | Months 11 | Days 18 | If less than one day hr. min.

9. Birthplace Frederick Co. Md (Town, county, and state)

10. Usual Occupation Retired - Farmer

11. Industry or business

FATHER
12. Name Daniel Mainhart
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine M. Shook
15. Birthplace Frederick Co. Md.

16 (a) Informant Harry D. Mainhart
(b) Address 2316 Longwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Md.

18 (a) Funeral director Mc Nus. John W. Teufel & Son
(b) Address 601 W. Lafayette St.

19 (a) NOV 19 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1943 at 6 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to Nov 17 1943; and that I last saw him alive on Nov 17 1943.

Immediate cause of death: Acute Cardiac dilatation — Duration: 2 days

Due to: Myocardial weakness

Due to: Arterio Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Warner M. D.

Address 2604 Garrison Blvd Date signed 11-18-43

G 10282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G 10282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-0-A
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 241 Douglass Court
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Thomas H. Anderson

3 (b) If veteran, name war	3 (c) Social Security Account No.
–	–

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Widower

6 (b) Name of husband or wife Mary (E.) –
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
67			....hr. ....min.

9. Birthplace Md.
(town, county, and state)
10. Usual Occupation Old Age Pensioner
11. Industry or business

FATHER
12. Name ? Anderson
13. Birthplace Md.

MOTHER
14. Maiden Name Lucretia Fisher
15. Birthplace Md.

16 (a) Informant Bertha Williams
(b) Address 241 Douglass St.

17 (a) Burial (b) Date thereof 11/20/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Joseph B. Lok
(b) Address 1364 N. Central Ave

19 (a) NOV 19 19[illegible] (b) Huntington Wills Perkins, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-17- 1943, at 7:55 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH.....

Cardio-vascular Renal Disease

Due to.....

Other Conditions.....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury..... at ..... M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?..... While at work?.....
(d) Means of injury.....

23. Signature Hugh McNally M.D.
Medical Examiner.
Date signed 11-18-43
By Howard J. Mercer, M.D.

4706

G 10283

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 10283 Registered No. 1579

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hos.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 345 S. Robinson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joan Adelman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-9-43

8. AGE: Years | Months 1 | Days 9 | If less than one day ... hr. ... min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Adelman
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Chakes
15. Birthplace Maryland

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19/43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Baltimore

18 (a) Funeral director Fred W. Ozaguski
(b) Address 1930 Eastern Ave.

19 (a) NOV 19 1943 (Date received by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18 1943 at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 16 1943 to Nov 18 1943 and that I last saw h[illegible] alive on Nov 18 1943.

Immediate cause of death: Mesenteric thrombosis — Duration

Due to: Mesenteric embolism

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Mesenteric embolism; Hemorrhagic enteritis small intestine
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Helen Bosie

Address Phys Hopkins Hosp Date signed 11/18/43 M. D.

G 10284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13/a

G 10284 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1402 N. Ellwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-5
(e) Length of stay in Baltimore 60 (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1402 N. Ellwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Christian J. Scheerer

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-12-7413

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sophie Scheerer
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1872

8. AGE: Years	Months	Days	If less than one day
70	10	7524	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Baker
11. Industry or business

FATHER
12. Name Gottlieb Scheerer
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Marie Greb
15. Birthplace Germany

16 (a) Informant Mrs. Sophie Scheerer
(b) Address 1402 N. Ellwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 / 20 / 43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Loudon Park, Frdk. Road

18 (a) Funeral director Howard N. Blight
(b) Address 4914 Belair Rd
(c) NOV 19 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 - 18 - 1943 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 9, 1943 to Nov 16, 1943, and that I last saw alive on Nov 16, 1943.

Immediate cause of death	Duration
Chronic cardio-renal disease	Unknown
Due to Arteriosclerosis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theo B. Lyncott M. D.
Address 760 Hartford Rd Date signed 11-19-43

10285 BALTIMORE CITY HEALTH DEPARTMENT C 10285

CERTIFICATE OF DEATH 1937 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504 E. 34th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Died

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 E. 34th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emily Elizabeth England

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Balto. Co. Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER
12. Name Frank England
13. Birthplace Frederick, Md

MOTHER
14. Maiden Name Georgia Caples
15. Birthplace Butler, Md

16 (a) Informant Frances Mac Sweeney
(b) Address 3404 Eatonville Balto. Md

17 (a) ~~Burial~~ Cover Burial (Burial, cremation, or removal) (b) Date thereof Nov. 21 43 (month) (day) (year)
(c) Cemetery or crematory Dover
Location Butler Md

18 (a) Funeral director Landon M. Brooks
(b) Address Sparks, Md.

19 (a) NOV 19 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18 1943, at 5:35 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic myocardial degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Roland E. Graham M.D. Medical Examiner.
Date signed Nov. 19 1943

VS 151

G 10286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45D

G 10286 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County –
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 Decatur St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jacobs Kramer

3 (b) If veteran, name war –

3 (c) Social Security Account No. 213-05-9459

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Cora Kramer
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1883

8. AGE: Years	Months	Days	If less than one day
60	0	2	..... hr. ..... min.

9. Birthplace Austria
(Town, county, and state)
10. Usual Occupation Mechanic
11. Industry or business

FATHER
12. Name Henry Kramer
13. Birthplace Austria

MOTHER
14. Maiden Name Mary Frederick
15. Birthplace Austria

16 (a) Informant Miss Helen Kramer
(b) Address 1417 Decatur St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location Balto. Md.

18 (a) Funeral director Henry E. Kelly Co
(b) Address 2435 E Monument

19 (a) Nov 19 1943 (Date received by local registrar) (b) Huntingtown, Calvert Co. Md.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18, 1943, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 2, 1943 to Nov. 18 1943, and that I last saw him alive on Nov. 17, 1943

Immediate cause of death Cardiac – Respiratory Failure — Duration

Due to Carcinoma of neck & pain

Due to Cerebral Metastasis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert B. Tennery M.D.
Address Mercy Hosp. Date signed 11/21/43

G 10287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 10287 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400- N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 Lamont Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME BABY BOY SIMMS

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ----------

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Nov. 6th, 1943

8. AGE: Years	Months	Days	If less than one day
0	0	12	##### hr. ##### min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Marion F. Simms
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Laura Virginia Wordell
15. Birthplace Baltimore Md.

16 (a) Informant Mr. Marion F. Simms
(b) Address 1626 Lamont Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19, 1943 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Winsor Mill Rd. Balto; Co.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

NOV 19 1943 Huntington Williams M.D.
(Date received by Registrar) (Signature of Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 / 17 1943, at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/16 1943, to 11/17 1943, and that I last saw him alive on 11/17 1943

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions Prematurity

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Collins M. D.
Address St. Joseph's Hosp. Date signed 11/17/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 10288 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1515 E Lafayette Avenue
(c) Hospital or institution:
None
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 E. Lafayette Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph H. Holtman

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 215-10-8857

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Isabelle K. Tragese

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) July 6th, 1892

8. AGE: Years 51 | Months 4 | Days 11 | If less than one day ##hr.##min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Printer

11. Industry or business Balto. News Post

FATHER
12. Name Frank Holtman
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Kunigunda Hentze
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Isabelle K. Holtman (Wife)
(b) Address 1313 E. Lafayette Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Balto; Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

NOV 19 1943 Huntington Williams M.R.
(Date received by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17th 1943 at 10 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 26, 1943 to 11-17-1943 and that I last saw h[illegible] alive on 11-17-1943.

Immediate cause of death
(a) Lobar pneumonia — Duration 15 days
Due to
Due to
Other Conditions Acute cardiac dilatation
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature Geo. B. Dyer M. D.
Address 1801 Harford Rd. Date signed 11-19-43

C 10289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a

Registered No. C 10289

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ....
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1323 Madison Av (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ....

3 (a) FULL NAME Eliza Griffin

3 (b) If veteran, name war ....
3 (c) Social Security Account No. ....

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife ....
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 3-4-1900.

8. AGE: Years 43 42 | Months 8 | Days 13 14 | If less than one day ... hr. ... min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business ....

FATHER
12. Name Wm Griffin
13. Birthplace Va

MOTHER
14. Maiden Name Elizabeth Gales
15. Birthplace Va

16 (a) Informant Mrs Susie Scott
(b) Address 1323 Madison ave

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 11-19-43 (month) (day) (year)
(c) Cemetery or crematory Mason Prospect Cem
Location Gloucester, Virginia

18 (a) Funeral director Williams Jackson
(b) Address 916 Penna ave
(c) Date received NOV 19 1943 (Huntington Williams, M.D. Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1943, at 9:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 17 1943, to Nov 18 1943, and that I last saw her alive on Nov 18 1943

Immediate cause of death ... Duration
Anesthesia — 10 min
Due to Pentothal
Due to ....
Other Conditions Carcinoma of Cervix
(Include pregnancy within 3 months of death)
Date of operation No operation
Major findings of operation: ....
of autopsy: Carcinoma of Cervix

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ....
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ....
(e) Means of injury ....

23. Signature W. J. Hunt
Address University Hosp Date signed M. 11 D. 18

VS 150

G 10290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10290 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town [redacted] Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joshua Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mattie Scott
6 (c) If alive, give age ___ years
7. Birth date of deceased (mo., day, yr.) 2-22-1883
8. AGE: Years 60 | Months 8 | Days 26 | If less than one day ___ hr. ___ min.
9. Birthplace Franklin Va (Town, county, and state)
10. Usual Occupation Butler
11. Industry or business

FATHER
12. Name Edward Scott
13. Birthplace Va.

MOTHER
14. Maiden Name Mariah ?
15. Birthplace Va

16 (a) Informant Mattie Scot
(b) Address 1419 Edmonson ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

NOV 19 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 1943, at 11:40 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Nov 13, 1943 9:00 P.M.
(b) Where did injury occur? Augusta + Bucks Lane
(c) Did injury occur in home, on farm, industrial place, in public place? Public Place While at work? No
(d) Means of injury Car struck trolley

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Nov. 19, 1943

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~4449H07~~ G 10291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46H

Registered No. G 10291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll Co.
(c) City or town Union Bridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. # 2
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Eugene Rippeon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-24-43

8. AGE: Years 1 | Months 3 | Days 25 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Edgar Rippeon
13. Birthplace Md

MOTHER 14. Maiden Name Edith Stein
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/43 (month) (day) (year)
(c) Cemetery or crematory Longview Cem.
Location Dephonville, Md

18 (a) Funeral director J. C. Barlow
(b) Address Walkersville, Md.

NOV 19 1943 (Date rec'd by registrar) Huntington Williams Md (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 1943, at 4:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 10 1943, to Nov 19 1943, and that I last saw HIM alive on Nov 19 1943.

Immediate cause of death: Post. oper. Pneumonia — Duration: 2 days

Due to

Due to

Other Conditions: Retroperitoneal tumor
(Include pregnancy within 3 months of death)

Major findings: Of operations: Retroperitn. tumor

Of autopsy

over

months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Helen Lewis

Address Johns Hopkins Hosp Date signed 11/19/43 M. D.

G 10292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10292 Registered No. 48 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3227 Ravenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3227 Ravenwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Morningstar (MORNINGSTAR)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Edgar H. Morningstar

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Aug 4 1892

8. AGE: Years	Months	Days	If less than one day
51	3	14	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business At home

FATHER
12. Name Wm Nothenstein
13. Birthplace Balto

MOTHER
14. Maiden Name Henrietta Hastan
15. Birthplace Balto

16 (a) Informant Mrs Kathryn Hall
(b) Address 2513 Oleighton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 22/43 (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location Balto Md

18 (a) Funeral director Wellington Funeral Home
(b) Address 908 Orleans St

NOV 19 1943
(Date rec'd by registrar) Huntington Williams M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 19 43 at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1943 to Nov 18 1943 and that I last saw h[er] alive on Aug 18 1943

Immediate cause of death Hypostatic Pneumonia — Duration 11/15/43

Due to Carcinoma of Uterus — Duration 4/1/43 8 mos

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J Bauer M. D.

Address 801 N Kenwood Date signed 11/19/43

G 10293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

Registered No. G 10293

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen'l. Hosp. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3103 Belmont Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HILDA FORNI

3 (b) If veteran, name war: --

3 (c) Social Security Account No.: --

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Baccio Forni

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 2/2/1870

8. AGE: Years	Months	Days	If less than one day
73	9	15	hr. min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER
12. Name: John Schaefer
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant: Mr. Edmund F. Forni
(b) Address: 5800 Gwynn Oak Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

NOV 19 1943 (Date rec'd by Registrar) (b) Registrar

VS 350

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/17/43 19 1155 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/17/43 19 to 11/17/43 19, and that I last saw h[illegible] alive on 11/17/43.

Immediate cause of death: Respiratory failure

Due to: Cerebral hemorrhage

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isadore Shorofsky M.D.
Address West Balto. Gen'l. Hosp. Balto. 11/19/43

0294451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 10294

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 830 N Fulton (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME William A Rives

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife.....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 10-27-64

8. AGE: Years 79 | Months 0 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John J Rives
13. Birthplace VA

MOTHER
14. Maiden Name Jane G. Archer
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

NOV 19 1943

19 (a) ..... (Date rec'd by registrar) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 1943, at 7.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 11 1943, to Nov 17 1943, and that I last saw h.im alive on Nov 17 1943.

Immediate cause of death: Respiratory failure — Duration .....

Due to: Pneumonia

Due to: Tuberculosis ?

Other Conditions: Diabetes Mellitus Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation.....

Major findings of operation:.....

of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at..... M
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature Charles Steven Hatch M. D.
Address J.H.H. Date signed Nov 17 43

G 10295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 498

Registered No. G 10295

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 205 St MARTINS RD
(c) Hospital or institution: HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 St Martins Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME MATILDA AUGUSTA MYLANDER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband ~~or wife~~ Walter C. Mylander

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Oct 5, 1881

8. AGE: Years 62 | Months 1 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name ? Neff
13. Birthplace Germany

MOTHER
14. Maiden Name ? Ladge
15. Birthplace Germany

16 (a) Informant Mrs Mathilde M. Neff
(b) Address 205 St Martins Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Wm H Tickner & Sons
(b) Address Baltimore Md

19 (Signature) Ellington Williams M.D.

NOV 19 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-18 1943, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1941 to 11-18 1943 and that I last saw her alive on 11-18 1943

Immediate cause of death: Bronchopneumonia

Due to Hypostasis and Metastases

Due to Sarcoma of Clitoris with Metastases

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Jan 1941

Major findings of operation: Sarcoma of Clitoris

of autopsy:

Duration
1 wk
2 yr 10 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B. Webb M.D.

Address Balto City Hosp Date signed 11-18-43

10296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D ✓

G 10296 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2310 Mayfield Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 2310 Mayfield Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Emma B. Codd

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Mark E. Codd

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7 - 1885

8. AGE: Years 58 | Months 2 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Joseph H. Bowersox
13. Birthplace Maryland

MOTHER 14. Maiden Name Mary LaMarr Johnson
15. Birthplace Maryland

16 (a) Informant Mrs. Maude B. Burton
(b) Address 2310 Mayfield Ave.

17 (a) Burial (b) Date thereof Nov. 20 - 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cathedral
Location Baltimore, Md.

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

NOV 19 1943 (Date rec'd by Registrar) Huntington Williams M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 - 1943, at 5:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1940, to Nov 17 1943, and that I last saw h[illegible] alive on Nov 17 1943

Immediate cause of death — Duration

Cerebral Hemorrhage — 1 hr.

Due to Hypertension —

Due to Chronic - vascular lesions — 5 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

—

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature [signature]

Address 8466 W. Fay. Date signed 11/18/43

G 10297 — FACKLER G 10297 — 937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital — 4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Blueflies
(If outside city or town limits, write RURAL and give town)
(d) Street No. 121 Blueflies ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Richard Jackler

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Hawthorn, Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Ida Jackler
13. Birthplace Virginia

MOTHER
14. Maiden Name Ida Jackler (Fox)
15. Birthplace Virginia

16 (a) Informant O. B. Skelton
(b) Address Danville, Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/43 (month) (day) (year)
(c) Cemetery or crematory U. S. National
Location Baltimore, Md.

18 (a) Funeral director W. H. Cook Inc.
(b) Address 1217 St Paul St. Balto, Md.

NOV 19 1943 (b) Huntington Williamsport Md.
(Date received by Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-8- 1943, at 9:30 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy - Inquest thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Chronic Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 11-9-43

0298 G 10298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3119 Woodhome Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3119 Woodhome Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Minnie B. Stifler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband Frank M. Stifler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 20th 1873

8. AGE: Years 70 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace Washington, D. C.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Louis Baldauf
13. Birthplace Austria

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Frank M. Stifler
(b) Address 3119 Woodhome Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

NOV 19 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17th 1943 at 7 30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 17, 1943 to Nov. 17, 1943 and that I last saw her alive on Nov. 15, 1943

Immediate cause of death Carcinoma (intestine)

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene L. Cavanaugh M. D.

Address 514 Drury Lane Date signed 11/19/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~4445891~~ 0299 BALTIMORE CITY HEALTH DEPARTMENT X ✓ G 10299 Registered No.

CERTIFICATE OF DEATH 83a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Worcester
(c) City or town Pocomoke
(If outside city or town limits, write RURAL and give town)
(d) Street No. 405 Laurel st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME DONNA BULL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife John

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) 8-1-77

8. AGE: Years 66 | Months 3 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name ISAAC DIX
13. Birthplace VA

MOTHER
14. Maiden Name VIRGINIA BLOXOM
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/43 (month) (day) (year)
(c) Cemetery or crematory Pocomoke City
Location Pocomoke City Md.

18 (a) Funeral director Dennis & Watson
(b) Address Pocomoke City Md.

19 (a) ..... (Date rec'd by registrar) (b) Huntington Williams, M.D.
NOV 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1943, at 844 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1943, to Nov 18 1943, and that I last saw her alive on Nov 18 1943

Immediate cause of death	Duration
Respiratory failure	12 hrs.
Due to ? cerebral accident	12 hrs.
Due to	
Other Conditions Diabetes insipidus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul O. Clotfelter M. D.
Address Johns Hopkins Hosp. Date signed 11/19/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 copy

AB-67087 G 10300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10300 Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitlas
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.-4mos.-15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 55 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 523 N. Castle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Kostohryz -or- Frank Kodhoyz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16-1876

8. AGE: Years 67 | Months 6 | Days 1 | If less than one day ... hr. ... min.

9. Birthplace Bohemia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name John Kostohryz -or-John Kodhoyz
13. Birthplace Bohemia

MOTHER
14. Maiden Name Anna ?
15. Birthplace Bohemia

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Thos. Kruchek Son
(b) Address 900 E. Chester St

19 (a) (Date registered) (b) Registrar Huntington Williams, M.D.

NOV 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/17 1943, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-2-41 to 11-17 1943, and that I last saw h[illegible] alive on 11/17 1943.

Immediate cause of death Bronchopneumonia — Duration 3 days

Due to Generalized Arteriosclerosis

Due to Epilepsy

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Mathna M. D.
Address B.C.H. Date signed 11/18/43

G 10301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1248

✓ G 10301 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green
(c) Hospital or institution: Univ Hospt 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 921 Granby St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** James Wagner

3 (b) If veteran, name war: Not Known

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Alice Bagley
(b) Address 716 W Fayette St

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11/20/43 (month) (day) (year)
(c) Cemetery or crematory Loudon P.K.
Location

18 (a) Funeral director Edward Jamison
(b) Address 3009 Wash Blvd
(c) Washington Williams Mgr

NOV 19 1943
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-19 1943, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-31 1943, to 11-19 1943, and that I last saw him alive on 11-19 1943.

Immediate cause of death Pulmonary edema

Due to Cirrhosis of liver & effusion into the serous cavities

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Cirrhotic liver -

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. W. Kornegay Jr. M. D.
Address Redwood & Green Date signed 11-22-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 56

G 10302 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town N. Annapolis
(If outside city or town limits, write RURAL and give town)
(d) Street No. 100 Reynolds St.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. ELLA WILLIAMSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Robert Williamson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1911

8. AGE: Years	Months	Days	If less than one day
32	5	14	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Carrie Strenget
15. Birthplace Md.

16 (a) Informant Robert Williamson
(b) Address N. Annapolis, Md.

17 (a) Burial (b) Date thereof 11/22/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Annapolis, Md.

18 (a) Funeral director A. G. Hopkins
(b) Address 130-132 West St. Annapolis

19 (a) Huntington Williams M.D.
(Date received by Registrar)
NOV 19 1943
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1943 at 2.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11 1943 to Nov 19 1943 and that I last saw her alive on Nov 19 1943.

Immediate cause of death	Duration
Cardiac Failure	
Due to Marked Anemia	
Due to Aplastic Anemia	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 11/2/43
Major findings of operation: Gangrenous Myomata of Uterus
of autopsy: Aplastic Anemia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature E. L. Bray M. D.
Address Mercy Hosp. Date signed 11/19/43

10303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. C 10303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Caton Aves

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1301 St. Paul St. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs. Annie Bindeman

3 (b) If veteran, name war

3 (c) Social Security Account No.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 18 1943, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/15 1943, to 11/18 1943, and that I last saw h[illegible] alive on 11/18 1943.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1st 68

8. AGE: Years	Months	Days	If less than one day
75	3	17	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation House Keeper

11. Industry or business Mrs Steinmiller

FATHER

12. Name Charles Bindeman

13. Birthplace Germany

MOTHER

14. Maiden Name Frances Braun

15. Birthplace Germany

16 (a) Informant Mrs Steinmiller

(b) Address Earl Court Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto. Md.

18 (a) Funeral director William Cook Inc

(b) Address 1217 St. Paul St

19 (a) Huntington Williams, M.D. (Date received by Registrar) Registrar

NOV 20 1943

VS-150

20. Immediate cause of death Arteriosclerotic C-V-D

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Edgewood Road. Date signed 11/18/43

C 10304
444591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Y 47F

C 10304

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Kent
(c) City or town Rock Hall
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carey Thumlert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife URSULA

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1-16-87

8. AGE: Years	Months	Days	If less than one day
56	10	2	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation ENGINEER

11. Industry or business

FATHER
12. Name Peter Thumlert
13. Birthplace Md

MOTHER
14. Maiden Name Ida E Holmes
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Ave

18 (a) Funeral director William M Marock
(b) Address 715 Lexington St

19 (a) Filed (Date received by registrar) Nov 20 1943 (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1943, at 8.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1943, to Nov 18 1943, and that I last saw him alive on Nov 18 1943.

Immediate cause of death	Duration
Respiratory Failure	10 min
Due to Mediastinal Carcinoma	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John R Birmingham
Address JHH Date signed 11-19

Please write the causes of death clearly and legibly. Physicians: please note that correct age is especially important.

G 10305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4206 Grace Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town.)
(d) Street No. 4206 Grace Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Elwood Martin Mallonee

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-07-3864

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Elizabeth Mallonee
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) August 9th, 1891

8. AGE: Years	Months	Days	If less than one day
52	3	9	hr. min.

9. Birthplace Brooklyn, Md. (Town, county, and state)
10. Usual Occupation Pipe fitter
11. Industry or business Coast Guard

FATHER
12. Name John B Mallonee
13. Birthplace Anne Arundel Co.

MOTHER
14. Maiden Name Sally Martin
15. Birthplace Virginia

16 (a) Informant Mrs Elizabeth Mallonee
(b) Address 4206 Grace Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Blvd B.A.Co.

18 (a) Funeral director William M Marack
(b) Address 713 Light St

19 NOV 20 1943 (Date rec'd by reg'r) (b) Huntington Williamsburg, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/18 1943, at 9:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/19 1943, to 11/18 1943, and that I last saw h[illegible] alive on 11/13 1943.

Immediate cause of death Cerebral hemorrhage — Duration
Due to Cardio vascular renal disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Cohen M. D.
Address 203 Baltimore Date signed

Vessels

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 10306 ~~C 10306~~

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1815 Kavanaugh St
(c) Hospital or institution:

15-2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1815 Kavanaugh St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Burigard Vessels

3 (b) If veteran, name war

3 (c) Social Security Account No. 50

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Essex Co Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Lemm Vessels
13. Birthplace Essex Co Va.

MOTHER
14. Maiden Name Burdie —
15. Birthplace Essex Co. Va.

16 (a) Informant Carrie Vessels
(b) Address 1815 Kavanaugh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. Co. Md.

18 (a) Funeral director Chas H Algonduc
(b) Address 927 N. Fremont St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18 1943, at 2 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebro arteriosclerosis
Cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Foster M.D. Medical Examiner.
Date signed Nov. 19 1943

VS 151

10307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

C 10307 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2040 E.Fayette St.
(c) Hospital or institution: 6-14

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2040 E.Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Connors

3 (b) If veteran, name war -----

3 (c) Social Security Account No. 217-07-4281

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Antionette Connors
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9,1903

8. AGE: Years 40 | Months 4 | Days 8 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business Beth.Fairfield Co.

FATHER
12. Name Joseph Connors
13. Birthplace Balto.Md.

MOTHER
14. Maiden Name Margaret Arata
15. Birthplace Balto.Md.

16 (a) Informant Mrs.Margaret LeCompte
(b) Address 2040 E.Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov.20/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Balto.Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St.

19 Nov 17 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov.17,1943 19 ..., at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/2nd 1943. to 11/17th 1943 and that I last saw h[illegible] alive on 11/17th 1943.

Immediate cause of death	Duration
Cardiac Failure	2 week
Due to Pulmonary Tuberculosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation /
Major findings of operation: /
of autopsy: /

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Jenkins M. D.
Address 100 n. Milton Ave Date signed Nov 17 1943

10308 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C 10308

CERTIFICATE OF DEATH 1469

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2523 Mc Culloh St., ... Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Rosa

If U. S. Veteran specify WAR.....

(a) Residence: No. 2523 Mc Culloh St., 13-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph D. Rosa

6. DATE OF BIRTH (month, day, year) Sept. 17, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Richard Ford

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Josephine Parker

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Joseph D. Rosa
(Address) 2523 Mc Culloh St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem., Date 11-22 1943

19. UNDERTAKER Thomas E. Kelson
(Address) 343 Preston St.

20. FILED NOV 20 1943 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18-43 19

22. I HEREBY CERTIFY, That I attended deceased from 9-10- 1943 to 11-18 1943

I last saw her alive on 11-13- 1943 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of uterus.	?

Other contributory causes of importance:

Arteriosclerosis
Hypertension

Was an operation performed? No Date of.....

For what disease or injury?.....

Name of operation..... Date of.....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.....

(Signed) Jno. L. Hammond M. D.

(Address) 234 W. Madison St.

N. B.—WRITE PLAINLY, WITH UNFADING INK. This information should be carefully supplied. AGE should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 10309

T.N 84738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

G 10309 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1524 Gorsuch Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

9-7

3 (a) FULL NAME Fanny Fleischner

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE

4. Sex ~~M~~ F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec, 1st, 1868

8. AGE: Years 74 | Months 11 | Days 17 | If less than one day hr. min.

9. Birthplace London (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James Jones

FATHER 13. Birthplace London

MOTHER 14. Maiden Name Mary Gold

MOTHER 15. Birthplace Loudon

16 (a) Informant Baltimore City Hospitals

(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/43 (month) (day) (year)

(c) Cemetery Woodlawn

Location " Md.

18 (a) Funeral director Wm. Cook Jone

(b) Address 127 St. Paul St.

NOV 20 1943 (Date rec'd by registrar) Whitington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-18 1943, at 11 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-6 1943 to 11-18 1943. and that I last saw h.er alive on 11-18 1943.

Immediate cause of death

Bronchopneumonia — Duration 24 hrs

Due to Hypostatic

Intertrochanteric Fracture of Femur — 18 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 11-11-43

Major findings of operation: Fracture of hip

of autopsy:

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide accident 9/7

(b) Date of occurrence 11-5-43 at ? M

(c) Where did injury occur? Balto (City or town) City (County) Md (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify which) While at work? No

(e) Means of injury Accidental Fall

23. Signature Donald [illegible]

Address Balto City Hosp. Date signed 11/18/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

For W.R. Le Gendre by Howard T. Mullen, M.D.

G 0310 — 1223 E. North Ave — G 0310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 704 Custer St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 704 Custer St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William E Mitchell

3 (b) If veteran, name war —
3 (c) Social Security Account No. none
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Carrie E
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 23 1866
8. AGE: Years 77 | Months 1 | Days 25 | If less than one day hr. min.
9. Birthplace Harford Co Md (Town, county, and state)
10. Usual Occupation Engineer Retired
11. Industry or business R R
12. Name of FATHER William L Mitchell
13. Birthplace Md
14. Maiden Name of MOTHER Sarah A Ewing
15. Birthplace Md
16 (a) Informant Mrs Carrie E Mitchell
(b) Address 704 Custer St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 22 43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Hoyt & Gurley Sts Md
18 (a) Funeral director Williams & Son
(b) Address 1217 E Lanvale St
19 (a) NOV 20 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1943 at 6 28 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/25 1943 to 11/19 1943 and that I last saw h. alive on 11/19 1943.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	7
Due to Diabetes Mellitus	3
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Sol Smith
Address 1223 E. North Ave Date signed 11/19/43 M. D.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~10311~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 10311
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 West 40th St
(c) Hospital or institution:
Home for Incurables - 1139
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) ~~Lifetime~~

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Ann Finlay -

3 (b) If veteran, name war M

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12 - 1865

8. AGE: Years 77 | Months 1 | Days 7 | If less than one day hr. min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Andrew Finlay
13. Birthplace Ireland.

MOTHER
14. Maiden Name Elizabeth McCoy -
15. Birthplace Ireland -

16 (a) Informant M. LaRue Brown
(b) Address Roy West 40th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Milton Sisk Inc
(b) Address 1317 E Fayette St

19 NOV 20 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1943, at 1:10 P.M.

21. I certify that death occurred on the date above stated: that I attended deceased from Feb. 1st 1938, to Nov. 19 1943, and that I last saw h[er] alive on Nov. 19 1943.

	Duration
Immediate cause of death: Myocardial Insufficiency	1 week
Due to: Arteriosclerotic Cardio-Vascular Disease	15 years
Due to:	
Other Conditions: Transverse Myelitis	16 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas Cannon Lacy M. D.
Address 11 E. Chase St. Baltimore Md. Date signed 11/19/43

G 10312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 170c

G 10312 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp. 2824
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4211 Pennhurst Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William H. Waesche Sr ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lettie Lash Waesche
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Sept 28-1868

8. AGE: Years	Months	Days	If less than one day
75	1	21	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Assistant Chesapeake
11. Industry or business Coal Co.

FATHER 12. Name Charles A. Waesche
13. Birthplace Md.

MOTHER 14. Maiden Name Lena E. Shaw
15. Birthplace Md.

16 (a) Informant Mrs Lettie L. Waesche
(b) Address 4211 Pennhurst Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 22 1943 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn Md

18 (a) Funeral director Bertrand & Orr
(b) Address 2324 W Baltimore St.

19 (a) NOV 20 1943 (Date rec'd by registrar) (b) Hunting for William Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1943, at 4:15 P.M. A

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Pneumonia, Traumatic

Due to

Other Conditions Fractured ribs. Fractured tibia & fibula - Brain bruise
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: D 2

(a) Date of injury Nov. 15, 1943 7:10 M.
(b) Where did injury occur? Maryland Ave & Oliver
(c) Did injury occur at home, on farm, industrial place, in public place? Public place While at work? No
(d) Means of injury Struck by auto

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed Nov. 19, 1943

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0313
YA-7230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10313
Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs. 3 mos. 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Michael Saunders

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1874

8. AGE: Years	Months	Days	If less than one day
69	5	5	hr. min.

9. Birthplace Delaware
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Saunders
13. Birthplace England

MOTHER
14. Maiden Name Mary Umphis
15. Birthplace Wales

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-43 (month) (day) (year)
(c) Cemetery or crematory
Location Fort Mount Virginia

18 (a) Funeral director John C. Miller Funeral Home
(b) Address 2435 E. Oliver St.

18 (c) (Signature of local registrar) Huntington Williams M.D.

NOV 20 1943

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-19 1943, at 9 hrs A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/25/35 19 to 11-19 1943, and that I last saw h[illegible] alive on 11-19 1943.

Immediate cause of death Bronchopneumonia — Duration 7

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Martin M.D.

Address Bell Date signed 11/18/43

G 10314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133a

G 10314 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp. 15-17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3004 Clifton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Viola Waltemeyer. (Viola Ethel Waltemeyer)

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1886

8. AGE: Years	Months	Days	If less than one day
57	3	10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Chief Mail Clerk
11. Industry or business B. & O. R. R.

FATHER
12. Name John T. Waltemeyer
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary B. Chance
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Nannette E. Waltemeyer
(b) Address 3004 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

(a) Date received by Registrar NOV 20 1943 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-19 1943, at 8 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-25 1943, to 11-19 1943, and that I last saw her alive on 11-19 1943.

Immediate cause of death	Duration
Congestive Heart failure	24 hrs
Due to Bilateral Pyelonephritis	2 years.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: Same
of autopsy: Same.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. Kreig MD M. D.
Address Bon Secours Hosp. Date signed 11-19-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310 Registered No. G 10315

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 1218 Mosher St. 16

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 1218 Mosher St. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Mary Lucas

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1885

8. AGE: Years 58 | Months 7 | Days 13 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER 12. Name Mr. Pelton
13. Birthplace Md.

MOTHER 14. Maiden Name Mrs. Pelton
15. Birthplace

16 (a) Informant Mrs. Natalie Valentine
(b) Address 1218 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 20 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) Nov 20 1943 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17, 1943, at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1943, to Nov 17 1943, and that I last saw h[illegible] alive on Nov 17 1943.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to Cardiac Decompensation

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address 803 N Fremont Ave Date Signed

G 10316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1200

Registered No. G 10316

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1619 Druid Hill ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1619 Druid Hill ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edgar Manns

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
—	212-18-8730	Male	Negro	Married

6 (b) Name of husband or wife Celine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4, 1920

8. AGE: Years	Months	Days	If less than one day
23	10	13	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Physical instructor

11. Industry or business

FATHER
12. Name Edgar F. Manns
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Nannie E. Hughes
15. Birthplace Baltimore, Md.

16 (a) Informant Edgar F. Manns
(b) Address 2 Fort McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 22, 1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mem. Pk.
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Eva V. Hall Burch
(b) Address 1631 Druid Hill Ave.

19 (a) Nov 20 1943 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS-151 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 1943, at 2:35 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute Gastro-enteritis

Due to

Other Conditions Hemorrhage into Adrenals. Pulmonary Edema.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Malone M.D.
Medical Examiner.
Date signed 11/18/43

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 877

G 10317 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 526 S. Chapelgate Lane
(c) Hospital or institution: Ventnor Lodge
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 d
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8205 Connualle Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick C. Zokl

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Divorced

6 (b) Name of husband or wife Marcia nee Warren 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 22, 1873

8. AGE: Years	Months	Days	If less than one day
70	-	27	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Architect
11. Industry or business Retired

FATHER
12. Name Adolph Zokl
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Robert C. White
(b) Address 8205 Connualle Rd

17 (a) Cremation (b) Date thereof 11-20-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Fort Lincoln
Location Bladensburg Md

18 (a) Funeral director Harry A. Witzke
(b) Address 4101 E Lanvale Ave

19 NOV 20 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1943 at M

21. I certify that death occurred on the date above stated: that I attended deceased from 11/15 1943 to 11/18 1943, and that I last saw h alive on 11/18 1943.

Immediate cause of death: Acute Circulatory Collapse — Duration: 3 days
Due to:
Due to:
Other Conditions: Multiple Sclerosis — 12 Yrs
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel P. Alayea M. D.
Address 3326 Eutaw St Date signed 11/19/43

C 10318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 10318

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore - Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Edmondson ave -
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME August Schuh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Florence Schuh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1872

8. AGE: Years	Months	Days	If less than one day
70	6	6	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Dental Worker
11. Industry or business Bottle Maker

FATHER
12. Name Aedwigus Schuh
13. Birthplace Germany

MOTHER
14. Maiden Name Charoletta Hanahoff
15. Birthplace Germany

16 (a) Informant Florence Schuh
(b) Address Frederick & Wade

17 (a) Cremation (b) Date thereof 11-22-43
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Edgar D. Allen Jr.
(b) Address Catonsville Md

19 (a) Filed (Date received by local registrar) NOV 20 1943 (b) Huntington, Maryland

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-18- 1943, at 7:35 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy - Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured Skull

Due to

Other Conditions Crushed chest, multiple fractures, laceration, abrasion, bruises & bruised brain
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 11-18- at 7.20 A.M.
(b) Where did injury occur? Russell, Bayard Sts.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian, struck by automobile

23. Signature Howard A. Madden M.D.
Medical Examiner.
Date signed 11-18-43

10319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 10319 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland
(c) Hospital or institution: Sinai Hospital 1300
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Bel Mar Gdns. 2401 Coolidge
(If outside city limits, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emilie Rosenthal (Emilie Rosenthal)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Sidney J. Rosenthal
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27, 1870

8. AGE: Years	Months	Days	If less than one day
73	7	23	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Goldsmith
13. Birthplace Germany

MOTHER
14. Maiden Name — France
15. Birthplace Germany

16 (a) Informant Mr. E. Rosenthal
(b) Address 830 Chauncey Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/43 (month) (day) (year)
(c) Cemetery or crematory Har Sinai
Location Balto. Md.

18 (a) Funeral director David Londheim Son
(b) Address 1902 Eutaw Place
(c) Huntington Williams, M.D.

NOV 20 1943 (Date received by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1943 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1943 to Nov 19 1943, and that I last saw h~~er~~ alive on Nov 19 1943

Immediate cause of death	Duration
Myocardial Insufficiency	
Due to Coronary Occlusion	
Due to Arteriosclerotic Ht. Disease	
Other Conditions Diabetes Nephritis Stage Chronic	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Myocardial Infarction

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert H. Landau M. D.
Address 5 H. Date signed 11/22/43

G 10320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

Registered No. G 10320

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete and correct as required by law. Give the items of information asked for correctly supplied. Give the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 38 S. Catherine St.
(c) Hospital or institution:

20-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 38 S. Catherine St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME MARGARET S. HECHT.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Sylvan R. Hecht
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 12, 1873.

8. AGE: Years	Months	Days	If less than one day
70	7	6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Jacob Michel,
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Margaret Schneider,
15. Birthplace Balto. Md.

16 (a) Informant Mr. Eli Hecht,
(b) Address Sylburn Court Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/43. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Harris Levine & Son
(b) Address 1902 Eutaw Place.

19 NOV 20 1943 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18th. 1943 at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-11 1943 to 11-18 1943 and that I last saw h. alive on 11-18 1943

Immediate cause of death	Duration
Cardiac Insuff.	
Due to Failure	
Due to Hypertension & Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr Bernard Cohen M. D.
Address Marlborough Apts. Date signed 11/19/43.

G 10321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 10321 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 912 Argyle Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 912 Argyle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SADIE ROSE CARTER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5, 1895

8. AGE: Years 48 | Months 1 | Days 14 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Md

MOTHER
14. Maiden Name Annie Reamon
15. Birthplace Md

16 (a) Informant Mrs Elizabeth Smith
(b) Address 917 Argyle Ave.

17 (a) Buried (Burial, cremation, or removal) Date thereof 11-22-43 (month) (day) (year)
(c) Cemetery or crematory Laurel Lawn
Location Balto Md

18 (a) Funeral director Mrs Thomas A. Hemsley
(b) Address 518 W. Biddle St.

19 (a) NOV 20 1943 (Date rec'd by registrar) Huntington Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/19 1943, at 11:50 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hypertensive Cardio - Vascular renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 11/18/43.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

44034 10322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10322
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Johns Hopkins Hospital 27-11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 406 Northway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grace Knight

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Frank L Knight
6 (c) If alive, give age 63 years
7. Birth date of deceased (mo., day, yr.) 11-7-83
8. AGE: Years 59 60-54 | Months 0 | Days 12 11 | If less than one day ... hr. ... min.
9. Birthplace Maryland. Baltimore
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles F. Steinmeir
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Cora Gravenstein
15. Birthplace Baltimore Maryland.

16 (a) Informant Mr. Frank L. Knight
(b) Address 406 Northway, Guilford

17 (a) Burial (b) Date thereof Nov. 22, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director Miller & Murray
(b) Address 4510 Liberty Heights Ave.

19 (a) Date received by local registrar NOV 20 1943 Huntington Williams M.D.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18 1943, at 6.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 4 1943 to Nov 18 1943, and that I last saw her alive on Nov. 18 1943.

Immediate cause of death: Coronary occlusion — Duration:
Due to:
Due to:
Other Conditions: Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature W. F. Hughes Jr. M.D.
Address J. H. H. Date signed 11/18/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164a G 10323 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4404 Frederick Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4404 Frederick Ave
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard C. Newman

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 213-12-0485

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26, 1918

8. AGE: Years (24) 24 | Months 10 | Days 2423 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business International Business Machines

FATHER
12. Name Gustav C. Newman
13. Birthplace Germany

MOTHER
14. Maiden Name Anna M. Brematteller
15. Birthplace Baltimore, Md.

16 (a) Informant Anna M. Kondopulk
(b) Address 4404 Frederick Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Md

18 (a) Funeral director Geo. W. Schwab
(b) Address 2181 Frederick ave.
(c) Huntington Williams M.D.

NOV 20 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

A

20. DATE OF DEATH Nov. 19 1943, at 9:00 M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation
due to hanging

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Nov. 19, 1943 M.
(b) Where did injury occur? 4404 Frederick Ave
(c) Did injury occur at home, on farm, industrial place, in public place? at home While at work? No
(d) Means of injury Hanged himself with rope

23. Signature Robert L. Traitz M.D.
Medical Examiner.
Date signed Nov. 19 1943.

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Please write the causes of death clearly and legibly. correct age is especially important. Physicians: please

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10324

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 23 + St Paul St
(c) Hospital or institution: Dr. Keck's Private Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Wks
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Wks

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Y. (b) County
(c) City or town New York
(If outside city or town limits, write RURAL and give town)
(d) Street No. 170 W. 44th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Mellrille Arthur Author

3 (b) If veteran, name war NV

3 (c) Social Security Account No. NONE

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Virginia M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 4, 1879

8. AGE: Years 64 | Months 3 | Days 14 | If less than one day hr. min.

9. Birthplace Maryland.
(City, county, and state)

10. Usual Occupation Lecturer

11. Industry or business N. Y. Museum

FATHER 12. Name John Arthur Author

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden Name Unknown - Price

MOTHER 15. Birthplace Maryland

16 (a) Informant Mrs. Virginia Arthur

(b) Address 170 W. 44th St N.Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/43 (month) (day) (year)

(c) Cemetery or crematory Hopewell, Cecil Co

Location Perryville Md.

18 (a) Funeral director William Cook Inc

(b) Address 1217 St Paul St

NOV 20 1943
(Date rec'd by registrar)

Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18, 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 16 1943 to Nov 20 1943, and that I last saw h. alive on Nov 19 1943

Immediate cause of death Coronary Thrombosis

Duration

Due to Arteriosclerotic Heart Disease

Due to

Other Conditions Chronic Nephritis & Myocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hardy H Peon M. D.

Address St Paul & 23d St Date signed 11-20-43

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47D

G 10325 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 80 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State M (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4104 Parkwood Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James B. Shaver

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1894

8. AGE: Years	Months	Days	If less than one day
49	8	13	hr. min.

9. Birthplace Texas (Town, county, and state)
10. Usual Occupation Printer
11. Industry or business Printing Business

FATHER
12. Name James B Shaver
13. Birthplace Texas

MOTHER
14. Maiden Name Isabel Donnell
15. Birthplace Texas

16 (a) Informant James B. Shaver
(b) Address 4104 Parkwood Ave. Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director William J. Poe
(b) Address 1207 E. Fort St Huntington W. Virginia

19 (a) (Registrar)
(b) Date rec'd NOV 21 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/19 19 43 at 3:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 31 19 43 to 11/19 19 43, and that I last saw him alive on 11/19 19 43.

Immediate cause of death Cerebral embolism

Due to Bronchial obstruction

Due to Mediastinal + lung tumor

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: Mediastinal + lung tumor

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Carl Myers M.D.
Address Mercy Hospital Date signed 11/19/43 M. D.

G 10326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 10326 94a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly, and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 107 S. Highland Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Royal R. Hill

3 (b) If veteran, name war --

3 (c) Social Security Account No. 080-01-1739

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anna Powers Hill

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/10/1879

8. AGE: Years 64 | Months 8 | Days 9 | If less than one day hr. min.

9. Birthplace Newark, N. J.
(Town, county, and state)

10. Usual Occupation Moulder

11. Industry or business Md. Sanitary Mfg. Co.

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Anna P. Hill
(b) Address 1017 S. Salina, Syracuse, N. Y.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/20/43 (month) (day) (year)
(c) Cemetery or crematory Morningside Cem.
Location Syracuse, N. Y.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

NOV 21 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1943, at 10 A M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Rupture of heart; infarct of heart

Due to Coronary thrombosis

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Grafton M.D.
Medical Examiner.
Date signed Nov. 19 1943

VS 151

G 10327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 10327 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2735 W. North ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2735 W. North ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JACOB F. BORTNER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sophie C. Shearer

6 (c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) Nov. 5. 1859

8. AGE: Years 84 | Months 0 | Days 15 | If less than one day hr. min.

9. Birthplace York Co. Pa
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Samuel Bortner
13. Birthplace York Co. Pa

MOTHER
14. Maiden Name Catharine Schnebly
15. Birthplace York Co. Pa

16 (a) Informant William H. Bortner
(b) Address 2735 W. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cemetery
Location Glen Rock. Pa

18 (a) Funeral director Harry C. Seifert
(b) Address Glen Rock Pa
Huntingdon Williamsport Md

19 NOV 21 1943 (b) Registrar
(Date rec'd by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1943, at 8 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 24 1943, to Nov 20 1943 and that I last saw h[illegible] alive on Nov 17 1943.

Immediate cause of death: Edema Lungs — Duration: 1 day
Due to: Cerebral Hemorrhage — 10 days
Due to:
Other Conditions: Chronic Myocarditis — 1 yr

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Gill Hall M. D.
Address 1631 E North Ave Date signed Nov 20-43

G 10328 G 10328

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1196

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Sts.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 days

2. USUAL RESIDENCE OF DECEASED Frydenwild
(a) State Md. (b) County Garrett
(c) City or town Friedensville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Friendsville
(If rural give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Paul Michael

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Infant
6 (b) Name of husband or wife
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Oct 17th 1943
8. AGE: Years | Months: 1 | Days: 3 | If less than one day: hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Michael
13. Birthplace Maryland

MOTHER
14. Maiden Name Laura Sines
15. Birthplace Maryland

16 (a) Informant Father
(b) Address Friendsville, Md.
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/21/43 (month) (day) (year)
(c) Cemetery or crematory Confluence
Location Confluence, Pa.
18 (a) Funeral director Wilhelm & Son
(b) Address 1217 Ford St.
19 (a) NOV 1 1943 (Date rec'd by registrar) (b) Harrington Williams Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH November 20 1943 at 3:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1943 to Nov 20 1943 and that I last saw h(im/er) alive on Nov 20 1943.

Immediate cause of death	Duration
(a) Respiratory Failure	
Due to Inanition	5 days
Due to Diarhea of Newborn	5 days
Other Conditions Prematurity	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Hughlett Powers Jr. M. D.
Address Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

G 10329

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home and Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Charles
(c) City or town Newburg
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Abe Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December, 1872

8. AGE: Years	Months	Days	If less than one day
70	11		hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Julius Cohen
13. Birthplace Russia

MOTHER
14. Maiden Name Bessie ?
15. Birthplace Russia

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof 11-21-43 (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew
Location

18 (a) Funeral director Jos. Levin Bro
(b) Address 1431 E. Balto. St

NOV 21 1943

(Date received) (Registrar) Municipal Building, Baltimore, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19 1943, at 9:22 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1943, to Nov. 19 1943, and that I last saw him alive on Nov. 19 1943.

Immediate cause of death Carcinoma of sigmoid
Due to a metastasis to lung
Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
2

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. Goldberg M. D.
Address Church Home & Hospital Date signed 11/19/43

G 10330 ✓ G 10330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 170c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Md.
(c) Hospital or institution:
Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2008 Guilford Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HYMAN SCHWARTZMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Theresa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county and state)

10. Usual Occupation Helper Leather

11. Industry or business

FATHER
12. Name Not known
13. Birthplace Russia

MOTHER
14. Maiden Name Not known
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (b) Date thereof 11-21-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Beth Tfiloh
Location Windsor Mill Rd.

18 (a) Funeral director Jack Levinson
(b) Address 1429 E. Baltimore St.

19 (a) NOV 21 1943 (b) Hamilton Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH NOVEMBER 20, 1943, at 6:24 A. M

21. I certify that I took charge of the remains described above, held an inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic cardiovascular disease.
Fracture of left humerus and fibula.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury November 2, 1943 4:30 P.M.
(b) Where did injury occur? Harford Rd. & Ailsa Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian struck by truck.

23. Signature H. J. Wollenmann M.D.
Medical Examiner.
Date signed 11-20-43

VS 151

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

G 10331 ✓ G 10331

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp. 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 14yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1901 Jefferson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel D. Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Sarah Wilson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1940

8. AGE: Years 53 | Months | Days | If less than one day hr. min.

9. Birthplace New York
(Town, county, and state)

10. Usual Occupation Knitter

11. Industry or business

FATHER
12. Name Abraham Wilson
13. Birthplace Russia

MOTHER
14. Maiden Name Anna
15. Birthplace Russia

16 (a) Informant Daniel D. Wilson
(b) Address 1901 Jefferson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-21-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Pack Pikesville Md

18 (a) Funeral director 1439 E. Balto St
(b) Address

19 (a) NOV 23 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18 1943, at 3:25 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Nov. 18 1943

PRINT WITH PENCIL, WRITE UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 10332 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fayette & Calhoun Sts

(c) Hospital or institution Franklin Square Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Va. (b) County

(c) City or town So. Arlington Va
(If outside city or town limits, write RURAL and give town)

(d) Street No. 628 - 21st St
(If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME John K. Engelking

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age 19 yrs

7. Birth date of deceased (mo., day, yr.) April 28. 1927

8. AGE: Years	Months	Days	If less than one day
16	6	23 21	hr. min.

9. Birthplace Virginia, So Arlington Va.
(Town, county, and state)

10. Usual Occupation School - Boy

11. Industry or business

FATHER 12. Name August H. Engelking Sr

13. Birthplace

MOTHER 14. Maiden Name Rhoda L. Anderson

15. Birthplace Md

16 (a) Informant Rohda L. Engelking

(b) Address Washington D C

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Md.

18 (a) Funeral director F. D. Wiedefeld & Son

(b) Address 1300 Eutaw Place

21 1943 (Date received by registrar) (b) Huntington Williamsport, Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-19 1943 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-18 1943, to 11-19 1943, and that I last saw h[illegible] alive on 11-19 1943.

Immediate cause of death Diabetic coma. — Duration 36 hr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature S. D. Caples M. D.

Address Reisterstown Date signed 11-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106 c

G 10333

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto Cty
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 126 E Montgomery (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Robert A. Leigh Jr.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	unmarried

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1941

8. AGE: Years	Months	Days	If less than one day
2	3	11	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation infant
11. Industry or business

FATHER
12. Name Robert A. Leigh
13. Birthplace Cleanspring Miss

MOTHER
14. Maiden Name Dorothy E. Leigh
15. Birthplace Balto Md

16 (a) Informant Robert A. Leigh (Father)
(b) Address 126 E. Montgomery St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto

18 (a) Funeral director A. Howard & Sons
(b) Address 1400 Eutaw Pl

19 (a) (b) Huntington Williams, M.D.
(Date rec'd by registrar) (Registrar)

NOV 21 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1943, at 1:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 19 1943, to Nov. 20 1943, and that I last saw h/m alive on Nov. 20 1943.

Immediate cause of death	Duration
Laryngo-tracheal bronchitis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul A. Zukoto M. D.
Address 1213 Light St Date signed Nov. 20. 43

G 10334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 170 C

G 10334

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospital 76
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38 months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 9 Inverness Rd Stony Manor
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Curtis Eugene Sharpe

3 (b) If veteran, name war	3 (c) Social Security Account No.
WHITE —	~

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	~

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 30-1921

8. AGE: Years	Months	Days	If less than one day
22	2	21/30	hr. min.

9. Birthplace Fulton Co. - Pa
(Town, county, and state)
10. Usual Occupation Welder
11. Industry or business ~

FATHER
12. Name Virgil Sharpe
13. Birthplace Fulton Co Pa.

MOTHER
14. Maiden Name Ida Belle Peck
15. Birthplace Fulton Co. Pa.

16 (a) Informant Virgil Sharpe
(b) Address Big Toll Tannery Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23/43 (month) (day) (year)
(c) Cemetery or crematory Antioch Cem.
Location Big Toll Tannery Pa.

18 (a) Funeral director J. F. Elsen - Sons
(b) Address Butlertown Md

19 (a) (Registered by Registrar) (b) Huntington Williams, M.D. Registrar

NOV 24 1943

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-20-1943, at 11 58 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Shock

Due to Intra-cranial Hemorrhage

Other Conditions Fractures, lacerations & bruised bruises

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 11-20-43 at 10.50 P M.
(b) Where did injury occur? Bowman Hdwe. - Balto. Co. Md.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Struck Culvert - Operating his auto,

23. Signature Howard J. Mackenzie M.D.
Medical Examiner.
Date signed 11-22-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

303695 G 10335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

G 10335 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Queen Annes
(c) City or town Price
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert CaHall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: Estella
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1876
8. AGE: Years 67 | Months | Days | If less than one day ..... hr. ..... min.
9. Birthplace MD.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Thomas Cahall
13. Birthplace MD.

MOTHER
14. Maiden Name Martha Seney
15. Birthplace MD.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Church Hill
Location Church Hill, Md.

18 (a) Funeral director E. L. Lane
(b) Address Church Hill, Md.

NOV 21 1943 (b) Registrar
(Date received by Registrar)

Huntington Williams M.D.

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 20 1943 at 11:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1943 to Nov. 20 1943, and that I last saw him alive on Nov. 20 1943.

Immediate cause of death LEUCOPENIA — Duration 6 days

Due to Sulfathiazole

Due to

Other Conditions BENIGN PROSTATIC HYPERTROPHY (Include pregnancy within 3 months of death) — Typ?

Major findings:
Of operations BENIGN PROSTATIC HYPERTROPHY
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George H. Strong M. D.
Address J. H. H. Date signed 11/21/43

G 10336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 10336 Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1406 E. Madison St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1406 E. Madison St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Jane Logan

3 (b) If veteran, name war

3 (c) Social Security Account No. -

4. Sex: Female

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife George Logan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1885

8. AGE: Years 58 | Months 4 | Days 28 | If less than one day hr. min.

9. Birthplace Upper Marborough, Md.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Richard Colbert
13. Birthplace Md.

MOTHER
14. Maiden Name Susan Clark
15. Birthplace Md.

16 (a) Informant Alice Scarborough
(b) Address 1406 E. Madison St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley Ave.

19 (a) (Registrar) (b) Date Received

NOV 21 1943

VS 160

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 1943 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 11 1943 to Nov 17 1943, and that I last saw h.. alive on Nov 17 1943.

Immediate cause of death: Congestive Heart Failure — Duration: 3 weeks
Due to: Arteriosclerotic Heart Disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature K. W. Rechlow, M.D.

Address 426 N. Gilmor Date signed 11/21/43

G 10337

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 10337 Registered No. 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 521 S. Paca St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 N. Paca St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Onabell Rogers

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11 1905

8. AGE: Years	Months	Days	If less than one day
38	6	5	hr. min.

9. Birthplace S. C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Albert Mitchel
13. Birthplace S. C.

MOTHER
14. Maiden Name Annie Donaharagew
15. Birthplace S. C.

16 (a) Informant Britta Thomas
(b) Address 522 S Paca Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/43 (month) (day) (year)
(c) Cemetery or crematory St Mark Church yard
Location A.A.C. Md.

18 (a) Funeral director Isaiah D Brown Son
(b) Address 1046 Monroe [illegible] Street

19 (a) Filed by (Registrar) NOV 21 1943 (b) Registrar Thurston Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16 1943, at 9:00 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular - renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Nov 16, 1943

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 10338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 10338

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
Baltimore City, Maryland
(b) Street address Wilkens and Caton Ave.
(c) Hospital or institution: St. Agnes 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Baltimore
(a) State Md. County Elliott City
(c) City or town Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No. Ellicott City, Md.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Mrs. Clara R. Frederick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Christopher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1896

8. AGE: Years 47 | Months 4 | Days 14 | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name Frederick Murk
13. Birthplace Balto Co. Maryland

MOTHER
14. Maiden Name Margaret (Dec'd) Hartman
15. Birthplace Frederick Co. Maryland

16 (a) Informant Christy W. Frederick
(b) Address Ellicott City, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 22, 1943 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Cem.
Location Ilchester, Howard Co

18 (a) Funeral director Easton Sons
(b) Address Ellicott City Md.

NOV 22 1943
(Date rec'd by registrar) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/18/1943, at 6 47 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/10/1943 to 11/18/1943 and that I last saw h[illegible] alive on 11/13/1943.

Immediate cause of death Lobar pneumonia — Duration

Due to Epi Renal abscess

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 11/14/43

Major findings of operation: Epi. renal abscess

of autopsy: Epi Renal abscess

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. T. Murray C.R. M. D.
Address St. Agnes Hosp Date signed 11/19/43

10339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

G 10339 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 301 S Connwall St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 301 S Connwall St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Knobel.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Katherine Knobel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 8 1890

8. AGE: Years	Months	Days	If less than one day
53	10	12	hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation Farm Hand
11. Industry or business

FATHER
12. Name Henry Knobel
13. Birthplace Balto

MOTHER
14. Maiden Name Elizabeth Thull
15. Birthplace Balto

16 (a) Informant Mrs Dora Norman
(b) Address 452 Elmira St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 23/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto Co Md

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2608 Orleans St

NOV 22 1943 (Date received) Hattie Williams, M.D. (Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/20 1943 at 12 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/18 1943 to 11/20 1943 and that I last saw h.m. alive on 11/20 1943.

Immediate cause of death: CARCINOMA OF Liver

Duration
2 mos
6 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Otto Greenberg

Address 1613 East Fayette St. Date signed 11/20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 10340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 938

Registered No. C 10340

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home and Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 55

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Rural - Govanstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 527 Regester Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Sophia Schatz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widow

6 (b) Name of husband or wife John H. Schatz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 1876

8. AGE: Years	Months	Days	If less than one day
67	5	13	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Lehmann
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Louise Spindelmeyer
15. Birthplace Pennsylvania

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof Nov 23
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2404 E. Orleans St

NOV 22 1943
(Date rec'd by registrar)

(a) (b)
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19 1943, at 8:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 13 1943, to Nov. 19 1943, and that I last saw h alive on Nov. 19 1943.

Immediate cause of death	Duration
Myocardial Infarction	7 days
Due to Arteriosclerotic H. D.	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. H. Goldberg M. D.
Address Church Home & Hospital Date signed 11/19/43

10341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

G 10341 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 508 N. Castle St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louisa A Berner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Louis Berner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15 1866

8. AGE: Years 77 | Months 10 | Days 16 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER
12. Name Karl Stankey
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothea Knorr
15. Birthplace Germany

16 (a) Informant Bernard Berner
(b) Address 508 N Castle

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 22/43 (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location Balto Md

18 (a) Funeral director Wilmot Funeral Home
(b) Address 2408 Orleans St
(c) Huntington Williams M.D.
Registrar

22 1943
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1943 to 11-18 1943 and that I last saw h[illegible] alive on 11-18 1943

Immediate cause of death Arteriosclerosis — Duration 1 Yrs

Due to Cerebral Hemorrhage — 3 Days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Bernard Berner
Address 2500 Eutaw Pl Balto 24 Md
M. D.
Date signed 11/19/43

G 10342

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 10342 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Usual address 3125 Hilltop St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3125 Hilltop St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA M. WIELAND

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed or divorced: Widowed

6 (b) Name of husband or wife: Frederick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 29, 1888

8. AGE: Years 55 | Months 1 | Days 20 | If less than one day hr. min.

9. Birthplace: Balto., Md. (Town, county, and state)

10. Usual Occupation: at home

11. Industry or business

FATHER
12. Name: Joseph Rittle
13. Birthplace: Asheville, Ky.

MOTHER
14. Maiden Name: Mary Swope
15. Birthplace: Harford Co., Md.

16 (a) Informant: Wm. Wieland
(b) Address: 3125 Hilltop St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/43 (month) (day) (year)
(c) Cemetery or crematory: Schwartz
Location: O'Donnell & Fleet

18 (a) Funeral director: Laurence F. Hoffman
(b) Address: 1639 Broadway

NOV 22 1943 (Date rec'd by Registrar)

(b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 19, 1943, at 2:30 P.M.

21. I certify that I took charge of the remains described above, held an ongoing Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH: Hypertensive cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: H. L. Wallenmeyer M.D. and Medical Examiner.
Date signed 11-20-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10343 G 10343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 23rd. & Calvert Sts.
(c) Hospital or institution: Univ. Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 E. 25th St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Stackhausen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Katherine V. Kerler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1874

8. AGE: Years	Months	Days	If less than one day
69 70	8		hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Switchboard operator
11. Industry or business Blackstone apt.

FATHER
12. Name Carl Stackhausen
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Charles L. Stockhausen Jr.
(b) Address 6007 Pinehurst Rd.

17 (a) Burial (b) Date thereof 11/22/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) NOV 22 1943 (b) Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 330

MEDICAL CERTIFICATION

20. DATE OF DEATH November 18 1943, at 4 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 18(1938) 43, to Nov 18(1938) 1943, and that I last saw h in alive on Nov 18(1938) 43.

Immediate cause of death Cardio-respiratory failure

Due to Acute myocardial failure - pulmonary edema

Due to Arterio-sclerotic heart disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1 hr.
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George W. Naumetz Jr. M. D.
Address 322 E. University Pkwy. Date signed 11/18/43

G 10344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

Registered No. G 10344

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
Baltimore City, Maryland
(b) Street address 16 N. Linwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 8 S. Potomac St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth C. Long

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife John L. Long
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1891

8. AGE: Years	Months	Days	If less than one day
52	3	16	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Frederick Miller
13. Birthplace Germany

MOTHER
14. Maiden Name not known
15. Birthplace Germany

16 (a) Informant John L. Long
(b) Address 8 S. Potomac St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/43 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Washington Blvg.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 NOV 22 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 1943 at 10 1/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1943, to Nov 19 1943, and that I last saw h. alive on Nov 17 1943

Immediate cause of death	Duration
Mult. Cardiac Disabilities	1 day
Due to Chr. Valvular Heart Dis.	2 years
Due to Chr. Nephritis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation ✓
Major findings of operation: ✓
of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at ✓ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Williams
Address 1520 E. 33rd St. Date signed 11/20/43 M.D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

MJ-84876

CERTIFICATE OF DEATH 22a

G 10345 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Eastern Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Micheal Shipley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15, 1877

8. AGE: Years	Months	Days	If less than one day
66 -87	1	4	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Odd Jobs

11. Industry or business

FATHER
12. Name Paul
13. Birthplace Germany

MOTHER
14. Maiden Name Mary
15. Birthplace Germany

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (b) Date thereof 11/22/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E.North Ave.

18 (a) Funeral director Clarence F.Hoffmann
(b) Address 1639 N.Broadway.

NOV 22 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 156

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/19 1943, at 12:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/14 1943, to 11/19 1943, and that I last saw h[illegible] alive on 11/19 1943

Immediate cause of death: Miliary Tuberculosis — Duration: 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Mattma M. D.
Address B.C.H. Date signed 11/19/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930

G 10346

Registered No. 3698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland W.
(b) Street address 1623 Lafayette ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 W. Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lewis Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-4635

4. Sex Male

5. Color or race colored

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mildred Johnson

6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Feb 9 1908

8. AGE: Years 35 | Months 9 | Days 11 | If less than one day hr. min.

9. Birthplace Greensborough N. C.
(Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business Richwood Produce Co.

FATHER
12. Name James Johnson
13. Birthplace N. C.

MOTHER
14. Maiden Name Ethel Kilpatrick
15. Birthplace N. C.

16 (a) Informant Mrs. Mildred Johnson
(b) Address 1623 W Lafayette ave

17 (a) Burial (b) Date thereof Nov. 22, 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Unfriting Mem. Park
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

NOV 22 1943
(Date received by Registrar)

Huntington Williams M.D.
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-18-1943, at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-1-1943, to 11-18-1943, and that I last saw him alive on 11-17-1943.

Immediate cause of death Myocarditis — Duration Unknown

Due to — Duration Prob. 2 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide,
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank A. Saunders M. D.

Address 1029 N. Stricker St. Date signed 11-19-43

C 10347 Acrey ✓ C 10347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1202 W. Franklin St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Acrey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Jesse Acrey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1893

8. AGE: Years: 50 | Months | Days | If less than one day: hr. min.

9. Birthplace: Va. (Town, county, and state)

10. Usual Occupation: Domestic

11. Industry or business

FATHER
12. Name: James Johnson
13. Birthplace: Va

MOTHER
14. Maiden Name: ?
15. Birthplace

16 (a) Informant: Mahon & Pitts
(b) Address: 909 W. Lafayette Richmond Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-43 (month) (day) (year)
(c) Cemetery or crematory: Mt Zion Cem
Location

18 (a) Funeral director: Mrs Katie R. Williams
(b) Address: 322 N. Schroeder St

19 (a) NOV 22 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1943, at 10:40 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pulmonary edema

Due to arteriosclerotic cardiovascular disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: Robert Lee Graham M.D. Medical Examiner.
Date signed Nov. 19 1943

G 10348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. G 10348

PRINT RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 765 George
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 765 George st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Woods

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	M

6 (b) Name of husband or wife Hattie Woods

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 29-1867

8. AGE: Years	Months	Days	If less than one day
75	11	21	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name Benjamin Woods
13. Birthplace md

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Hattie Woods
(b) Address 765 George

17 (a) Burial (b) Date thereof Nov 23 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location C. G. Co md

18 (a) Funeral director Saml M. Chase Son
(b) Address 638 N. Calvert St

NOV 22 1943 Huntington Williams M.D.
(Date received by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/20/1943 at 1 Co. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/18/1943 to 11/20/1943 and that I last saw him alive on 11/19/1943

Immediate cause of death	Duration
Chronic Bright's Disease	1 yr.
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. S. Hamilton
Address 458 W. Biddle St, Date signed 11-22-43

G 10349 Ash Harriet Jane Form 108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10349 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 Leadenhall St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Willie Ash

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-18-42

8. AGE: Years	Months	Days	If less than one day
	11	-	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Willie Ash
13. Birthplace Miss.

MOTHER
14. Maiden Name Gertrude Gray
15. Birthplace Md

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Ct
Location Balto City
18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 1018 W Montgomery St
19 (Filed) NOV 22 1943 (Registrar's signature) for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov-18 1943, at 1145 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 18 1943, to Nov 18 1943, and that I last saw h.i.M alive on Nov 18 1943.

Immediate cause of death	Duration
Pneumonia	3 days
congestive failure	1 day
Due to	
Due to	over
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Helen Bowie
Address Johns Hopkins Hosp Date signed 11/22/43 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

10350 10350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Springfield Ave. St. 7-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Alphonsus J. Sindall

If U. S. Veteran specify WAR .....

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ..... 217-03-4931 Social Security

6. DATE OF BIRTH (month, day, year) April 17, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joshua F. Sindall

14. BIRTHPLACE (city or town) (State or country) Balto. Co.

MOTHER

15. MAIDEN NAME Sophia L. O'Brien

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Ann Nagle

(Address) 700 Springfield Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cem. Date Nov. 23, 1943

19. UNDERTAKER Ruth Wenfield

(Address) 914 Greenmount Ave.

NOV 22 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1943

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1941 to Nov. 16, 1943

I last saw him alive on Nov. 18, 1943 Death is said to have occurred on the date stated above, at 8:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Sero-fibrinous pericarditis	2 weeks
Rheumatic C-V disease	2 yrs.
Auricular fibrillation	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) W. J. Grenzer M.D.

(Address) 1402 E. Fairfield Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S.

Grenzer

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. G 10351

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1004 Forrest St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 Forrest St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Farrell

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1921

8. AGE: Years	Months	Days	If less than one day
22	10	10	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name James J. Farrell
13. Birthplace Ireland

MOTHER
14. Maiden Name Julia Donohoe
15. Birthplace Ireland

16 (a) Informant Mrs. Julia Donohoe Farrell
(b) Address 1004 Forrest St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 24, 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) NOV 22 1943 (Date received by Registrar) (b) Huntington Williams, M.D. (Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24th 1943, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4th 1941, to Nov 24th 1943 and that I last saw h[er] alive on 11/20th 1943.

Immediate cause of death Pulmonary Tuberculosis — Duration 2 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Faulkner M. D.
Address 100 N. Mulberry Date signed 11/27/43

C 10352

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92 B

Registered No. C 10352

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2310 Roslyn Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2310 Roslyn Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK WILBERT BIRD DOWNES

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Esther Lorraina
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1876

8. AGE: Years	Months	Days	If less than one day
67	3	22	hr. min.

9. Birthplace Marcus Hook, Pa. (Town, county, and state)
10. Usual Occupation Printer
11. Industry or business A. S. Abell Co.

FATHER
12. Name James R. Downes
13. Birthplace Marcus Hook, Pa.

MOTHER
14. Maiden Name Mary Elliott
15. Birthplace Illinois

16 (a) Informant Mrs. Carl Hartmetz
(b) Address 2326 Rosedale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) NOV 22 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19, 1943 at 12.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 1943, to Nov. 19 1943, and that I last saw him alive on Nov. 15 1943.

Immediate cause of death	Duration
1.) Arterio-Sclerotic Heart Disease with mitral insufficiency	5 yrs.
Due to	
Due to	
Other Conditions - Chronic Infected Prostate (Include pregnancy within 3 months of death)	2 yrs.

Date of operation June 1941
Major findings of operation - Hypertrophy of Prostate
of autopsy: -- None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carl L. Hartmetz
Address 4105 Liberty Hts. Date signed 11/20/43 M. D.

C 10353
A3748158

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G 10353
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 21
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 Mos-12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 80 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1247 W. Cross St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** John Brown (John K. Brown)

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Annie (M.)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3-1860

8. AGE: Years 83 | Months 3 | Days 6 16 | If less than one day hr. min.

9. Birthplace Md. (Frederick)
(Town, county, and state)

10. Usual Occupation Retirement Pension

11. Industry or business Railroad

FATHER
12. Name Harmann Brown
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Weever
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

NOV 22 1943 (b) Huntington Williams M.D.
(Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-19 1943, at 2:07 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-7 1942, to 11-19 1943, and that I last saw h[illegible]live on 11-19 1943.

Immediate cause of death
Examine pulmonary tuberculosis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Mattman M. D.
Address B. C. H. Date signed 11/20/43

G 10354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

G 10354 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 847 S. Dallas ST
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 847 S. Dallas St
(If rural give location)
(e) Citizen of foreign country? N/o (Yes or No)
If yes, name country

3 (a) FULL NAME Albert M. Pierce

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1943

8. AGE: Years	Months	Days	If less than one day
—	5	18	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Charles Pierce
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Helen Mack
15. Birthplace Baltimore, Md.

16 (a) Informant Charles Pierce
(b) Address 847 S. Dallas St.

17 (a) Burial (b) Date thereof Nov. 23, 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location

18 (a) Funeral director M. W. L. Dippel's Sons
(b) Address Lombard & Ann Sts.

(a) Date received by registrar NOV 2 1943 (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21 1943, at 6:30 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Hus death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Infantile diarrhea

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Nov. 21 1943.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1226

Registered No. G 10355

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2812 Herkimer
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Ernestine Goecke

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 220-01-4523

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Emma[illegible]

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 13, 1870

8. AGE: Years	Months	Days	If less than one day
73	4	5	.....hr. .....min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Louis Goecke
13. Birthplace Germany

MOTHER
14. Maiden Name Charlotte ?
15. Birthplace Germany

16 (a) Informant Florence Forstner
(b) Address 2814 Herkimer St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/43 (month) (day) (year)
(c) Cemetery or crematory London Pk.
Location Frederick Rd.

18 (a) Funeral director W. W. E. Dyer & Sons
(b) Address Lombard & Arlington Sts.

NOV 22 1943 (Date received by registrar)

(b) Hunting to Williams Jr. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18 1943, at 1:05 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Intestinal obstruction

Due to Ulcerative colitis

Other Conditions.....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury..... at.....M.
(b) Where did injury occur.....
(c) Did injury occur at home, on farm, industrial place, in public place?..... While at work?.....
(d) Means of injury.....

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Nov. 19, 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10356 ✓ 83a Registered No.

G 10356

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Charles & 31st
(c) Hospital or institution: Homewood Apts. 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 4yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Homewood Apts.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

3 (a) **FULL NAME** Evelyn Oliver Stevens

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lester L. Stevens

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Abt 1-2-1885

8. AGE: Years: Abt 58 | Months: 10 | Days: 13 | If less than one day: hr. min.

9. Birthplace London - England
(Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Edgar Oliver
13. Birthplace England

MOTHER
14. Maiden Name Jessie Rapp
15. Birthplace England

16 (a) Informant Mr. L. Stevens (Husband)
(b) Address Homewood Apts.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-22-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Sullivan Mourning Co.
(b) Address 1058 Wash Ave

19 (a) NOV 22 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1943, at 3-30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1943 to Nov. 18 1943, and that I last saw h[illegible] alive on Nov. 18 1943.

	Duration
Immediate cause of death — Bronchio - Pneumonia	2 days
Due to Essential Hypertension	3 years
Due to Left Hemiplegia Cerebral Hemorrhage	2½ years
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? ____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____
(Specify type of place)
(e) Means of injury ____

23. Signature H. Gibson Porter, M.D.
Address 4827 Roland Ave Date signed 11/20/43

G 10357 Pound
2 - W. Read St

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 10357

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be careful... correct age is especially important. Physicians: please write the... to the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2547 W. Baltimore St.
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2547 W. Baltimore St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. John Henry Derr

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Eugenie D. Derr (nee Bradley) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16th 1868

8. AGE: Years	Months	Days	If less than one day
75	7	4	hr. min.

9. Birthplace Frederick, Md.
(Town, county, and state)
10. Usual Occupation Retired - Police Dept
11. Industry or business

FATHER
12. Name Geo. C. Derr
13. Birthplace Frederick, Md.

MOTHER
14. Maiden Name Francis V. Van Fossen
15. Birthplace Frederick, Md.

16 (a) Informant Mr. Jesse M. Derr
(b) Address 3703 Barrington Rd.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 11 (month) 23 (day) 43 (year)
(c) Cemetery or crematory Western
Location Baltimore, Md.

18 (a) Funeral director Ho. Weber & Son
(b) Address 2503 Edmondson Ave.

NOV 23 1943
(Date rec'd by registrar) Huntington Williams Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20th 1943, at 10.00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from October 10 1943, to Nov. 20 1943, and that I last saw him alive on Nov. 18 1943.

Immediate cause of death	Duration
Cardiac paralysis	1 day
Due to Coronary thrombosis	2 days
Due to He had a hypertension	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John L. Pound M. D.
Address 2 W. Read St. Date signed 11-24-43

G 10358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52B

G 10358 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5313 Reisterstown Road.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5313 Reisterstown Road.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward H. Erisman.

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-6886

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anne U. Erisman

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 3, 1886

8. AGE: Years 57 | Months 4 | Days 15 | If less than one day hr. min.

9. Birthplace Millersville, Penna.
(Town, county, and state)

10. Usual Occupation Attendant

11. Industry or business Gas Station

FATHER
12. Name George Erisman,
13. Birthplace Penna.

MOTHER
14. Maiden Name Lucinda Hughes,
15. Birthplace Penna.

16 (a) Informant Mrs. Anne U. Erisman,
(b) Address 5313 Reisterstown Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore City.

18 (a) Funeral director L. Vernon Lemmon.
(b) Address 4611 Park Heights Ave.

19 (a) NOV 22 1943 (Date rec'd by registrar) Registrar

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18 1943 at 4.30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1940 to Nov. 18 1943 and that I last saw him alive on Nov. 18, 1943

Immediate cause of death Cancer of bladder (Carcinoma) — Duration 3 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel H. Culver M. D.
Address 5611 Old Pimlico Road. Date signed

VS 8

CULVER

G 10359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

935

G 10359 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1/
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 N. Eutaw St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Adam Hellwig

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-23-76

8. AGE: Years	Months	Days	If less than one day
67	4	25	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Sold Newspapers

11. Industry or business

FATHER
12. Name George Hellwig
13. Birthplace unknown

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace unknown

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore City.

18 (a) Funeral director L. Vernon Lemmon
(b) Address 4611 Park Heights Ave.

19 (a) NOV 22 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18 1943, at 8:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 17 1943 to Nov 18 1943 and that I last saw h[illegible]live on Nov. 18 1943

Immediate cause of death: Arteriosclerotic C-V dis c auricular fibrillation and failure

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John R. Cunningham M. D.
Address J H H Date signed 11-19

G 10360

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 927

G 10360 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2814 Jefferson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2814 Jefferson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Hush

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-0368

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret Hush
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7-1875

8. AGE: Years	Months	Days	If less than one day
68	1	12 11	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Oyster Packer
11. Industry or business

FATHER
12. Name John Hush
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza L. Esterbea
15. Birthplace Not Known

16 (a) Informant Margaret Hush
(b) Address 2814 Jefferson St.

17 (a) Burial (b) Date thereof Nov. 22-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood Mem.
Location Joppa Rd.
18 (a) Funeral director John L. Miller
(b) Address 1634 Jefferson St.

NOV 22 1943
(Date filed by Registrar)
Huntington Williams, M.D.
Registrar

VS 260

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1943, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1943 to Nov 18 1943, and that I last saw h[illegible] alive on 11/17 1943.

Immediate cause of death Valvular Heart Disease — Duration 1 yr.
Due to Chronic Nephritis — 20 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 700 Travis St. Date signed 11-22-43

G 10361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. G 10361

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1124 Wilmer Court
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1124 Wilmer Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charity White (Whitsong)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Thornton

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5-3-1869

8. AGE: Years 74 | Months 6 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace Essex Co Va.
(Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER
12. Name Jeffrey Evans
13. Birthplace Va

MOTHER
14. Maiden Name Matilda ?
15. Birthplace Va

16 (a) Informant Bessie Wilson
(b) Address 1124 Wilmer Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 24 43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem
Location Dr. Comby Md

18 (a) Funeral director William A Jackson
(b) Address 846 Penna Ave

19 NOV 22 1943 (Date rec'd by registrar) (b) Huntington Williams Md (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20 1943, at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1943, to Nov 20 1943, and that I last saw h alive on Nov 20 1943.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Hypertensive Card-vascular Renal Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M.D.

Address 803 Druid Pk Dr Date signed

VS 150

0362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10362 Registered No. 12 a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 529 W. Mulberry st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 529 W Mulberry st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles White

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) — — 1883

8. AGE: Years	Months	Days	If less than one day
60	—	—	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business Apt House

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant F. King Corporation
(b) Address 1017 Cathedral St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 22 43 (month) (day) (year)
(c) Cemetery or crematory W. Laurel
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Penna Ave

19 (a) NOV 22 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17 1943, at 6.01 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1943, to Nov 17 1943, and that I last saw h[illegible] alive on Nov 17 1943.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension Cardio Renal Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M Eustace M. D.
Address 803 N Fremont Ave

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

G 10363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 10363

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure that correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 507 Baker st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 507 Baker st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Junior Smith.

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6-5-1885

8. AGE: Years 55 | Months 5 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business Hercules Co

FATHER
12. Name Fletcher Smith
13. Birthplace Va

MOTHER
14. Maiden Name Mollie Maddox
15. Birthplace Va

16 (a) Informant Mary E Smith
(b) Address 507 Baker st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 24 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 1936 Pennsylvania

19 (a) NOV 22 1943 (Date rec'd by registrar) (b) Huntington Hill Baltimore Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20 1943, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 10 1943, to Nov 20 1943, and that I last saw him alive on Nov 20 1943.

Immediate cause of death Lobar pneumonia
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: —

Duration 10 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature R G Tandy Amerault M. D.
Address 1534 Druid Hill Ave Date signed Nov 21

VS 150

C 10364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 10364

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1029 W. Lanvale st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1029 W. Lanvale st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Willie Carter.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mamie

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5-9-1904

8. AGE: Years 39 | Months 6 | Days 11 | If less than one day ... hr. ... min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Wm Carter
13. Birthplace Va

MOTHER
14. Maiden Name Fannie Bailey
15. Birthplace Va

16 (a) Informant Mamie Carter
(b) Address 1029 W. Lanvale st

17 (a) Burial (b) Date thereof 11 23 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Williams & Parker
(b) Address 916 Penna Ave

NOV 22 1943 (b) Hunting for Hilligoss M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20 1943, at 12:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1943, to Nov 20 1943, and that I last saw him alive on Nov 20 19 43

Immediate cause of death (Surgical) Carcinoma of Stomach — Duration 1 mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M Eustace M. D.

Address 803 N Fremont Date signed

Please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write the information above as carefully supplied.

10365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1320

Registered No. C 10365

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2525 W Fairmount
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2525 W. Fairmount (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine M Gelmore

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5 1907

8. AGE: Years 36 | Months 5 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James F Gelmore
13. Birthplace Md

MOTHER
14. Maiden name Catherine M Schusales
15. Birthplace Md

16 (a) Informant Mrs Catherine Gelmore
(b) Address 2525 W Fairmount

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Lorenzo A Farley
(b) Address Fulton & Fayette

19 NOV 22 1943 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20th 1943 at 1A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1937 to Nov 20 1943 and that I last saw h alive on Nov 20 1943.

Immediate cause of death Pulmonary Tuberculosis — Duration 16 Yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Michel M. D.

Address 2901 Edmondson Date signed Nov 23 43

G 10366

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

G 10366 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 416 N. Pulaski St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 38 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 416 N. Pulaski St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John H. Ford,

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Ella T. Ford,
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12. 1861

8. AGE: Years	Months	Days	If less than one day
82	7	8	..... hr. ..... min.

9. Birthplace Crisfield Md.
(Town, county, and state)
10. Usual Occupation Sea Food Dealer
11. Industry or business

FATHER
12. Name James Ford,
13. Birthplace Crisfield Md.

MOTHER
14. Maiden Name Relia Laird,
15. Birthplace Crisfield Md.

16 (a) Informant Frederick L. Ford,
(b) Address ~~Crisfield Md.~~ 416 N Pulaski St

17 (a) Burial (b) Date thereof Nov. 23. 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Robert S. Little,
(b) Address 2700 Edmondson Ave.

NOV 22 1943
(Date rec'd by registrar) (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20 1943 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1943 to Nov 20 1943, and that I last saw h[illegible] alive on Nov 15 1943

Immediate cause of death Coronary occlusion — Duration
Due to arteriosclerosis years
Due to Senility
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Kuffler M. D.
Address Wedgeworth Bldg Date signed Nov 24 43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1318

Registered No. G 10367

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2734 Ellicott Drive
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME OSCAR CARL KRETZSCHMAR

3 (b) If veteran, name war	3 (c) Social Security Account No.
World's War	- 216-09-8294

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna Clark
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1897

8. AGE: Years	Months	Days	If less than one day
46	1	10	..... hr. ..... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Stock Clerk- Montgomery Wards
11. Industry or business " - 9/43

FATHER
12. Name Gustav Kretzschmar
13. Birthplace Germany

MOTHER
14. Maiden Name Ida Rehbein
15. Birthplace Baltimore, Md.

16 (a) Informant Records, U. S. Marine Hosp.
(b) Address , Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 24, 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Lot [illegible]

18 (a) Funeral director [illegible]
(b) Address 2700 Edmondson

NOV 22 1943
(Date rec'd by registrar) (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION P.

20. DATE OF DEATH November 20, 1943 at 7:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15, 1943 to Nov. 20, 1943, and that I last saw him alive on Nov. 20, 1943.

Immediate cause of death 1. Chronic glomerular nephritis; 2. Terminal congestion, edema both lungs — Duration: Unk.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Baltimore, Md. Date signed 11/22/43

Va-13996

0368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10368

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution:
Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr 2m 15d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Woodlawn
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rolling Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christian W. Jungling

3 (b) If veteran, name war: none

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 29, 1869

8. AGE: Years	Months	Days	If less than one day
73	11	2322	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Butcher

11. Industry or business

MOTHER / FATHER

12. Name Paul F. Jungling

13. Birthplace Germany

14. Maiden Name Katherine J. Kraft

15. Birthplace Baltimore, Md.

16 (a) Informant Julia K. Barr

(b) Address 2216 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/43 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery

Location North & Milton Aves.

18 (a) Funeral director Howard N. Bright Jr.

(b) Address 4914 Belair Road

19 (a) Date received by local registrar NOV 22 1943 Huntington Williams, M.D. Registrar

VS 116

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21 1943, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1943, to Nov 21 1943, and that I last saw h.im alive on Nov 19 1943.

Immediate cause of death: Cerebral hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature M. N. Patterson M. D.

Address 2324 Reisterstown Rd Date signed 11/24/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1.0369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 1.0369 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4718 Delaware ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 4718 Delaware Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Richard Boone

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Mary C. Boone
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 14, 1853

8. AGE: Years 90 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Pa. (Town, county and state)
10. Usual Occupation Cigar Salesman
11. Industry or business Retired

FATHER
12. Name John J. Boone
13. Birthplace unknown

MOTHER
14. Maiden Name Anna H. Cox
15. Birthplace unknown

16 (a) Informant Mrs Jennie Medling
(b) Address 4718 Delaware ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 22, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Frederick C. Pole
(b) Address 1200 W. Lombard St.

NOV 22 1943 (Date filed by registrar) Huntington for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18, 1943 at 6:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1943, to Nov 18 1943 and that I last saw h.im. alive on Nov 17 1943

Immediate cause of death: bronchio-pneumonia-terminal
Due to: Arteriosclerosis

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:

of autopsy:

Duration: 2 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M Brennan Hood M. D.
Address 2200 Jarrow Blvd. Date signed 11/22/43

10370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1192a

G 10370 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2506 Hermosa Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No) V
If yes, name country

3 (a) **FULL NAME** Michael A. Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-6-43

8. AGE: Years	Months	Days	If less than one day
15 da.	0	15	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jasper Scott
13. Birthplace md

MOTHER
14. Maiden Name Marian Wilkins
15. Birthplace md

16 (a) Informant Jasper Scott
(b) Address 2506 Hermosa Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-43 (month) (day) (year)
(c) Cemetery or crematory Woodland Park
Location Parkville

18 (a) Funeral director Leonard A Ruck
(b) Address 5305 Harford Rd

NOV 22 1943 (Date received by registrar) Hunting for Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-21 1943, at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-20 1943, to 11-21 1943, and that I last saw him alive on 11-21 1943.

Immediate cause of death Epidemic diarrhea of Newborn.

Duration

Due to

Due to

Other Conditions Hypernic dehydration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nathan E. Eberle M. D.

Address St Joseph's Hospital Date signed 11-21-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940 Registered No. G 10371

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bon Secours Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2914 Overland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr Henery A. Peters

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Veronica C

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-9-1874

8. AGE: Years 69 | Months 4 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Plumbing contractor

11. Industry or business

FATHER
12. Name Joseph Peters
13. Birthplace

MOTHER
14. Maiden Name Susanna
15. Birthplace

16 (a) Informant Veronica C Peters
(b) Address 2914 Overland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J Rusch
(b) Address 5305 Harford Rd

19 NOV 29 1943 (b) Hunting for Williams Registrar
Date rec'd by Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/20/1943, at 11 40 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/18/43 19..., to 11/20/1943, and that I last saw him alive on 11/20/1943.

	Duration
Immediate cause of death Acute Cardiovascular Collapse	
Due to Possibly Occlusion Coronary Occlusion	
Due to Arteriosclerosis Coronary Dis. 7 mos	
Other Conditions Diabetes - untreated	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles P. Conroy M. D.
Address Bon Secours Hosp Date signed 11/24/43

VS 3

10372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. G 10372

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1202 Bolton Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) About 79 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1202 Bolton Street
(If rural give location)
(e) Citizen of foreign country? --- (Yes or No)
If yes, name country ---

3 (a) FULL NAME Charles Albert Fox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ---
6 (c) If alive, give age ---years

7. Birth date of deceased (mo., day, yr.) --- 1864

8. AGE: Years	Months	Days	If less than one day
About 79	---	---	-- hr. --- min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business ---

FATHER
12. Name Charles Albert Fox
13. Birthplace Scotland

MOTHER
14. Maiden Name Eliza O'Brien
15. Birthplace Ireland

16 (a) Informant Miss Nellie Fox
(b) Address 1202 Bolton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Meares & Son
(b) Address 805 N. Calvert Street

NOV 22 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21st 1943, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1st 1943, to Nov. 21st 1943, and that I last saw him alive on Nov. 21st 1943.

Immediate cause of death — Duration
(a) Heart Block — 6 mos.
Myocardial Thrombosis — 1 yr.
Due to Hardening Arteries — —
Due to ---
Other Conditions Fibroid Tumor —

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Whitehead M. D.
Address 805 N. Calvert St Date signed 11/24/43

10373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

C 10373 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3333 N. Charles St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Dickeyville 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2440 Pickwith Road
(If rural give location)
(e) Citizen of foreign country? -------- (Yes or No)
If yes, name country --------

3 (a) FULL NAME Irene Barbara Doud

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Oliver W. Doud
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) --------- 1866

8. AGE: Years	Months	Days	If less than one day
About 77	---	---	---hr. ---min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name William Jackson Delcher
13. Birthplace Maryland

MOTHER
14. Maiden Name Barbara Ann Lowry
15. Birthplace Maryland

16 (a) Informant Mrs. Robert H. Simpson
(b) Address 4214 Greenway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) NOV 22 1943 (Date received by Registrar) (b) Hunting for William M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 19 , at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941, to Nov 19 1943, and that I last saw h-- alive on Nov 5 1943.

Immediate cause of death Coronary occlusion — Duration 1 hr.
Due to Cardiovascular disease — about 3 yrs
Due to Advanced arteriosclerosis — ?
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hallett Wilcutt M.D.
Address 2220 Garrison Blvd Date signed Nov 24 1943

approved by Howard F. Mearns, M.D.

G 10374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4333 Falls Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4333 Falls Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Morris G Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Bertha J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15 - 1877

8. AGE: Years 66 | Months 1 | Days 5 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Telegraph Operator

11. Industry or business R R Co

FATHER
12. Name James Wilson
13. Birthplace Md

MOTHER
14. Maiden Name Mary Norris
15. Birthplace Md

16 (a) Informant Bertha Wilson
(b) Address 4333 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-43 (month) (day) (year)

(c) Cemetery or crematory Cemetery
Location Vernon Balto Co Md

18 (a) Funeral director Grand & Sons
(b) Address 814 N 36 St

19 (a) NOV 22 1943 (Date received by Registrar) Hyatt for Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20 1943 at 9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/12 1943 to 11/20 1943 and that I last saw him alive on 11/19 1943

	Duration
Immediate cause of death Pulmonary Edema	1 day
Due to Apoplexy	7 days
Due to Chron. Cystitis - Chronic	12 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 1901 Eutaw Pl Date signed 11/23/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

MARGIN RESERVED FOR BINDING

G 10375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

96

G 10375

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 17 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3705 Milford Ave., Balto. Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE DONALD MCCORMICK

3 (b) If veteran, name war: SAW

3 (c) Social Security Account No. 212-03-2372

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alice Ebron
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) 2/23/91

8. AGE: Years 52 | Months 7 | Days 27 | If less than one day ... hr. ... min.

9. Birthplace Clayton, Illinois
(Town, county, and state)

10. Usual Occupation PRINTER-Sun Paper

11. Industry or business

FATHER
12. Name George S. McCormick
13. Birthplace Kentucky

MOTHER
14. Maiden Name Alton Larkin
15. Birthplace Maine

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-23-43. (month) (day) (year)
(c) Cemetery or crematory BALTIMORE NATIONAL
Location Frederick Rd.,

18 (a) Funeral director A. Lee Oden
(b) Address 4644 York Rd.

19 (a) NOV 22 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20, 1943, at 5:52 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 18, 1943 to Nov. 20, 1943, and that I last saw him alive on Nov. 20, 1943.

	Duration
Immediate cause of death: Bronchial pneumonia diffuse, rt. lung	1 wk.
Due to: Multiple aneurysms of aorta	Unk.
Due to: Arteriosclerosis	Unk.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address US Marine Hospital Date signed 11/20/43
Baltimore, Maryland.

VS 150

C 10376

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

164 C

C 10376 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in Hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1637 Cuba St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN TOUEY ~~JOHN TOUEY~~

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1875

8. AGE: Years	Months	Days	If less than one day
68	2 ?	?	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired
11. Industry or business Stevedore

FATHER
12. Name Dennis Touhey
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Nash
15. Birthplace Md.

16 (a) Informant Miss Nemmie Murray
(b) Address 1731 E. Oliver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-43. (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Harford Rd.

18 (a) Funeral director Wendell E Humphreys.
(b) Address 1501 N. Broadway.

19 (a) NOV 22 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19, 1943, at 8 P. M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Bullet wound of head

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 11-19-43 at 5:35 P. M.
(b) Where did injury occur? 1637 Cuba Street
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work?
(d) Means of injury Shot himself in head

23. Signature W. J. Wolbenmeyer M.D.
Medical Examiner.
Date signed 11-20-43

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

The 0377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

Registered No. C-0377

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2408 Lock Raven Road
Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2408 Lock Raven Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kate Hall Von Wagner Peterson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-19-1874

8. AGE: Years	Months	Days	If less than one day
69	—	1	hr. min.

9. Birthplace Locust Valley New York (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Hall
13. Birthplace Locust Valley -

MOTHER
14. Maiden Name Catherine Hale
15. Birthplace England

16 (a) Informant Mrs V Bauer
(b) Address 2408 Lock Raven Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 22 1943 (month) (day) (year)
(c) Cemetery or crematory Locust Valley New York
Location Long Island

18 (a) Funeral director May M Weigfield
(b) Address 501 E. 22nd St -

NOV 22 1943 (Date received by local registrar) Huntington Nassau Co N.Y.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1943, at 9 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 4 1943, to Nov 20 1943 and that I last saw h[illegible] alive on Nov 20 1943.

Immediate cause of death

Cancer rectum

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Sev. yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Mark J V Bauer M.D.

Address 511 York Rd Date signed Nov 22, 1943 M. D.

4180 10378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

G 10378 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-14
(e) Length of stay in Baltimore (yrs., mos., or days) 1945

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1049 N. Durham St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bertha McLaurin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: James McLaurin

6 (c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): 1-6-99

8. AGE: Years 44 | Months 10 | Days 15 | If less than one day: hr. min.

9. Birthplace: North Caroline (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: William Wright
13. Birthplace

MOTHER
14. Maiden Name: Lavis Rollins
15. Birthplace: N. Caroline

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 / 24 / 43 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvary Cem
Location: Brooklyn A.A. Co. Md

18 (a) Funeral director: Mrs Ida Bailey
(b) Address: 421 Jefferson St

19 (a) Date received by registrar: NOV 25 1943 (b) Burial Permit Issued by: [illegible]

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 21, 1943, at 3 07 M

21. I certify that death occurred on the date above stated, that I attended deceased from Nov. 7 1943, to [illegible] 1943, and that I last saw h[illegible] alive on Nov[illegible] 3.

Immediate cause of death: Heart Failure — Duration:

Due to: Operation for Ascites — Abdominal Mass

Due to: Extensive Carcinomatosis

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Extensive metastasis to liver, intestines, omentum
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Lew W. Chambers
Address: [illegible] Johns Hopkins Hospital Date signed: 11/21/43 M. D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. G 10379

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner & Dukeland Ave
(c) Hospital or institution:
West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 502 W. Hamburg St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANTHONY CHARCH of CIACCIO

3 (b) If veteran, name war: None
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Giovannina
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21 1865

8. AGE: Years	Months	Days	If less than one day
78	6	-	hr. min.

9. Birthplace Caccamo Italy
None (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph Ciaccio
13. Birthplace Italy

MOTHER
14. Maiden Name Concetta Ventura
15. Birthplace Italy

16 (a) Informant Giovannina Ciaccio (Wife)
(b) Address 502 W. Hamburg St.

17 (a) Burial (b) Date thereof Nov. 25/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederik Rd.

18 (a) Funeral director Frank Della Rose
(b) Address 52 W. Morley St.

NOV 22 1943 (b) Washington Williams, Registrar
(Date rec'd by Registrar)

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/21/43 19 1015 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/20/43 19 to 11/21/43 19, and that I last saw him alive on 11/21/43 19.

Immediate cause of death: Cardiac Failure — Duration

Due to: Generalized Arteriosclerosis

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isadore Borofsky M.D.
Address West Balto Gen Hosp Date signed 11/21/43.

1 Transcript G 1.0380

G 1.0380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1226

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lindens Madison
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3337 Woodlawn Ave
(If rural give location)
(e) Citizen of foreign country? Canada (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Katherine

6 (c) If alive, give age 187 years

7. Birth date of deceased (mo., day, yr.) 3-5-~~187~~6

8. AGE: Years	Months	Days	If less than one day
66 ~~67~~	8	15	hr. min.

9. Birthplace Canada
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business (Bakery)

FATHER
12. Name John Norman Jones
13. Birthplace New Brunswick Canada

MOTHER
14. Maiden Name Martha Phillips
15. Birthplace New Brunswick Canada

16 (a) Informant Katherine Lindley Jones
(b) Address 3337 Woodlawn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-43 (month) (day) (year)

(c) Cemetery or crematory Baltimore National Cem.
Location Baltimore, Maryland

18 (a) Funeral director Loring Byers
(b) Address 5005 Reisterstown Rd

NOV 22 1943
(Date received by registrar) Huntington Williams M.D. (Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-20 1943 at 5 15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-13 1943 to 11-20 1943 and that I last saw h[illegible] alive on 11-20 1943

Immediate cause of death Cardiac failure — Duration

Due to Intestinal Obstruction

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 11 13 43

Major findings of operation Adhesions with Volvulus of lower ileum

of autopsy:

PHYSICIAN (Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas S. Lusby M.D.
Address Md. Gen. Hosp. Date signed 11-20-43

(over)

G 10381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

200 a

G 10381 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkins & Catonsville
(c) Hospital or institution: St. Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 1411 Bloomingdale (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lewis Peter Diehl

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1942

8. AGE: Years	Months	Days	If less than one day
1	1 3 1	-	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name William Diehl

13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Hazel Patricks

15. Birthplace Pennsylvania

16 (a) Informant Mr. William Diehl

(b) Address 1411 Bloomingdale Rd.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/22/43 (month) (day) (year)

(c) Cemetery or crematory

Location Milton, Pa.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Baltimore, Md.

19 (a) NOV 22 1943 (Date rec'd by registrar) (b) Huntington for Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-21 1943, at 11 57 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-20 1943, to 11-21 1943, and that I last saw him alive on 11-21 1943.

Immediate cause of death Dehydration

Due to cause unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: dehydration

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard W Stein M. D.

Address St Agnes Hosp. Date signed 11-21-43

0382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10382

Registered No. 170C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 8

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2224 E. Chase St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H. Martin

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Dorothy Martin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug - 19 - 1881

8. AGE: Years 62 | Months 3 | Days 2 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Fireman

11. Industry or business Penna R.R

FATHER
12. Name Henry Martin
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Louisa Pempler
15. Birthplace Balto. Md.

16 (a) Informant John W Martin
(b) Address 2224 E. Chase St

17 (a) Buried (b) Date thereof 11 - 24 - 43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem
Location North Ave - Balto Md

18 (a) Funeral director Jos E Miller Jr

(b) Address 2435 E Oliver St

NOV 22 1943
(Date filed by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 - 21 - 1943, at 12 10 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH

Ruptured Liver

Due to

Other Conditions Fractures & dislocation L. humerus vertebrae; Ruptured kidney - Front. ribs etc
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 11 - 21 - 43 at Midnight P/A M.

(b) Where did injury occur In front of 1123 N. Patterson Park Ave

(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No

(d) Means of injury Pedestrian, struck by automobile

23. Signature Howard J. Cleveland M.D.
Medical Examiner.

Date signed 11 - 21 - 43

VS 151

PRINTING WRITING PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 8 3a

Registered No. G 10383

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2427 Llewellyn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2427 Llewellyn Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kate M. Heaps

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Wm. Heaps

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept - 10 - 1867

8. AGE: Years	Months	Days	If less than one day
76	2	9	hr. min.

9. Birthplace Harford Co. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER
12. Name Thomas Boughter
13. Birthplace Md.

MOTHER
14. Maiden Name Mrs Tate
15. Birthplace Harford Co. Md.

16 (a) Informant Mrs Helen Houghton
(b) Address 2427 Llewellyn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Balto - Harford Co. Md.

18 (a) Funeral director John C. Milby Sons
(b) Address 2437 E. Baltimore St.

NOV 22 1943 Huntington Williams M.D.
(Date received by Registrar) (Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-19-1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/18 1942 to Nov. 1943, and that I last saw her alive on 10/9 1943.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles Flom

Address 2215 Eastern Date signed 11/20/43 M.D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully written. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

G 10384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 940

G 10384 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3602 Ednor road
(c) Hospital or institution: ----------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -- --
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3602 Ednor road (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH T. ELLIS

3 (b) If veteran, name war: Yes- Navy
3 (c) Social Security Account No. 172-03-9918

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife: Katharine Lurz Ellis
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Jan. 4, 1897

8. AGE: Years	Months	Days	If less than one day
46	10	15	....hr. ....min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Manager National Radiator
11. Industry or business

FATHER
12. Name Eugene M. Ellis
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Ellen Kenealy
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Joseph T. Ellis
(b) Address 3602 Ednor road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director [illegible]
(b) Address 118 W. Mt. Royal Ave

19 (a) Nov 22 1943 (Registrar) (b) Huntington Mills Registrar M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1943 at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from November 17 1942 to Nov. 19 1943, and that I last saw him alive on Nov. 16 1943

Immediate cause of death	Duration
CORONARY OCCLUSION	
Due to CORONARY ARTERIOSCLEROSIS	1 yr 4 mos
Due to	
Other Conditions	
PULMONARY EMBOLI (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operations:
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard H. Tallman M.D.
Address 5055 St. Paul St. Baltimore 18, Md. Date signed 11-22-43

G 10385 AB-82030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133

G 10385 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos. 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 32 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 534 W. Barre St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anne Nauritis or Anne Norvitis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Carl

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24 1889

8. AGE: Years	Months	Days	If less than one day
53 54	10	25	hr. min.

9. Birthplace Lithuania
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Julia
13. Birthplace Lithuania

MOTHER
14. Maiden Name Ann ?
15. Birthplace Lithuania

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) (Burial, cremation, or removal) (b) Date thereof 11/23/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave.

18 (a) Funeral director Chas. D. Kuehnemund
(b) Address 637 Washington Blvd.

NOV 23 1943 (Date received by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-19 1943, at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-17 1943, to 11-19 1943 and that I last saw h[illegible] alive on 11-15 1943.

Immediate cause of death Pulmonary Tuberculosis — Duration ?

Due to

Due to

Other Conditions Diabetes Mellitus ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Mettus M. D.

Address B.C.H. Date signed 11-19-43

G-10386

SHRAY

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 543

Registered No. G-10386

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 16 + 4
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1935 Edmondson Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank E. Shray

3 (b) If veteran, name war

3 (c) Social Security Account No:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ wife Myrtle Shray

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2 1889

8. AGE: Years	Months	Days	If less than one day
54	0	0	hr. min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)

10. Usual Occupation Painter
11. Industry or business Consolidated Engraving Co.

FATHER
12. Name John F. Shray
13. Birthplace Md

MOTHER
14. Maiden Name Sarah N. Paul
15. Birthplace Md

16 (a) Informant Frank E. Shray, Jr.
(b) Address A.P.O. 655 Fort Dix, N. J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/43 (month) (day) (year)
(c) Cemetery or crematory St. Thomas Cem.
Location Glyndon Forest Md.

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul St.

NOV 23 1943 Huntington Williams M.D.
(Date received by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20 1943 at 1 00 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Uremia and Chronic Nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Karpeles M.D.
Medical Examiner.
Date signed 11/24/43

Every item of information should be carefully written. Physicians: please write the causes of death clearly and legibly. Where exact age is especially important.

G 10387 ✓ G 10387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 486

Registered No.

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 941 Hollis Hill Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 941 Hollis Hill Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Alberta M. Lockwood.

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Dr. George W Lockwood
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27 1873

8. AGE: Years	Months	Days	If less than one day
69	10	24	hr. min.

9. Birthplace Port Deposit Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Henry Horick
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Rachel S. Lawrence
15. Birthplace Port. Deposit. Md.

16 (a) Informant Harry Lockwood
(b) Address 2615 E. Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 23-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md

18 (a) Funeral director Wareham Cook & Son
(b) Address 1217 St Paul Street

19 (a) Nov 23 1943 (Date of death) (b) Huntington Williams (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21 1943; at 6 30 am M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 21 1943 to Nov 21 1943, and that I last saw h[illegible] alive on Nov 20 1943.

Immediate cause of death	Duration
Carcinoma Uterus	5 mo
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. F.A. Stokes
Address 2818 Hereford Rd Date signed 11 23 43 M. D.

G 10388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 10388

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2411 Barclay st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2411 Barclay St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dr. Eugene Kerr

3 (b) If veteran, name war: W

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Separated

6 (b) Name of ~~husband or~~ wife Elsie G. Kerr

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 20th 1871

8. AGE: Years 72 | Months 10 | Days 1 | If less than one day ... hr. ... min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Physician

FATHER
12. Name Frank Kerr
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary Herberton
15. Birthplace Pa.

16 (a) Informant Mrs Arthur Bosley
(b) Address 505 Woodbourne Ave

17 (a) Cremation (b) Date thereof 11/24/43
(~~Burial~~, cremation, or removal) (month) (day) (year)
(c) ~~Cemetery or~~ crematory Greenmount
Location Balto Md

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 NOV 22 1943 Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 21st 1943, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 14 1943, to Nov 21 1943, and that I last saw him alive on Nov 21 1943

Immediate cause of death Angina pectoris — Duration Minutes

Due to Coronary sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry D. McCarty M. D.
Address 37 W Preston St Date signed 11-22-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 10389 T.N 83266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. C 10389

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 months
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3731 E. Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louise Birch

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: NONE

4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband ~~or wife~~: Herman [illegible] D
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 21, 1877

8. AGE: Years 66 | Months 1 | Days 0 | If less than one day ... hr. ... min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation D. P.W.

11. Industry or business

FATHER
12. Name John Kirchner
13. Birthplace Germany

MOTHER
14. Maiden Name Eva Smith
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 11/24/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook Inc
(b) Address [illegible] Parkville St, Huntington Williams, M.D.

19 NOV 23 1943 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21 1943, at 1:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 16 1943 to Nov. 21 1943, and that I last saw h[illegible] alive on Nov. 20 1943.

Immediate cause of death: Carcinoma of Breast with metastases — Duration: 3 yrs.
Due to:
Due to:
Other Conditions: Diabetes Mellitus — ??
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. Schinyant M. D.
Address Balto. City Hosp Date signed Nov 24 43

10390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G 10390

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 640 S Monroe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) No
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 640 S. Monroe St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Rinnschmidt-Schonhoff

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed or divorced~~:
Female	White	Married

6 (b) Name of husband ~~or wife~~ Joseph T. Rinnschmidt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8th 1866

8. AGE: Years	Months	Days	If less than one day
77	2	14	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER 12. Name Geo. Rinnschmidt

13. Birthplace Russia

MOTHER 14. Maiden Name Madaline (Unknown)

15. Birthplace Russia

16 (a) Informant Marie R. Schonhoff

(b) Address 640 S. Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/43 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Parkville Md.

18 (a) Funeral director William Cook Inc

(b) Address 4817 St Paul St

NOV 23 1943 (Date rec'd by registrar)

(b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22nd 1943, at 1.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 22, 1943, to Nov. 22, 1943, and that I last saw her alive on Nov. 19, 1943.

Immediate cause of death Cardio-Vascular Disease Coronary Sclerosis.

Due to Arteriosclerosis

Due to Diabetes.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
At heart disease
My first
Followed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nathan H. Shapiro M.D.

Address 2351 Eutaw Pl. Date signed 11/23/43

M. D.

VS 150

G 0391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92V

G 10391 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1639 Covington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) V

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1639 Covington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME THERESA NEILL

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEM	WHITE	WIDOW

6 (b) Name of husband or wife JOHN E NEILL
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 9 1860

8. AGE: Years	Months	Days	If less than one day
83	5	13	hr. min.

9. Birthplace BALTO MD
(Town, county, and state)
10. Usual Occupation HOUSE WORK
11. Industry or business AT HOME

FATHER
12. Name NICHOLAS DEMICK
13. Birthplace BERMANY

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace BERMANY

16 (a) Informant CHARLES J NEILL
(b) Address 1639 COVINGTON ST

17 (a) BURIAL (b) Date thereof NOV 25-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location A A Co.

18 (a) Funeral director Bernard C Hart
(b) Address 101 E West St

NOV 23 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV 22 1943 at 4 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15 1943, to 11-22 1943, and that I last saw her alive on 11-22 1943.

Immediate cause of death Chronic Myocardial Degeneration — Duration 2 yr. +

Due to Arteriosclerosis — 5 yr.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. Hallock M. D.
Address 207 E. Fort Ave. Date signed 11-22-43

44487 G 10392

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46E Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 D.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 D.

2. USUAL RESIDENCE OF DECEASED: Lima
(a) State D.C. (b) County Peru
(c) City or town WASHINGTON (If outside city or town limits, write RURAL and give town)
(d) Street No. PERUVIAN EMBASSY (If rural give location) 1320-16th St. Washington D.C.
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MAJOR CARLOS LLERENA

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife ANNA Amezaga

6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) 12-8-09

8. AGE: Years 33 | Months 11 | Days 10 | If less than one day ... hr. ... min.

9. Birthplace PERU (Town, county, and state)

10. Usual Occupation ARMY MAJOR

11. Industry or business

FATHER 12. Name JUAN LLERENA
13. Birthplace PERU

MOTHER 14. Maiden Name JOSEPHINE MORIN
15. Birthplace PERU

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-43 (month) (day) (year)

(c) Cemetery or crematory Lima
Location Lima Peru

18 (a) Funeral director John O. Mitchell Inc.
(b) Address 1900 Eutaw Place

NOV 23 1943 (Date Rec'd by Local Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1943, at 8.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 6 1943, to Nov 18 1943, and that I last saw him alive on Nov 18 1943.

Immediate cause of death UREMIA — Duration 36 hrs

Due to NEPHROSIS (sulfadiazene reaction ?) — 36 hrs

Due to

Other Conditions PERITONITIS, generalized 5 days
Adeno carcinoma, colon.
(Include pregnancy within 3 months of death)

Major findings:
Of operation Constricting adeno carcinoma colon
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John H. Keene M. D.
Address Johns Hopkins Hosp. Date signed 11-18-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10393

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution:
Gentle's Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Greenway Apartments
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Henrietta W. Groverman Buck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1861

8. AGE: Years 81 Months 5 Days If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Alfred Buck Groverman
13. Birthplace Baltimore

MOTHER
14. Maiden Name Amelia India Groverman
15. Birthplace Baltimore

16 (a) Informant May Starr Robbins
(b) Address Guilford Homewood Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/43 (month) (day) (year)
(c) Cemetery Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell Sons Co.
(b) Address 1900 Eutaw Place

NOV 23 1943 (Date rec'd) Huntington Williams, M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21 1943, at 2.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15-1943 to 11-20-1943, and that I last saw h[illegible] alive on 11-20-1943.

Immediate cause of death: Cerebral Hemorrhage — Duration:
Due to: Adv. atherosclerosis
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis Lasch M. D.
Address 1700 Eutaw Place Date signed 11-22-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No. G 10394

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 95 S. Kenwood ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 35 S. Kenwood ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME James F. Kordonski Sr

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Rose Kordonski

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Sept. 12 1885

8. AGE: Years	Months	Days	If less than one day
58	2	6	....hr. ....min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Truck Driver

11. Industry or business Trucks.

FATHER
12. Name William Kordonski
13. Birthplace Poland.

MOTHER
14. Maiden Name Katarzyna Pakulska
15. Birthplace Poland.

16. (a) Informant Rose Kordonski (Wife)
(b) Address 35 S Kenwood ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-43 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Rd.

18. (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern ave

NOV 23 1943 (c) (Registrar) Huntington Williams M.D. (Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1943 at 7a M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1943, to Nov. 20 1943 and that I last saw him alive on Nov 19 1943

Immediate cause of death

Carcinoma Stomach

Duration
3 mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. F. a Stevens M. D.

Address 2878 Hartford Rd Date signed 11-23-43

G 10395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930 Registered No. G 10395

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1739 Light St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1739 Light St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JENNIE SARRO

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed or divorced. M.

6 (b) Name of husband or wife FRANK J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1895

8. AGE: Years	Months	Days	If less than one day
48	6	20	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business

FATHER
12. Name Benny Bongiovanni
13. Birthplace Italy

MOTHER
14. Maiden Name Mary
15. Birthplace Italy

16 (a) Informant Family
(b) Address 1739 Light St.

17 (a) B (Burial, cremation, or removal) (b) Date thereof 11-24-43 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Rockville Highway
18 (a) Funeral director Jenck & McCarthy
(b) Address 20 E. Fort Ave.
19 (a) NOV 23 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/18/1943 to 11/21/1943 and that I last saw her alive on 11/21 1943.

Immediate cause of death: Cerrebral hemorrhage — Duration: ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Deitel M. D.
Address 1226 Hanover St. Date signed 11/23/43.
Cover

G 10396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 10396

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 619 E. Fort Avenue
(c) Hospital or institution:
-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 619 E. Fort Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE LOBER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	W

6 (b) Name of husband or wife Mrs. A Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1867

8. AGE: Years	Months	Days	If less than one day
76	8	1	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Ret - Sales.

11. Industry or business ?

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Family
(b) Address 619 E. Fort Ave.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof N-23-43 (month) (day) (year)
(c) Cemetery or crematory Bests.
Location Fort Ave.

18 (a) Funeral director Jas. L. McCauley
(b) Address 20 E. Fort Ave.

19 NOV 23 1943 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19, 1943, at 7:40 P. M.

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic cardiovascular disease.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature N. L. Wollanmeber M.D.
Asst. Medical Examiner.
Date signed 11-20-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10397 123

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Walbrook and Caton Aves
(c) Hospital or institution: St. Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Orchard Beach
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elmer John Miles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Adah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-12-1894

8. AGE: Years	Months	Days	If less than one day
49	9	9	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business Bethl. Fair.

FATHER
12. Name George, (dec'd)
13. Birthplace

MOTHER
14. Maiden Name Margaret (dec'd)
15. Birthplace

16 (a) Informant Family
(b) Address Orchard Beach

17 (a) B (Burial, cremation, or removal) (b) Date thereof 11-26-43 (month) (day) (year)
(c) Cemetery or crematory Golden Hill
Location Baltimore, Maryland

18 (a) Funeral director Jenkins & Early
(b) Address 230 E. Fayette Ave.

NOV 23 1943 Huntington Williams, M.D. (Date received by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1943, to 1943, and that I last saw him alive on 19

Immediate cause of death Perforated Diverticulum

Duration

Due to

Due to

Other Conditions Spreading Peritonitis Paralytic Ileus: Terminal Pneumonia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Perforated diverticulum, sigmoid. Peritonitis

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. T. Muse M. D.
Address St. Agnes' Hosp. Date signed 11/23/43

G 10398

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92B

G 10398 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 630 Howard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 630 Howard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Henry Holland

3 (b) If veteran, name war: World War - X Soldier
3 (c) Social Security Account No. 216-06 94 84

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1891

8. AGE: Years 52 | Months | Days | If less than one day hr. min.

9. Birthplace A. A. Co. Md.
(Town, county, and state)

10. Usual Occupation Steward

11. Industry or business

FATHER
12. Name John Thomas Holland.
13. Birthplace A. A. Co. Md.

MOTHER
14. Maiden Name Annie Addison
15. Birthplace A. A. Co. Md.

16 (a) Informant Arthur Holland
(b) Address Marley Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-23-43.
(month) (day) (year)

(c) Cemetery or crematory Fort Neck A.A.C. Md
Location Balto. Md. A.A.C. Md

18 (a) Funeral director Walter D. Sipes
(b) Address 139 Washington Street

NOV 23 1943
(Date rec'd by Registrar)

(b) Harrington Williams M.D.
By Howard J. Watkins, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18 1943, at 9:15 P. M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Cerebral hemorrhage
Mitral Insufficiency
Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed 11-19-43

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10399

MJ-84908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1170

Registered No. G 10399

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 870 Carroll St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Nelson

3 (b) If veteran, name war

3 (c) Social Security Account No. 129-12-4986

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6. (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1-1874

8. AGE: Years 69 | Months 7 | Days ? 21 | If less than one day: hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Caretaker

11. Industry or business

FATHER
12. Name Virginia Bangs
13. Birthplace ?

MOTHER
14. Maiden Name Martin Nelson
15. Birthplace ?

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 25-43 (month) (day) (year)
(c) Cemetery or crematory Loudon P.G. Ave.
Location Frederick Rd.

18 (a) Funeral director John L. Miller
(b) Address 1234 Jefferson St.

NOV 23 1943
(Date rec'd by registrar)

Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-22 1943 at 2 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-17 1943 to 11-22 1943, and that I last saw alive on 11-22 1943.

Immediate cause of death

	Duration
Generalized Carcinoma	6 days
Due to Ruptured Peptic Ulcer	6 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald Bartlett M. D.

Address Balto City Hosp Date signed 11-22-43

C 10400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. C 10400

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 623 N. Carrollton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 623 N. Carrollton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella (Nellie) Walton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	colored	Widowed

6 (b) Name of husband or wife James Walton

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6 1894

8. AGE: Years	Months	Days	If less than one day
49	11	13	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Richard Marine
13. Birthplace Cambridge, Md.

MOTHER
14. Maiden Name Mary Janet Pierce
15. Birthplace J. Wa. Co. Md.

16 (a) Informant Sophia Fleming (Niece)
(b) Address 623 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23, 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Katie R. Wellington
(b) Address 322 N. Schroeder St

19 NOV 23 1943 (Date rec'd by registrar) Joseph Livingston Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1943 at 3:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15- 1943, to 11-19- 1943, and that I last saw her alive on 11-18- 1943.

Immediate cause of death Lobar Pneumonia — Duration 7 dys

Due to —

Due to —

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm H Cardill M. D.
Address 611 N. Carrollton Date signed Nov. 22-43

VS 2

Wm. H. CARDILL

G 10401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 10401

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 23rd & Calvert
(c) Hospital or institution: Lee H
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Marlborough Apts
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MABEL V. HERFORD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) ~~Single, married~~, widowed, ~~or divorced~~ widow

6 (b) Name of husband or wife Maurice Herford

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1877

8. AGE: Years 66 | Months 4 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Edward Wadsworth Kirwan
13. Birthplace Balto Md

MOTHER
14. Maiden Name Amelia Hain
15. Birthplace Md.

16 (a) Informant Mrs Agnes M. Preston
(b) Address Crawfordsville, Fla.

17 (a) Burial (b) Date thereof 11/24/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Har Sinai
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 NOV 22 1943 (Date received) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22 1943 at 4:48 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 19 1943 to Nov 22 1943 and that I last saw her alive on Nov 22 1943

Immediate cause of death: Coronary Thrombosis ? Mesentaric Thrombosis — Duration: 2

Due to: Hypertensive Heart disease

Due to:

Other Conditions: Cholecystitis Fibroma Uterine
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Herbst Jr. M. D.
Address Union Memorial Hosp. Date signed 11-22-43

C 0402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. C 40402

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3612 Clifton Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3612 Clifton Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SAMUEL HAWKINS DORSETT

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Isabel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Hendler Creamery Co.

FATHER 12. Name John F.

13. Birthplace A. A. Co.

MOTHER 14. Maiden Name Annie M. Warner

15. Birthplace Balto., Md.

16 (a) Informant Mrs. Isabel Dorsett

(b) Address 3612 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/43 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem.

Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md.

19 NOV 23 1943 (Date rec'd by registrar) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION AM

20. DATE OF DEATH 11/22/ 1943, at 3:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 23 1941 to Nov 22 1943 and that I last saw h.m alive on Nov 21, 1943

Immediate cause of death	Duration
Arteriosclerotic Cerebral Cardio-Vascular Disease	2
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation	
of autopsy:	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Albert Rhoads M.D.

Address 2302 Eutaw Pl. Date signed 11/23/43

0403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81 ✓ Registered No. G 10403

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. No correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2004 E. Biddle St. (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Harold N. Elliott

3 (b) If veteran, name war --

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frances

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1913

8. AGE: Years 30 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Clerk

11. Industry or business: Glenn L. Martin

FATHER
12. Name: Joseph Elliott
13. Birthplace: Balto., Md.

MOTHER
14. Maiden Name: Mary A. Treas
15. Birthplace: Balto., Md.

16 (a) Informant: Mrs. Frances Elliott
(b) Address: 2044 E. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/43 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 NOV 23 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21 1943 at 12 55 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Toxemia due to 3rd degree burns

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Oct. 17 1943
(b) Where did injury occur? 2004 E. Biddle St
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? no
(d) Means of injury Clothes caught fire from

23. Signature Robert Lee Ingalls M.D. (Medical Examiner)
Date signed Nov. 22 1943

G 10404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

Registered No. G 10404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2337 Linden Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 2337 Linden Ave.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MATHILDA E. SCHILLING

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 24, 1859

8. AGE: Years	Months	Days	If less than one day
84	7	26	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles Schaur
13. Birthplace Austria

MOTHER
14. Maiden Name Caroline Struven
15. Birthplace Germany

16 (a) Informant Miss Dorothy Schilling
(b) Address 2337 Linden Ave.

17 (a) Burial (b) Date thereof 11/23/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 NOV 23 1943 Huntington Williams M.D.
(Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/20/ 19 43, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1st 19 43 to Nov 19 1943, and that I last saw her alive on Nov 19 19 43.

	Duration
Immediate cause of death Pneumonia	2 days
Due to Myocarditis	3 yrs
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. Sherrard M. D.
Address 2225 Linden Date signed 11/24/43

G 10405

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

830 ✓ Registered No. G 10405

Every item of information should be carefully supplied. Please write plainly, with unfading ink. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 307 N. Chapel Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Manley Ballard

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married —
6 (b) Name of husband or wife: Rosa Rowe
6 (c) If alive, give age 47 years
7. Birth date of deceased (mo., day, yr.) 1890
8. AGE: Years 53 | Months | Days | If less than one day ____ hr. ____ min.
9. Birthplace Aberdeen, N. C (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business —

FATHER
12. Name — Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs Helen E. Barnhart
(b) Address Greenville, N. C
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Ave
18 (a) Funeral director Geo. R. Feeney
(b) Address Wallis & Gilmore
19 NOV 23 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-17- 1943, at 1 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Cerebral Hemorrhage, Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ causes of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mullein M.D.
Medical Examiner.
Date signed 11/18/43

G 10406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. G 10406

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be careful correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Dennison St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2117 Dennison St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN COOK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: MALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of husband or wife MARGARET —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1889

8. AGE: Years 53 | Months 10 | Days 23 | If less than one day ... hr. ... min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation Civil Engineer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant John Hopkins Hosp.
(b) Address Balto., Md.

17 (a) Burial (b) Date thereof 11/23/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Greenfield, Hempstead-Long Island N.Y.

18 (a) Funeral director Wm. J. Tilney & Sons
(b) Address Balto., Md.

NOV 23 1943 Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/22/ 1943, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/15 1943, to 11/22 1943, and that I last saw him alive on 11/22 1943.

Immediate cause of death	Duration
General Visceral Failure	1 week
Due to Carcinoma of Parotid	
Due to Gland (Left)	6 mos.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Theo E Crank M.D.
Address 3629 Edmondson Ave Date signed 11/23/43

G 10407

AB-83053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

Registered No. G 10407

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos. 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 923 N. Gilmore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Butler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/2/1917

8. AGE: Years	Months	Days	If less than one day
26	1	19	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Paul Butler
13. Birthplace Va.

MOTHER
14. Maiden Name Gertrude Tracy
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/43 (month, day, year)
(c) Cemetery or crematory Balto National
Location MD

18 (a) Funeral director Fred. G. Kelsay
(b) Address 1303 Pressman
(b) Huntington Williams Registrar

19 NOV 23 1943 (Date received by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 21 1943, at 6 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-5 1943 to 11-21 1943, and that I last saw him alive on 11-21 1943.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 2

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Mathna M. D.
Address 2. C. 14 Date signed 11/24/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

Registered No. G 10408

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 432 S. Patterson Park Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 432 S. Patt. Pk. Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie M. Palmer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Chester A. Palmer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 22, 1858

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Hancock, Md
(Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Scott Bottenfield
13. Birthplace —

MOTHER
14. Maiden Name Lillie Shoemaker
15. Birthplace —

16 (a) Informant Son Scott E. Palmer
(b) Address 432 S. Patterson Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 25-43 (month) (day) (year)
(c) Cemetery or crematory Prospect Cem. Harford Co.
Location Hancock Md.

18 (a) Funeral director Frank V. Pipitone
(b) Address 2518 E. Baltimore St

NOV 23 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22 1943, at 10 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10 19 43 to Nov. 22 19 43, and that I last saw h[illegible] alive on Nov. 22 19 43.

Immediate cause of death

	Duration
Coronary Heart Disease	1 day
Arterial Hypertension	yrs ?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George E. Lynch M. D.
Address 432 S. Patterson Park Date signed 11/23/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0409 541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 10409 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2914 Guilford Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) About 75 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2914 Guilford Avenue
(If rural give location)
(e) Citizen of foreign country? -------- (Yes or No)
If yes, name country --------

3 (a) FULL NAME Alice M. Valentine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Thomas Valentine
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) ----------

8. AGE: Years	Months	Days	If less than one day
About 75	---	---	-- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name ---- Gosweiler
13. Birthplace Maryland

MOTHER
14. Maiden Name Not obtainable
15. Birthplace Not obtainable

16 (a) Informant Miss Katherine T. Valentine
(b) Address 1120 N. Calvert Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Green Mount
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

NOV 23 1943 (Date filed by Registrar) (b) Huntington Williams M.D. Registrar

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 21 1943, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1943, to Nov 21 1943 and that I last saw h~~er~~ alive on Nov 21 1943

Immediate cause of death Chr. Myocarditis
Due to Decompensation
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: Judging probably 1 wks duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Nathaniel M Berk M. D.
Address 2727 N. Charles Date signed Nov 23 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 10410 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hosp 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3704 Vicken (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jeanette Goldberg

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Barney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 58 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name Abraham Goldstein
13. Birthplace Russia

MOTHER
14. Maiden Name Bertha
15. Birthplace Russia

16 (a) Informant Next Friend
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 23-43 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Pulaski Hwy

18 (a) Funeral director Jack Young Inc
(b) Address 1439 E. Baltimore St

19 Nov 23 1943 (b) Huntington Williams M.D.

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23 1943, at 5:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 22 1943 to Nov 23 1943 and that I last saw her alive on Nov 23 1943

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert M. Jacobs M. D.
Address Sinai Hospital Date signed 11/23/43

G 10411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 10411 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 826 N. Bond St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 826 N. Bond St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lula F. Keene

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C.	Married

6 (b) Name of husband or wife Olee P.
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1900

8. AGE: Years	Months	Days	If less than one day
42	11	8	hr. min.

9. Birthplace Cambridge, Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Winfield Mollock
13. Birthplace Md

MOTHER
14. Maiden Name Sedonia Prickett
15. Birthplace Md

16 (a) Informant Olee P. Keene
(b) Address 826 N. Bond St

17 (a) Burial (b) Date thereof 11/24/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cambridge Md
Location

18 (a) Funeral director Joseph L. Locke
(b) Address 1364 N. Central Ave

NOV 23 1943 Washington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 - 21 1943, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1943 to Nov 21 1943 and that I last saw her alive on Nov 21 1943.

Immediate cause of death	Duration
Bronchopneumonia	
Toxemia	
Due to Carcinoma of Breast	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alfred L. Leopold M. D.
Address 822 N. Bond St Date signed 11/23/43

VS 3

G 10412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92E

Registered No. G 10412

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1723 E. Eager St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1723 E. Eager St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Blanche R. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race C. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Walter K. (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1882

8. AGE: Years 60 | Months 11 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace Balto, Md
(Town, county and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name ?

13. Birthplace Md

MOTHER 14. Maiden Name Annie ?

15. Birthplace Md

16 (a) Informant Edward Smith

(b) Address 1723 E. Eager St.

17 (a) Burial (b) Date thereof 11/24/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem
Location Balto. County Md

18 (a) Funeral director Joseph H. Lake Co

(b) Address 1304 N. Central Ave

NOV 23 1943 (b) Huntington Williams, M.D.
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-21 1943 at 10:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-21 1943 to 11-21 1943, and that I last saw h[illegible] alive on none 19[illegible]

Immediate cause of death	Duration
Acute Heart Disease	
Endocarditis	
Due to High blood-pressure	
Due to over-work.	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. R. Blake M. D.

Address 1327 N. Central Ave Date signed 11/23/43

G 10413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10413

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Halsbird Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 43 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill. (b) County Cook
(c) City or town Chicago
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3042 Eastwood Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred V. Hendrick

3 (b) If veteran, name war * *
3 (c) Social Security Account No. 320-07-4010

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Divorced
6 (b) Name of husband or wife Jessie Hendrick
6 (c) If alive, give age * * years
7. Birth date of deceased (mo., day, yr.) May 7, 1904
8. AGE: Years 39 | Months 6 | Days 15 | If less than one day * * hr. * * min.
9. Birthplace Chicago, Cook County, Illinois (Town, county, and state)
10. Usual Occupation Soldier
11. Industry or business U.S. Government

FATHER
12. Name Unknown
13. Birthplace Ontario, Canada

MOTHER
14. Maiden Name Unknown
15. Birthplace Ontario, Canada

16 (a) Informant U. S. Army Records
(b) Address Halsbird Signal Depot, Md.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 25/43 (month) (day) (year)
(c) Cemetery or crematory CHICAGO CEM.
Location CHICAGO ILL.

18 (a) Funeral director Lillyard Geiler INC.
(b) Address 403 S. WOLFE ST.

19 NOV 23 1943 (Date rec'd by registrar) Harrington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 22 November 1943, at 12:00A M

21. I certify that death occurred on the date above stated; that I attended deceased from 22 Nov. 1943, to 22 Nov. 1943, and that I last saw him alive on 22 Nov. 1943

Immediate cause of death Fracture, skull, multiple, comminuted, frontal and right parieto-occipital regions. Fracture, fibula and tibia, left, compound, upper one-third. Due to Injuries sustained when struck by automobile.

Duration

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation * *
Major findings of operation: * *

of autopsy Not performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 24/6
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 22 November 1943 at 12:30 A M
(c) Where did injury occur? Balto, Md. (City or town) None (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public street While at work? No
(Specify type of place)
(e) Means of injury Automobile

23. Signature [illegible] M.D.
Address [illegible] Date signed 11-24-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10414 Registered No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address MONUMENT & RUTLAND AVE.
(c) Hospital or institution: SINAI HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 27 N. MILTON AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Ford

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace ITALY (Town, county, and state)
10. Usual Occupation HOUSE WORK
11. Industry or business AT HOME

FATHER
12. Name UNKNOWN
13. Birthplace ITALY

MOTHER
14. Maiden Name CATHERINE COEFF
15. Birthplace ITALY

16 (a) Informant JOSEPH OTTAVIANO (NEWPHEW)
(b) Address 711 N. BROADWAY

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 24/43 (month) (day) (year)
(c) Cemetery or crematory GREENMOUNT
Location NORTH AVE & GREEN MOUNT AVE.

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST

19 (a) NOV 24 1943 Huntington Williams, M.D. (Date received by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/24/43 1943, at 7:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 17 1943, to Nov. 24 1943, and that I last saw h[illegible] alive on Nov. 20 1943.

Immediate cause of death Uremia 10, 4, 43
Contributing [illegible] of kidney

Due to

Due to

Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Nov. 17 1943 at A.M.
(c) Where did injury occur? 27 N. Milton Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? Yes
(e) Means of injury Explosion of gas stove

23. Signature Raymond M. Hirschberg M.D.
Address Sinai Hosp Date signed 11/24/43

Approved: Robert Lee Graham M.D.

C 10415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. C 10415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0.10.9.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4720 York Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gladys Stanley A. Schultz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife: January 30, 1893

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/29/1895

8. AGE: Years 48 | Months 9 | Days 23 | If less than one day hr. min.

9. Birthplace: Harford County, Md.
(Town, county, and state)

10. Usual Occupation: Clerk

11. Industry or business: Federal Reserve Bank

FATHER
12. Name: Riley H. Pocock
13. Birthplace: Harford County Md

MOTHER
14. Maiden Name: Hagdy E. Phillips
15. Birthplace: Harford County, Md

16 (a) Informant: Mildred Schultz
(b) Address: 4720 York Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/43 (month) (day) (year)

(c) Cemetery or crematory: Ebenezer Cemetery
Location: Jarrettsville, Md.

18 (a) Funeral director: Howard W. Blight, Jr.
(b) Address: 4914 Belair Road.

19 NOV 23 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22, 1943, at 2:35 P.M.

21. I certify that I took charge of the remains described above, held an Inquest thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Hypertensive cardiovascular disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. T. Wollenweber M.D.
Medical Examiner.
Date signed 11-23-43

VS 151

G 10416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 10416

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: DOA South Baltimore Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) V

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1749 Belt St, (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: FRANK WIELEPSKI

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-12-6705

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/12/92

8. AGE: Years	Months	Days	If less than one day
51 52	4	4	hr. min.

9. Birthplace Farmville N. C. (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Watchman

FATHER
12. Name Frank Wielepski
13. Birthplace Poland

MOTHER
14. Maiden Name Mollie Maronowski
15. Birthplace Poland.

16 (a) Informant Anna Wielepski
(b) Address 1749 Belt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary.
Location German Hill Road

18 (a) Funeral director Stefford & Trautwein
(b) Address 1000 S. Hanwood Ave

NOV 23 1943 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/20 1943 at 11.10 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardio-vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. Cardwell M.D. Medical Examiner.
Date signed 11/23/43.

G 10417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 10417

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1309 Park Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susan Dorsey Tilghman Horner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife G. Patterson Horner

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 9, about 1852

8. AGE: Years	Months	Days	If less than one day
91 90+	7	12	hr. min.

9. Birthplace Oakley, near Centreville, Q.A. Co. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Charles Tilghman
13. Birthplace "The Hermitage" Q.A. Co. Md.

MOTHER
14. Maiden Name Elizabeth Beattie Wilmans
15. Birthplace

16 (a) Informant M. Isabel Earle
(b) Address 246 Lanvale St.

17 (a) Removal (b) Date thereof Nov 24 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory The Hermitage
Location Queen Anne Co Md

18 (a) Funeral director Henry W. Jenkins Sons Co.
(b) Address McCulloh & Orchard Sts

19 (a) Huntington Williams, M.D.
(Date received by registrar)
NOV 23 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/21/43 19 , at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1943 to 11/21 1943. and that I last saw h[illegible] alive on 11/21/43 19

Immediate cause of death Myocarditis
Arterio-sclerosis

Duration Lasting

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M W Woody M.D.
Address 1403 Park Ave Date signed 11/24/43

G 10418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1600

G 10418

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Usual address 1213 Light St.
(c) Hospital or institution: South Balto General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da
(e) Length of stay in Baltimore (yrs., mos., or days) 11 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 729 Kappalla St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Gail Barbee

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-20-43

8. AGE: Years	Months	Days	If less than one day
			3 hr. — min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Herbert Barbee
13. Birthplace Illinois

MOTHER
14. Maiden Name Lou Chaudoin
15. Birthplace Baltimore, Md

16 (a) Informant Mother
(b) Address 729 Kappalla St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 23 1943

18 (a) Funeral director Commissioner of Health
(b) Address

NOV 23 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/20 1943, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/20 1943, to 11/20 1943, and that I last saw her alive on 11/20 1943.

Immediate cause of death Intracranial hemorrhage	Duration 3 hrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Florence N. Mahon M. D.
Address 2225 E. Eager Date signed 11/21/43

VS 150

10529 FRANK V. MANIERI

G 10419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 479

G 10419 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1807 Penrose Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1807 Penrose Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Phillip Andrew Hunter

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-8551

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1883

8. AGE: Years	Months	Days	If less than one day
60	5	23	hr. min.

9. Birthplace Westminster, Md.
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Glenn L. Martin Co.

FATHER
12. Name Phillip M. Hunter
13. Birthplace Westminster, Md.

MOTHER
14. Maiden Name Julia Agnes Lockard
15. Birthplace Westminster, Md.

16 (a) Informant Miss Beatrice Olive Hunter
(b) Address 1807 Penrose Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 24, 1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn, Md.

18 (a) Funeral director Miles Lawrence
(b) Address 1005 W. Baltimore St.

NOV 23 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21 1943, at 7.30A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1943 to Nov 21 1943, and that I last saw him alive on Nov 20 1943.

Immediate cause of death: Primary carcinoma of right lung. — Duration: 2 Mo.
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Palen, M. D.
Address 4 N. Fulton Ave. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. The correct age is especially important. Physicians: please

G 10420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 10420 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1198 S. Augusta Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1198 S. Augusta Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Burke L. Rossburg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Grace M. McDerring

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1874

8. AGE: Years	Months	Days	If less than one day
69	2	5	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Dealer of Merchandise
11. Industry or business Own Business

FATHER
12. Name Charles S. Rossburg
13. Birthplace Germany

MOTHER
14. Maiden Name Fredricka Eitze
15. Birthplace Germany

16 (a) Informant Mr. Wm L. Rossburg
(b) Address 1198 S. Augusta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn Md

18 (a) Funeral director Harry D. Wilkes
(b) Address 4101 E Monument Ave

NOV 23 1943
(Date rec'd by registrar) Huntington Williams, M.D. Registrar

V8 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22 1943 at 9:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1941 to Nov 22 1943 and that I last saw h.i.m. alive on Nov 16 1943

Immediate cause of death Coronary Occlusion — Duration 10 Minutes

Due to Hypertensive Arteriosclerotic Heart Disease — Duration 6 Yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. M. Collins M. D.
Address 3 E 21 Frederick Date signed Nov 11-23-43

G 10421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

G 10421 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2667 Wilkens Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2667 Wilkens Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katie Mattisz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	White	widow

6 (b) Name of husband or wife late Kundung

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 20 1864

8. AGE: Years	Months	Days	If less than one day
79	0	1	hr. min.

9. Birthplace Austria
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Nicklas Martin
13. Birthplace Austria

MOTHER
14. Maiden Name Unknown
15. Birthplace Austria

16 (a) Informant Mrs. Fred Schanken
(b) Address 2667 Wilkens Ave

17 (a) Burial (b) Date thereof 11-24-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md

18 (a) Funeral director Henry H. Wilkes
(b) Address 4101 E Monument Ave.

(a) NOV 23 1943 (b)
(Date received by registrar) Huntington Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 21 1943, at 6 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 7 1943 to Nov 21 1943
and that I last saw alive on Nov 20 1943

Immediate cause of death Pulmonary Tuberculosis

Due to Cerebral Hemorrhage

Due to General Arterio Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration
1 day
2 days
24 mos

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Moore M. D.
Address 26 Cathedral St Date signed Nov 24 43

G 10422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G 10422

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4943 Denmore Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 4943 Denmore Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jacob Pelzer.

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Harriett Pelzer
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1862

8. AGE: Years	Months	Days	If less than one day
81	10	0	hr. min.

9. Birthplace N. Y. State (Town, county, and state)
10. Usual Occupation Sexton
11. Industry or business Church

FATHER
12. Name UNKNOWN
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Harritt Pelzer
(b) Address 4943 Denmore Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24.43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore City

18 (a) Funeral director Le Vernon Lemmon.
(b) Address 4611 Park Heights Ave.

NOV 23 1943 (Date received by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21 1943, at 12.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from SEP 14 1943 to 11/21 1943 and that I last saw him alive on 11/21 1943

Immediate cause of death
Cerebral Hemorrhage
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
SEP 1943
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh D Bubert M.D.
Address 4803 Park Heights Date signed 11/24/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10423 — BALTIMORE CITY HEALTH DEPARTMENT — G 10423 Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Annapolis
(If outside city or town limits, write RURAL and give town)
(d) Street No. 96 East St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Doris Lee Owens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 23, 1943

8. AGE: Years – | Months 1 | Days – | If less than one day hr. min.

9. Birthplace Annapolis, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Emory C. Owens
13. Birthplace Anne Arundel Co., Md.

MOTHER
14. Maiden Name Ellen E. Taylor
15. Birthplace Annapolis, Md.

16 (a) Informant Mrs. Daniel C. Taylor
(b) Address Annapolis, Md.

17 (a) Burial (b) Date thereof Nov. 24, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Annapolis, Md.

18 (a) Funeral director E. W. Hammond
(b) Address 1003 W. Baltimore St.

19 (a) NOV 23 1943 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-23 1943, at 3:06 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 3 1943 to 11-23 1943 and that I last saw h[illegible] alive on 11-23 1943

Immediate cause of death Respiratory Failure — Duration

Due to Bilateral apical atelectasis with superimposed pneumonia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas C. Durand M. D.
Address University Hosp. Date signed 11-23-43

G 10424

G 10424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3026 Barclay street
(c) Hospital or institution: -------
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3026 Barclay
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME PETER VINCENT ROGERS

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Yes-S.A. & W.W.#1	none	Male	white	Single

6 (b) Name of husband or wife ----
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1871

8. AGE: Years	Months	Days	If less than one day
72	6	5	..... hr. ..... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Retired- Chief Petty
11. Industry or business Officer, US. Navy

FATHER
12. Name Owen Rogers
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Fagan
15. Birthplace Ireland

16 (a) Informant Mr. E. A. Conroy
(b) Address 3026 Barclay street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location

18 (a) Funeral director J. Evans Sons Inc
(b) Address 118 W Mt. Royal Ave
(Date rec'd) (Registrar) Huntington for Williams

NOV 23 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1943 at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 16, 1943 to Nov. 20, 1943, and that I last saw him alive on Nov. 20, 1943.

Immediate cause of death	Duration
Cardio-vascular-renal disease	
Due to arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. B. Sylcott M. D.
Address 802 Hanford Bldg Date signed 11-22-43

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L 10425 — P 16 G 10425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 927

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 922 W. Bradford St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 922 W. Bradford St
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME (Urban) John Jess Jalesec

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Mary G.

6 (b) Name of husband or wife Mary G.

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) May 25. 1865

8. AGE: Years	Months	Days	If less than one day
78	5	26	hr. min.

9. Birthplace Osuho Slovakia
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Jess Jalesec
13. Birthplace Osuho Slovakia

MOTHER
14. Maiden Name Mary Rybecki.
15. Birthplace Osuho Slovakia

16 (a) Informant Katharine Urban
(b) Address 929 W. Bradford St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Frank Brockhoff
(b) Address 900 W. Chester St

19 (a) NOV 23 1943 (Date rec'd by Registrar) (b) Huntington-Williams Reg.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 21, 1943, at 9 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1935 to Nov. 21 1943 and that I last saw h[illegible] alive on Nov. 21 1943

Immediate cause of death: Acute Pulmonary Oedema — Duration: 6 hr.
Due to: Chronic Congestive Heart Failure — 4 yrs
Due to: Chronic Valvular Heart Disease — 6 yrs
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Vincent V. Tocka M.D.
Address 945 N. Patterson Park Ave Date signed 11/23/43

442229
G 10426

BALTIMORE CITY HEALTH DEPARTMENT X G 10426.
CERTIFICATE OF DEATH 1176
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W Va (b) County
(c) City or town Paw Paw
(If outside city or town limits, write RURAL and give town)
(d) Street No. Route #1
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Parlett

3 (b) If veteran, name war — (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ethel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-19-98

8. AGE: Years	Months	Days	If less than one day
45	2	3	hr. min.

9. Birthplace Pa
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Harry E. Parlett
13. Birthplace Pa

MOTHER
14. Maiden Name Ella Dieffenbaugh
15. Birthplace W. Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-43 (month) (day) (year)
(c) Cemetery or crematory Lantz Mill
Location Paw Paw West Va.

18 (a) Funeral director John C. Miley Funeral
(b) Address 24 25 E Oliver St

19 (a) (b)
(Date received) (Registrar)

NOV 29 1943 L. Williams, M.D. Registrar
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22 1943 at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 2 1943 to Nov. 22 1943 and that I last saw him alive on Nov. 22 1943.

Immediate cause of death Gastric perforation — Duration 6 wks.
Due to P.D. Gastric resection for Duodenal ulcer — 2 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Duodenal ulcer
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Merel H. Harmel
Address J. H. H. Date signed 11-26-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10427 A

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c

Registered No. C 10427

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully noted. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1501 Park Av
(c) Hospital or institution: at Home 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County Baltimore
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 Park Av (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3 (a) FULL NAME Frederic Arnold Kummer

3 (b) If veteran, name war NONE
3 (c) Social Security Account No. — NONE —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Marion M. L. Kummer
6 (c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.) Aug-5-1873
8. AGE: Years 70 | Months 3 | Days 17 | If less than one day: hr. min.
9. Birthplace Louisville-Md. (town, county, and state)
10. Usual Occupation Writer
11. Industry or business Writing

FATHER
12. Name Arnold Fkummer
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Morris Pamoust
15. Birthplace Balto Md

16 (a) Informant Mrs Marion Kummer (wife)
(b) Address 1501 Park Av
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-43 (month) (day) (year)
(c) Cemetery or crematory Lindys Park
Location Baltimd
18 (a) Funeral director Sullivan Mem Co.
(b) Address 108 W Monument

NOV 24 1943 (This) Registrar Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22 1943, at 7.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11 1943, to Nov. 22 1943, and that I last saw him alive on Nov. 21 1943.

	Duration
Immediate cause of death: Coronary Occlusion	10 days
Due to: Heart Block	
Due to: Chronic Rheumatic Myocarditis and Valvular Disease	20 yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William E. Pearce M. D.
Address 2105 N. Charles St Date signed 11/22/43

G 10428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 10428 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3804 Granada Ave
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 89 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3804 Granada (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Christian Frederick Broll

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Margaret L. Broll (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April-5-1851

8. AGE: Years	Months	Days	If less than one day
92	7	17	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name John Broll
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace Germany

16 (a) Informant Jno. Broll (Son)
(b) Address 718 Grantley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. Md

18 (a) Funeral director Easton Sons
(b) Address Elliott City Md

19 NOV 24 1943 (b) Huntington D. Williams M.D.
Date rec'd by Local Reg.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov-22- 1943 at 11 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 18 1943 to Nov 22 1943, and that I last saw him alive on Nov 21 1943.

Immediate cause of death Bronchial Pneumonia — Duration 4 Days
Due to Contusion
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Wm. Conrad Bode M. D.
Address 1905 Maryland Ave Date signed Nov 24/43

Cecelia Mason Conway

0429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 10429 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1818 N. Gilmanock

(c) Hospital or institution: ✓

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto City (If outside city or town limits, write RURAL and give town)

(d) Street No. 1818 N. Gilmanock (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Cecelia Mason Conway

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22 1878

8. AGE: Years	Months	Days	If less than one day
65	8	28	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name John L. Mason

13. Birthplace Baltimore Co Md

MOTHER

14. Maiden Name Lizzie V Hall

15. Birthplace Baltimore Co Md

16 (a) Informant Charles Conway

(b) Address 1818 N Gilmanock

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 24 1943 (Month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location West Port

18 (a) Funeral director Wm Brooks

(b) Address 1463 N Carey St

NOV 24 1943 (Date rec'd by registrar) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24 1943 7:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 19 1943 to Nov 24 1943 and that I last saw him alive on Nov 24 1943

Immediate cause of death Cerebral Thrombosis

Duration 1 day

Due to Arteriosclerosis

Due to Hemiplegia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Alice Elder M.D.

Address 714 Mosher Ave Date signed Nov 27 1943

0430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G 10430

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert St
(c) Hospital or institution:
Mercy Hospital 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2310 ½ Mt. Royal Terrace
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Rudolph

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-0476

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Married

6 (b) Name of husband or wife Lena M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1890

8. AGE: Years	Months	Days	If less than one day
53	1	5	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Insurance

11. Industry or business

FATHER
12. Name Abraham Rudolph
13. Birthplace Poland

MOTHER
14. Maiden Name Lena M. Rudolph
15. Birthplace Poland

16 (a) Informant Lena M. Rudolph
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV 24, 1943 (month) (day) (year)

(c) Cemetery or crematory Lehr Washington Blvd
Location Washington Blvd

18 (a) Funeral director Sol Levinson & Bro
Address 1644-26 W Northern

NOV 24 1943

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/22 1943, at 7:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/22 1943 to 11/22 1943, and that I last saw h alive on 11/22 1943

Immediate cause of death Cardiac Failure — Duration

Due to Cerebro Vascular Hemorrhage

Due to Hypertensive C.V.D.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. B. Gray M. D.
Address Mercy Hosp Date signed 11/22/43

G 10431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10431

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3012 Dupont Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David C Becker

3 (b) If veteran, name war

3 (c) Social Security Account No. 559-09-4141

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 48 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Book Keeper

FATHER
12. Name Wolf Becker
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah Yanklow
15. Birthplace Russia

16 (a) Informant Harry H Friedman
(b) Address 3012 Dupont ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 24/43 (month) (day) (year)
(c) Cemetery or crematory Brai Israel Cemetery
Location Southern ave

18 (a) Funeral director Sol Levinson Bro
(b) Address 1124-26 W North ave

NOV 24 1943 (Date rec'd by Registrar) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23 1943, at 1:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 23 1943 to Nov. 23 1943, and that I last saw him alive on Nov. 23 1943.

Immediate cause of death Coronary Occlusion — Duration
Due to Coronary Thrombosis — 10 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herman R Kleman, M. D.
Address 101 N. Fulton Ave Date signed 11/23/43

G 10432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92D

Registered No. G 10432

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 503 N. Lakewood Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 503 N. Lakewood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MOLLIE KRANZ

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: George H. Kranz
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 17, 1879
8. AGE: Years 64 | Months 10 | Days 6 | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Robert Haase
13. Birthplace Germany

MOTHER
14. Maiden Name Louise Rausch
15. Birthplace Germany

16 (a) Informant Miss Lenore M. Kranz
(b) Address 503 N. Lakewood Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26.43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.
18 (a) Funeral director Ullrich Funeral Home
(b) Address 2008 Orleans St.,
19 (a) NOV 24 1943 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23rd 1943, at 5 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17 1942 to Nov. 23 1943, and that I last saw h[illegible] alive on Nov 22 1943;

Immediate cause of death	Duration
Acut Cardiac Dil.	7 days.
Due to	
Due to Chr. Valvular Heart Disease	1 yr.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature E. V. Meyer
Address 1570 E. 33rd St. Date signed 11/23/43

G 10433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G 10433

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4609 Harcourt Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-1
(e) Length of stay in Baltimore (yrs., mos., or days) 62 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4609 Harcourt Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA HOFMEIER

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John Hofmeier
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov. 24, 1861

8. AGE: Years 81 | Months 11 | Days 24 27 | If less than one day hr. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: At home
11. Industry or business

FATHER
12. Name: John Peters
13. Birthplace: Germany

MOTHER
14. Maiden Name: Don't know
15. Birthplace: Germany

16 (a) Informant: George Hofmeier
(b) Address: 4609 Harcourt Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/43 (month) (day) (year)
(c) Cemetery or crematory: 1St United Evan.
Location: Baltimore, Md.

18 (a) Funeral director: Wells & Funeral Home
(b) Address: 2008 Orleans St.

NOV 24 1943 (Date received by Registrar) Huntington Williams, M.D. (Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/21 1943 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/12 1937 to 11/21 1943 and that I last saw h[illegible] alive on 11/21 1943

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to: Chronic Hypertension & Arteriosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Huntington Williams M.D.
Address 321 E. Lanvale St. Date signed 11/23/43

G 10434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 10434 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 331 East 23rd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 - 4
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 331 E. 23rd St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence Harris

3 (b) If veteran, name war None WWI | 3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lola Harris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-15-1888

8. AGE: Years 55 | Months 10 | Days 25 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Sweeper

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Maryland

16 (a) Informant Lola Harris
(b) Address 331 E. 23rd St

17. (a) Burial, cremation, or removal (b) Date thereof 11 24 43 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Balto

18 (a) Funeral director Raynor Sanders
(b) Address 412 E. Preston St

NOV 24 1943 (Date rec'd by Registrar)

19. (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/20 1943, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/13 1943, to 11/20 1943, and that I last saw him alive on 11/20 1943.

Immediate cause of death Congestive Heart Failure — Duration several years

Due to Hypertension Heart Disease

Due to Uncontrolled Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. R. Julian

Address 434 E. 23rd St Date signed 11/24/43

VS 160

G 10435

BALTIMORE CITY HEALTH DEPARTMENT

T.N 84537

CERTIFICATE OF DEATH 1360

Registered No. G 10435

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 54
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 120 N. Exeter St (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Christopher Mithcell

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: C.
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Rose
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar 29th, 1901
8. AGE: Years 41 | Months 7 | Days 22 | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Water Front Work
11. Industry or business

FATHER
12. Name James Mitchell
13. Birthplace Ga.

MOTHER
14. Maiden Name Alice Miller
15. Birthplace S.C

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 26 43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a. a. co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

NOV 24 1943 (b)
(Date received by Registrar) Registrar
Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-21 19 43 at 1105 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-26 1943 to 11-21 1943 and that I last saw h[illegible] alive on 11-21 1943

Immediate cause of death	Duration
Bronchopneumonia	4 days
Due to	
Urinary Extravasation	10 days
Due to	over
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 10-26-43
Major findings of operation: Urinary Extravasation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B Kelly M. D.
Address Balt City Hosp Date signed 11-24-43

C 10436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 483

Registered No. C 10436

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1036 E. Oxford
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 38yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1036 E. Oxford
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jannie Ellen Birch.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F.

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Carr H. Birch

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 22, 1872

8. AGE: Years 71 | Months 6 | Days 1 | If less than one day hr. min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at Home

FATHER 12. Name [illegible] ELLEN RICE

13. Birthplace VIRGINIA

MOTHER 14. Maiden name AUGUST CHRISTIAN STONE

15. Birthplace VIRGINIA

16 (a) Informant Walter Webb

(b) Address 2653 N. Lafayette Av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 27 1943 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Brooklyn Anne Co. Md.

18 (a) Funeral director H. Howard Strong

(b) Address 3207 W. North Ave

NOV 24 1943 (Date received by Local Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23 1943, at 2:40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1943, to Nov 23 1943, and that I last saw her alive on Nov 22 1943.

Immediate cause of death Pneumonia Influenza

Due to with Metastasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Dec. 18. 1939

Major findings of operation: Carcinoma of uterus

of autopsy:

Duration
1939

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Brown

Address 1663 W. North Ave. Date signed 11/25/43 M.D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 10437

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2444 Annapolis Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25-3

(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2444 Annapolis Ave (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Alexander Cobb

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Martha Rebecca Cobb

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years 80 | Months | Days | If less than one day hr. min.

9. Birthplace Nelson County Va (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER 12. Name William Cobb

13. Birthplace Nelson Co, Va

MOTHER 14. Maiden Name Lucy Brown

15. Birthplace Nelson Co Va

16 (a) Informant Mrs Martha Rebecca Cobb

(b) Address 2444 Annapolis Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 24-43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Balto Md

18 (a) Funeral director J. L. Preston Lyttony

(b) Address 779 Mosher St

19 NOV 24 1943 (Date rec'd by registrar) Signature for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22 19 , at 7a. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1943, to Nov 22 1943, and that I last saw h[illegible] alive on Nov 22 1943

Immediate cause of death Pneumonia Duration 2 hours

Due to Arteriosclerosis 3 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. V. Williams

Address 708 Hollins Ave Date signed 11/22/43 M. D.

GLANN

G 10438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 10438

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkins and Caton Aves.

(c) Hospital or institution: St. Agnes

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 1826 Wilkins Avenue (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. John H. Hankey, Sr.

3 (b) If veteran, name war ---

3 (c) Social Security Account No. 705-05-6005

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary A. Hankey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/29/1869

8. AGE: Years	Months	Days	If less than one day
73	10	24	hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Retired Engineer

11. Industry or business B. & O. R. R.

FATHER
12. Name John Hankey
13. Birthplace Not Known

MOTHER
14. Maiden Name Jane
15. Birthplace Not Known

16 (a) Informant Mr. Jesse C. Hankey

(b) Address 464 S. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md.

NOV 24 1943 (Date received by Registrar) (b) Huntington Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-23 1943, at 7 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-22 1943, to 11-23 1943, and that I last saw h/m alive on 11-23 1943.

Immediate cause of death Pontine haemorrhage

Due to Arteriosclerosis hypertension & V disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: Pontine haemorrhage

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard W. Steer M. D.

Address St. Agnes Hospital Date signed 11-23-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

G 10439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

Registered No. G 10439

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Greenway Apts.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-2 [illegible] + 26 da
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Greenway Apts. (If rural give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3 (a) FULL NAME FLORENCE TURNER WOODS

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Fred'k. U. Woods

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 30, 1860

8. AGE: Years 83 | Months 4 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John H. Turner
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Crook
15. Birthplace Md.

16 (a) Informant Miss Mary Florence Woods
(b) Address Greenway Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

(c) Date received by registrar NOV 24 1943 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23 1943, at 39 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 23 1943, to Nov 23 1943 and that I last saw h[illegible] alive on Nov 23 19 43

Immediate cause of death

Due to Pulmonary Embolism

Due to Myocarditis

Due to [illegible]

Other Conditions Senility

(Include pregnancy within 3 months of death)

Duration
5 hrs
5 yrs

Date of operation.....

Major findings of operation:.....

of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence ..... at .....M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?.....
(e) Means of injury.....

23. Signature W. T. Pearce M. D.

Address 205 Echard Date signed Nov 23/43

G 10140

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

File 64919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 152

G 10140 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 3-2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 921 E. Lombard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isaac Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Widower Divorced

6 (b) Name of husband or wife ? Kate

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2-1882

8. AGE: Years 61 | Months 6 | Days 11 | If less than one day 2 hr. 0 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Odd Jobs

11. Industry or business

FATHER
12. Name David Davis
13. Birthplace Russia

MOTHER
14. Maiden Name Rose ?
15. Birthplace Russia

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-43 (month) (day) (year)
(c) Cemetery or crematory Helen Friendship
Location Balto & Conkling Sts

18 (a) Funeral director Jack Leung Lee
(b) Address 1439 E. Balto St.

19 (a) NOV 24 1943 (Date received by Registrar) (b) Registrar for Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-22 1943, at 11:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-17 1943 to 11-22 1943, and that I last saw him alive on 11-22 1943.

Immediate cause of death	Duration
Uremia	2 days
Due to Acute nephritis	?
Due to Cellulitis Lt Shoulder	2 wks
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 11-19-43

Major findings of operation: Abscess Lt Shoulder

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B Stott

Address Balto City Hosp Date signed 11-23-43 M. D.

G 10441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 10441 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4913 Park Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-17
(e) Length of stay in Baltimore (yrs., mos., or days) 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4913 Park Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Curtis Dineis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: ~~Married~~ Widowed

6 (b) Name of husband or wife: Samuel Dineis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1871

8. AGE: Years: 72 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Maria —
13. Birthplace: Russia

MOTHER
14. Maiden Name: —
15. Birthplace: Russia

16 (a) Informant: Abraham Dineis
(b) Address: 4913 Pk. Hgts. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-24-43 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Friendship
Location: E. Balto. Pk

18 (a) Funeral director: Jack Levin Inc
(b) Address: 1739 E. Balto. St

NOV 24 1943 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11-22-43 19 , at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to Nov 22 1943, and that I last saw h[im] alive on Nov 22 1943

Immediate cause of death: Myocardial Infarction — Duration: 1 day

Due to: Arteriosclerotic Heart Disease — ??

Due to:

Other Conditions: none

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Milton E Lowman M. D.
Address 5213 Park Heights Ave Date signed 11-23-43

G 10442 AB-84823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

Registered No. G 10442

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 612 Bruce St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James (Jim) Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widower

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9- 1869

8. AGE: Years	Months	Days	If less than one day
74	10	11	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Daniel Harris
13. Birthplace Va.

MOTHER
14. Maiden Name Indy Thacker
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location A.A. County

18 (a) Funeral director Charles H. Corbett
(b) Address 512 N. Carrollton Ave.

NOV 24 1943 (Registered by Registrar)

(b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1943, at 6:35 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 11 1943, to Nov. 20 1943, and that I last saw h.i.m. alive on Nov 19 1943.

Immediate cause of death Carcinoma of Bladder with Metastasis — Duration 4 yrs.

Due to

Due to

Other Conditions Uremia — 1 day

(Include pregnancy within 3 months of death)

Date of operation Nov 13, 1943

Major findings of operation: Urinary retention

of autopsy: Carcinoma of Bladder Metastatic

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Williams M. D.
Address Balto City Hosp Date signed Nov 24/43

C 10443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. C 10443

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1024 N. Eden St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 N. Eden (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Matthew Moore Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Arietta M. Moore
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Sept 5th 1872

8. AGE: Years	Months	Days	If less than one day
71	2	15	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Minister
11. Industry or business "

FATHER
12. Name Matthew Moor Sr
13. Birthplace Md

MOTHER
14. Maiden Name Caroline Jackson
15. Birthplace Md

16 (a) Informant Arietta M. Moore
(b) Address 1024 N. Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 24th 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Balto Md

18 (a) Funeral director Brown & Jamie H. Wright
(b) Address 721 Aliquette St

19 (a) Nov 24 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-20-1943 at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/15 1943 to 11/20 1943, and that I last saw h[illegible] alive on 11/20 1943.

Immediate cause of death	Duration
Acute Arthritis	
Uremia & Myocarditis	5 mos
Due to Uremia & Arthritis	10 mos
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jas R Blake M. D.
Address 1327 E. Central Ave Date signed 11/22/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. C 10444

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 204 Otterbein
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 204 Otterbein (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Custus

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1891

8. AGE: Years 52 | Months 4 | Days 24 | If less than one day hr. min.

9. Birthplace [redacted] (Town, county, and state)

10. Usual Occupation [redacted]

11. Industry or business

FATHER
12. Name George Custus
13. Birthplace Va

MOTHER
14. Maiden Name Elizabeth Matthews
15. Birthplace Va

16 (a) Informant Elizabeth Cole (S)
(b) Address 2450 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Co Md

18 (a) Funeral director Daniel F Dunn Inc
(b) Address 101 W Montgomery St

19 NOV 24 1943 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19 1943, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1943 to Nov 9 1943 and that I last saw h[illegible] alive on Nov 9 1943

Immediate cause of death Myocarditis — Duration 6 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 75 [illegible] Date signed 11/24/43

VS 150

G 10445 MJ-84359

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46B

G 10445 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo., 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 N. Carrollton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME James Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 10, 1873

8. AGE: Years	Months	Days	If less than one day
70	8	12	hr. min.

9. Birthplace Georgia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jim Bouldin
13. Birthplace GA

MOTHER
14. Maiden Name Carrie Richardson
15. Birthplace GA

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Ct
Location

18 (a) Funeral director David L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) NOV 24 1943 (Date received by Registrar) (b) Huntington Williams Registrar M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/22 1943, at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/15 1943 to 11/22 1943, and that I last saw h[illegible] alive on 11/22 1943.

Immediate cause of death	Duration
Carcinoma of stomach & metastases to regional nodes & liver	6 mo?
Due to	
Due to	?
Other Conditions Latent Syphilis, (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Seigman M.D.
Address BCH Date signed 11/22

G 10446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 # Registered No. G 10446

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2902 Strathmore Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2902 Strathmore Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA RITA GLEDHILL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Harold B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-20-1911

8. AGE: Years 31 | Months 11 | Days 2 | If less than one day hr. min.

9. Birthplace Chicago Ill (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name Wm F. Lynch
13. Birthplace

MOTHER
14. Maiden Name Anna
15. Birthplace

16 (a) Informant Harold B. Gledhill
(b) Address 2902 Strathmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-43 (month) (day) (year)
(c) Cemetery or crematory St. Joseph Cemetery
Location Hammonds Ferry Rd

18 (a) Funeral director Leonard Kirby
(b) Address 2138 E. Monument St.

19 NOV 24 1943 (Date rec'd by registrar) (Signature for Nicholas, M.D.) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22 1943, at 5:36 P.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Carbon monoxide poisoning

Due to Suicide

Other Conditions mental depression

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 11-22-43 at M.
(b) Where did injury occur? above address
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work?
(d) Means of injury kitchen stove

23. Signature H. L. Wallenmeyer M.D. (Medical Examiner.)
Date signed 11-22-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 10447 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2025 Ashland (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie C Connally

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: George
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 8-19-03
8. AGE: Years 40 | Months 3 | Days 4 | If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Tom Tuska
13. Birthplace Bohemia

MOTHER
14. Maiden Name Eleanor Vojik
15. Birthplace Bohemia

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 27 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Charles E Schmidt
(b) Address 2601 E Madison

19 NOV 24 1943 (Date rec'd by registrar) Huntingtown Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23 1943 at 12:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 23 1943 to Nov. 23 1943 and that I last saw her alive on Nov 23 1943.

Immediate cause of death	Duration
Cerebral hemorrhage	15 hrs.
Due to Hypertensive C-V disease	4 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul O. Chatfield M. D.
Address Johns Hopkins Hosp. Date signed 11/23/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~10448~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 ✓

Registered No. G 10448

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 219 N. Durham St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 → 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 219 N. Durham St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah E. Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	Single

6 (b) Name of husband or wife –

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1900

8. AGE: Years	Months	Days	If less than one day
43	10	1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

MOTHER / FATHER

12. Name John Wilson

13. Birthplace Md.

14. Maiden Name Isabelle Madox

15. Birthplace Md.

16 (a) Informant Elsie Wilson

(b) Address 219 N. Durham St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Elroy O. Wilson

Address 4100 Brantley Ave.

19 (a) NOV 24 1943 Washington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20 1943, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 7 1943 to Nov 20 1943. and that I last saw h[illegible] alive on Nov 19 1943.

Immediate cause of death	Duration
Chronic Parenchymatous Nephritis	1 Yr.
Due to	
Due to	
Other Conditions Mitral Insufficiency Marked Hypertension (Include pregnancy within 3 months of death)	1 yr.

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph J. Young M. D.

Address 629 E. Monument Date signed 11/21/43

443680

0449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10449

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1437 E. Fayette St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Bertha Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife.....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 5-1-43

8. AGE: Years | Months: 6 | Days: 21 | If less than one day: ..... hr. ..... min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Tom Johnson
13. Birthplace Va.

MOTHER
14. Maiden Name Bertha Harried
15. Birthplace Md

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/43 (month) (day) (year)
(c) Cemetery or crematory.....
Location Magothy Md.

18 (a) Funeral director Elrod Wilson
(b) Address 1000 Brantley Ave
NOV 24 1943 (Date received by registrar) Huntington Williams Jr. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22 1943 at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 28 1943 to Nov. 22 1943 and that I last saw her alive on Nov. 22 1943

Immediate cause of death: Meningitis pneumococcus — Duration: 3 1/2 weeks

Due to.....

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature Ina Helen Bessie

Address Johns Hopkins Hosp. Date signed M. 11/23/43 D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. G 10450

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) Almost all of his life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Fleet Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MANUEL GUILLAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	465-12-9108

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1901

8. AGE: Years	Months	Days	If less than one day
42	4	26	hr. min.

9. Birthplace ? Spain (Town, county, and state)
10. Usual Occupation A.B. Seaman
11. Industry or business Merchant Seaman

FATHER
12. Name Antonio Guillan
13. Birthplace ? Spain

MOTHER
14. Maiden Name Unknown
15. Birthplace ? Spain

16 (a) Informant Records, U.S. Marine Hospital
(b) Address Baltimore, Md.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 24/43 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Geiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) NOV 24 1943 (Date rec'd by registrar) (b) Huntington Whitmire, M.D.

MEDICAL CERTIFICATION P.

20. DATE OF DEATH November 22, 1943, at 11:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 26, 1943, to Nov. 22, 1943, and that I last saw him alive on Nov. 22, 1943.

Immediate cause of death	Duration
Far advanced bilateral pulmonary tuberculosis	Unk.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation No operations
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. S. Trail
Address Baltimore, Md. Date signed M 11 D 23/43

VS 250

MS-48780

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 123

Registered No. G 10451

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 27 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3800 W. GARRISON Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME John E. Maier

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: MALE

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: JULIA TATTMAN

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 21-1874

8. AGE: Years 69 | Months 10 | Days — | If less than one day — hr. — min.

9. Birthplace: AUSTRIA (Town, county, and state)

10. Usual Occupation: Brick

11. Industry or business: =

FATHER
12. Name: Unknown
13. Birthplace: Austria Hungary

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Austria Hungary

16 (a) Informant: records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/43 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Baltimore, Md.

18 (a) Funeral director: F. A. Kippert & Son
(b) Address: 1300 Eutaw Place

NOV 24 1943 (Date accepted by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV. 21 1943 at 3:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 21, 1943, to Nov 24 1943, and that I last saw h.im. alive on Nov 21 1943.

Immediate cause of death: Mesenteric thrombosis — Duration: 20 hrs.

Due to: arteriosclerotic heart disease.

Due to:

Other Conditions: Rt. sided hydronephrosis & hydroureter - heart failure.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Mesenteric thrombosis gangrenous small bowel & colon
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature: Howard H. Hamm M. D.
Address: 2. H. H. Balto, Md. Date signed 11-24-43

VS 3

0452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 ✓

G 10452 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 819 N. Arlington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 d
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town 819 N. Arlington Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret E. Armstrong

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Wh	Widowed

6 (b) Name of husband or wife George Armstrong
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 1, 1872

8. AGE: Years	Months	Days	If less than one day
71	5	20	hr. min.

9. Birthplace The Gap Chester Co Pa.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Peter Watson
13. Birthplace Pa.

MOTHER
14. Maiden Name Catherine Crump
15. Birthplace Pa.

16 (a) Informant Annie Wesley.
(b) Address 819 N. Arlington ave

17 (a) Burial (b) Date thereof Nov 24, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore National Cem
Location

18 (a) Funeral director Mrs. Robt A. Elliott & Daughter
(b) Address 1129 N. Caroline St

19 NOV 24 1943 Huntington Williams, M.D.
(Date rec'd by reg.)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 21 1943 at 8 35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1943 to Nov 21 1943, and that I last saw h alive on 11/19 1943.

Immediate cause of death Chr. Myocarditis — Duration 6 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Calvin M. LeCompte

Address 1113 N. Caroline St Date signed 11/23/43 (M. D.)

10453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

Registered No. C 10453

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 611 Woodbourne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town 611 Woodbourne Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 Baltimore (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Milton Dashiell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anne
6 (c) If alive, give age about

7. Birth date of deceased (mo., day, yr.) May 8, 1857

8. AGE: Years	Months	Days	If less than one day
about 86	6	15	hr. min.

9. Birthplace Cambridge, Md. (Town, county, and state)
10. Usual Occupation Lawyer - retired
11. Industry or business

FATHER
12. Name Edwin Dashiell
13. Birthplace Va.

MOTHER
14. Maiden Name Ellen Gordon
15. Birthplace Md.

16 (a) Informant Edmonia Dashiell
(b) Address 611 Woodbourne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Moreland Mem.
Location Baltimore

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St Paul St.

NOV 24 1943 (Date rec'd by registrar)

(b) Hunting for Hiding Place, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23 1943 at [redacted]

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 19 1943 to Nov 23 1943 and that I last saw h[redacted] alive on Nov 22 1943.

Immediate cause of death Myocarditis — Duration 2 mos
Due to Age
Due to Arteriosclerotic Heart Disease
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Heaps M. D.
Address 612 Woodbourne Ave Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please correct age is especially important. write the causes of death clearly and legibly.

10454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. G 10454

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4215 Arizona Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4215 Arizona Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Harry Offerhauser Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 717-07-6270

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Louise Offerhauser

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Dec 6th 1878

8. AGE: Years 64 | Months 11 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or busines Balto City Highways Com

FATHER
12. Name Henry Offerhauer
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Balto. Md.

16 (a) Informant Louise Offerhauser
(b) Address 4215 Arizona Ave

17 (a) Burial (b) Date thereof 11/26/43
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto.
Location Balto Md.

18 (a) Funeral director William Cook. Inc
(b) Address 1217 St. Paul st

NOV 24 1943
(Date rec'd by registrar)
(b) Huntington Williams, M.D.
Registrar

V8 156

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22nd 1943 at 6 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 29 1943 to Nov 22 1943 and that I last saw h. alive on ~~Sept~~ Nov 22 1943

Immediate cause of death: Coronary Occlusion — Duration

Due to: Myocarditis

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Michael Lyon Field M. D.
Address 1407 Belair Rd Date signed 11-25-43

Michael L Grossfeld

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~C~~ 0455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Y 08 C 10455 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green
(c) Hospital or institution: University Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1306 Longwood St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma C. Parks (Parko)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fe | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband ~~or wife~~ John H. Parks

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 2nd 1861

8. AGE: Years 82 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace Accomac Co. Va.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Henry Malbon
13. Birthplace Accomac Co. Va.

MOTHER
14. Maiden Name Emma James
15. Birthplace Accomac Co. Va.

16 (a) Informant Mrs. Bessie Pilchard
(b) Address 1306 N. Longwood St.

17 (a) Removal (b) Date thereof 11/25/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Pocomoke City
Location Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

NOV 24 1943 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/22 1943 at 645 ~~P~~ M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/21 1943 to 11/22 1943 and that I last saw h~~e~~r alive on 11/22 1943.

Immediate cause of death Respiratory failure — Duration

Due to Pneumonia — over

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alvin H Horsman M. D.
Address Univ Hosp Date signed 11/23/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 10456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

C 10456 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 536 Wellesley Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 536 Wellesley Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Winifred M Swift

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: late John E. Swift

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Jan 6th 1877

8. AGE: Years 66. Months 10 Days 16 If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation House work

11. Industry or business at home

FATHER 12. Name Michael J Brooke

13. Birthplace Ireland.

MOTHER 14. Maiden Name Catherine A Butler

15. Birthplace Baltimore Md.

16 (a) Informant Mrs Catherine Newell

(b) Address 1824 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/43 (month) (day) (year)

(c) Cemetery or crematory Lorraine Park Cem

Location Woodlawn Md.

18 (a) Funeral director John F Conway Son

(b) Address 2003 Pollitt Street

19 NOV 24 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22nd 1943 at 12.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1936 to Nov. 19 , and that I last saw h[er] alive on Nov 12 1943

Immediate cause of death Uremia

Duration

Due to Bilateral Paralysis Both arm - Both legs Throat

Due to Cerebral hemorrhage

Other Conditions Patient has had Several Cerebral hemorrhages for past 8 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Thomas E. Ballyn M. D.

Address Med Arts Bldg Date signed 11-22-43

VS 180

G 10457
AB-84923

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93 D

G 10457
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 W. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Mulroy or ~~James Mulroy~~

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife ✓
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Nov. 30-1891

8. AGE: Years	Months	Days	If less than one day
51	11	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Mulroy or ~~John Mulroy~~
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Macheiroy or Mary Mackelroy
15. Birthplace Ireland

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location 4300 Old Frederick Rd.
18 (a) Funeral director John Conway & Son
(b) Address 901-03 Holliday St.
19 (a) NOV 24 1943 Washington Williams M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-22 1943, at 4:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-17 1943 to 11-22 1943, and that I last saw h[illegible] alive on 11-22 1943.

Immediate cause of death — Duration
Cerebral Hemorrhage — 5 Min
Due to Hypertensive Cardio-Vascular Disease — 7
Due to
Other Conditions Perirectal Abscess

(Include pregnancy within 3 months of death)
Date of operation 11-17-43
Major findings of operation: Rectal Abscess
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B. Hebb M. D.
Address Balt City Hosp Date signed 11-23-43

G 10458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

G 10458 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 216 S Vincent St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 216 S. Vincent St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Holpin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1st 1875

8. AGE: Years 68 | Months 8 | Days 23. | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation house work.

11. Industry or business at home

FATHER
12. Name John Holpin.
13. Birthplace Ireland.

MOTHER
14. Maiden Name Mary Butler
15. Birthplace Ireland.

16 (a) Informant Mr Michael Holpin.
(b) Address 216 S. Vincent Shelby

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 11/27/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location 4300 Old Frederick Rd.

18 (a) Funeral director John J. Conway & Son
(b) Address 90 & Hollins St.

19 NOV 24 1943 (Date rec'd by registrar) Hunter Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23rd 1943 at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1943 to Nov 20 1943 and that I last saw h[illegible] alive on Nov 20 1943

Immediate cause of death Acute Coronary Thrombosis — Duration

Due to Bronchial Asthma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theo. W. Koldewey M.D.
Address 1715 W Pratt Date signed

Theo. W. KOLDEWEY

G 10459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860

Registered No. G 10459

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 810 W Lombard Street
(c) Hospital or institution:
Universal Hospital 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) Don
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 W. Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** THERESA MESSINEO

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	Widow

6 (b) Name of husband or wife Salvatore Messineo
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1st 1875

8. AGE: Years	Months	Days	If less than one day
68	8	23	hr. min.

9. Birthplace Italy
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Home

FATHER
12. Name Salvatore LaScola
13. Birthplace Italy

MOTHER
14. Maiden Name Unknown
15. Birthplace Italy

16 (a) Informant Randolph V. Meinnes
(b) Address 1102 Enson Street

17 (a) Burial (b) Date thereof 11/27/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Immaculate Conception
Location Lawrence, Mass

18 (a) Funeral director John J Conway & Son
(b) Address 90 E Fallis Street

19 (a) NOV 24 1943 (b) Hunter for Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23 1943 at 8 10 A.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Crushing of chest
Due to Accidental fall
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 11-23-43 at 1914 A.M.
(b) Where did injury occur? above address
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? no
(d) Means of injury fell out window

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 11-23-43

VS 151

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10460 MJ-84847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

Registered No. G 10460

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 130 S. Mount St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 12, 1943

8. AGE: Years	Months	Days	If less than one day
			5 hr. 63 min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Stewart
13. Birthplace Maryland

MOTHER
14. Maiden Name Alice Knauff
15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Cremated (b) Date thereof 11-23-43
(Burial, cremation, or removal) 9 AM (month) (day) (year)
(c) Cemetery or crematory B. C. Hosp.
Location 4940 Eastern ave.,

18 (a) Funeral director B. C. H Crematory
(b) Address 4940 Eastern Ave.,

19 (Date rec'd by registrar) NOV 24 1943 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-12 1943, at 5 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-12 1943, to 11-12 1943, and that I last saw h[illegible] alive on 11-12 1943.

Immediate cause of death Intra uterine asphixia — Duration

Due to Abruptio placenta

Due to

Other Conditions Cerebral damage due to asphixia
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. L. Truscott, M.D.
Address Balto. City Hosp. Date signed 11-17
M. D.

G 10461

MJ-84340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

G 10461 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 18

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 513 N. Carey Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ford, Baby Boy (Dorothy)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 14, 1943

8. AGE: Years | Months | Days | If less than one day: 1 hr. 12 min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frederick Ford
13. Birthplace Maryland

MOTHER
14. Maiden Name Dorothy Thornton
15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 11-21-43 (month) (day) (year)
(c) Cemetery or crematory Balto. City Hosp.
Location 4940 Eastern Ave.,

18 (a) Funeral director B. C. H. Crematory
(b) Address 4940 Eastern ave.,

NOV 24 1943 (Date rec'd by) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-14 1943, at 4:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-14 1943, to 10-14 1943, and that I last saw him alive on 10-14 1943

	Duration
Immediate cause of death: Congenital heart disease	1 hr.
Due to: Malformation of heart??	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. E. Russell M. D.
Address Balto City Hosp. Date signed 10-14-43

PHYSICIAN
Underline the cause to which death should be charged statistically.

G 10462

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1943 ✓ G 10462 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvedere & Greenspring Ave
(c) Hospital or institution:
Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere & Greenspring Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie S. Weis (Bessie S. Weis)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband ~~of wife~~ Jacob Weis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1866

8. AGE: Years: About 75 | Months: 3 | Days | If less than one day: hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Mendel Stiebel,
13. Birthplace Germany

MOTHER
14. Maiden Name Hannah Kemp
15. Birthplace Germany

16 (a) Informant Mrs. M. Weis,
(b) Address 4217 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/43 (month) (day) (year)
(c) Cemetery ~~pe~~ cemetery Ohel Shalom
Location Balto. Md.

18 (a) Funeral director David Londeree & Son
(b) Address 1702 Eutaw Place

19 (a) NOV 24 1943 (Date received by registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-23 1943, at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-25 1943, to 11-23 1943, and that I last saw her alive on 11-23 1943.

Immediate cause of death: Chr. card. vas. disease Hypertension Card. hypertrophy — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edmund Kerr
Address Levindale Date signed 11/23/43 (M. D.)

G 10463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D ✓

G 10463 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3708 Falls Road
(c) Hospital or institution:

13

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3708 Falls Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Rachel Anna Frantz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John L. Frantz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 17 1862

8. AGE: Years 81 | Months 4 | Days 6 | If less than one day: hr. min.

9. Birthplace: Carroll Co. Maryland
(Town, county, and state)

10. Usual Occupation: At Home

11. Industry or business:

FATHER
12. Name: William Dunkert
13. Birthplace: Carroll Co. Maryland

MOTHER
14. Maiden Name: Eva Frantz
15. Birthplace: Carroll Co. Maryland

16 (a) Informant: Harry C. Frantz
(b) Address: 3708 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 27-1943 (month) (day) (year)

(c) Cemetery or crematory: Druids
Location: Westminster, Maryland

18 (a) Funeral director: Durgee Funeral Home
(b) Address: 3631 Falls Road

NOV 24 1943 (Date received) Huntington Williams, M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23- 1943, at 11:05 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1943, to Nov. 23 1943, and that I last saw h[illegible] alive on Nov. 22 1943.

Immediate cause of death: Cong. Heart Failure — Duration

Due to: Chron. Myocarditis

Due to:

Other Conditions: Cholelithiasis

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Edward L. Glassman M. D.

Address 4027 Falls Rd. Date signed 11/24/43

G 10464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 10464 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 611 Bartlett Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 8
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

Balto. Md.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 611 Bartlett Ave
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Letitia Ann Marshall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Dr. James Marshall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1853

8. AGE: Years	Months	Days	If less than one day
90			hr. min.

9. Birthplace Sweet Air - Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Benjiman Jackson
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. James Porter
(b) Address 611 Bartlett Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 25. 1943 (month) (day) (year)
(c) Cemetery or crematory Manchester
Location Manchester - Md.

18 (a) Funeral director George A. Nusbaum
(b) Address 4000 Old York Rd.

19 (a) Date received by registrar Nov 24 1943 (b) Registrar Washington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1943, to Nov 22 1943, and that I last saw her alive on Nov. 22 1943;

Immediate cause of death Arteriosclerotic Heart Disease. — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Thompson Daughtridge M.D.
Address 3053 W. North. Date signed 11/24/43

G 10465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163H

G 10465 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mt. Sin. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 136 W. Read Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME AILEEN FARLEY

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Frederick H. M. S.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 28, 1902

8. AGE: Years	Months	Days	If less than one day
41	4	25	hr. min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Charles Benjamin Bates
13. Birthplace: Md.

MOTHER
14. Maiden Name: Priscilla Marriott
15. Birthplace: Balto., Md.

16 (a) Informant: Mr. Frederick Farley
(b) Address: 136 W. Read St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/43 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cem.
Location: Woodlawn, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 NOV 24 1943 (Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-23-1943 at 6.17 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Asphyxiation
Due to: Illuminating Gas
Other Conditions: Deformed
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 11-23-43 at 5.30 P.M.
(b) Where did injury occur? 136 W. Read Street
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? [illegible]
(d) Means of injury: Gas poisoning inhalation

23. Signature: Howard J. McKeon M.D. Medical Examiner.
Date signed 11-24-43

10466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161a

G 10466 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rutland & Monument St.
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5002 Greenleaf Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Hubbard Daiger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: W

6 (a) Single, married, widowed, or divorced: N. B.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1943

8. AGE: Years | Months | Days: 5 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation N. Born

11. Industry or business

FATHER
12. Name Joseph Daiger
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Cecilia Smith
15. Birthplace Baltimore, Md.

16 (a) Informant Cecilia Daiger
(b) Address 5002 Greenleaf Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto., Md.

18 (a) Funeral director Wm. J. Tuckey & Son
(b) Address Balto., Md.

NOV 24 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23 1943, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 18 1943, to Nov 23 1943, and that I last saw him alive on Nov. 23 1943.

Immediate cause of death Pneumonia — Duration 2 Days
Due to Congenital atelectasis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Goldberg M.D.
Address 2452 Eutaw Pl. Date signed 11/24/43 M. D.

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 D

G 10467 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2229 St Paul St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2229 St Paul
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leonard E. Beach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) ~~Single~~, married, ~~widowed, or divorced~~. Married

6 (b) Name of husband or wife Martha J Beach

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) July 17, 1873

8. AGE: Years 70 | Months 5+ | Days 6 | If less than one day ... hr. ... min.

9. Birthplace Chicago Ill
(Town, county, and state)

10. Usual Occupation Physician

11. Industry or business Self

FATHER
12. Name John Beach
13. Birthplace N Y

MOTHER
14. Maiden Name Mary Brown
15. Birthplace Ky

16 (a) Informant Martha Beach
(b) Address 2229 St Paul St

17 (a) Burial (b) Date thereof 11-26-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Stockwell Cem.
Location Stockwell, N. Y.

18 (a) Funeral director Loring Byers
(b) Address 5005 Park Heights Ave

19 NOV 25 1943 at residence of Wm Williamson M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23 1943 at 1:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1943 to Nov 23 1943 and that I last saw him alive on Nov 22 1943

Immediate cause of death Hypertensive Cardio Vas. disease

Due to Chr Endocarditis

Due to

Other Conditions Terminal Pneumonia Bronchial

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. H. Tonella M. D.

Address 104 W. Madison St Date signed Nov 24

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

G 10468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 10468 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1527 N Smallwood St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1527 N Smallwood St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Zabolinsky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 58 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name Abraham Biorski
13. Birthplace Russia

MOTHER
14. Maiden Name Ida Biorski
15. Birthplace Russia

16 (a) Informant Mrs Samuel Siegel
(b) Address 1527 N Smallwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 25, 1943 (month) (day) (year)
(c) Cemetery or crematory Vanliew Cemetery
Location New Brunswick N. Jersey

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

NOV 25 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov, 24, 1943, at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 22 1943. to Nov. 24 1943.
and that I last saw her alive on Nov. 23, 1943.

	Duration
Immediate cause of death CARDIAC FAILURE	?
Due to arteriosclerosis	?
Due to Diabetes Mellitus	7
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence A.M. M.
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert Goldstone M.D.
Address 2243 Linden Av. Date signed Nov. 24 1943

444863

G 10469

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X ✓ G 10469 — 830 — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 61

2. USUAL RESIDENCE OF DECEASED:
(a) State S C (b) County.....
(c) City or town Winnsboro
(If outside city or town limits, write RURAL and give town)
(d) Street No.....
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Britt Gunter Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Robert D

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 4-27-88

8. AGE: Years	Months	Days	If less than one day
55	6	27	..... hr. ..... min.

9. Birthplace S. C.
(Town, county, and state)

10. Usual Occupation Dress Maker

11. Industry or business

FATHER
12. Name Fitz Gunter
13. Birthplace S.C.

MOTHER
14. Maiden Name Delano Gantt
15. Birthplace S. C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 27/43 (month) (day) (year)

(c) Cemetery or Crematory Sweeny
Location Sweeny S.C.

18 (a) Funeral director John D. Mitchell Sons
(b) Address 1906 Eutaw Place

19 (a) NOV 29 1943 (b) Huntington Williams Registrar
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 1943 at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 18 1943, to Nov. 24 1943 and that I last saw her alive on Nov. 24 1943.

Immediate cause of death	Duration
Subarachnoid hemorrhage	1 hr
Due to Intracranial aneurysm	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy Subarachnoid hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury.....

23. Signature Hugo V. Rizzoli M. D.
Address Johns Hopkins Hosp Date signed 11-27-43

70170 ✓ 94a C 10170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 96

Station at: Bainbridge, Md.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-6
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Cecil
(c) City or town U.S.T.S. Bainbridge Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. ..... (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3 (a) FULL NAME Walter Lee Boyanton

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary H. Boyanton
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) 3-4-1900
8. AGE: Years 43 | Months 8 | Days 17 | If less than one day ..... hr. ..... min.
9. Birthplace Oklahoma (Town, county, and state)
10. Usual Occupation U.S. Navy
11. Industry or business U.S. Navy

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant U.S. Naval Training Station
(b) Address Bainbridge, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 24, 1943. (month) (day) (year)
(c) Cemetery or crematory .....
Location Memphis, Tennessee

18 (a) Funeral director Lee A. Patterson & Son
(b) Address Perryville, Md.

19 (a) Nov. 24 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21, 1943, at ..... M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to h.s.a death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

Autopsy, Inspection or Inquiry

IMMEDIATE CAUSE OF DEATH Coronary occlusion (right coronary artery)

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....
(d) Means of injury .....

23. Signature Robert Lee Fratarcangeli M.D.
Medical Examiner.
Date signed Nov. 22 1943

~~C 10470~~ C 10471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52B

~~C 10470~~ C 10471 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5215 Midwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5215 Midwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Constance D. Rosensteel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1859

8. AGE: Years	Months	Days	If less than one day
84	9	4	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Joseph Leo Rosensteel
13. Birthplace Baltimore

MOTHER
14. Maiden Name Frances Gould
15. Birthplace Baltimore

16 (a) Informant Mrs. Edw. Dempsey
(b) Address 5215 Midwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 26, 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) 25 1943 (Date received by registrar) (b)

Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-23-1943, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/23/1943 to 11-23/1943, and that I last saw h alive on 11-22-1943.

Immediate cause of death Carcinoma bladder — Duration 1 mo

Due to

Due to

Other Conditions Arteriosclerosis Hypertension

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. B. Seybert M. D.
Address 1807 Harford Rd Date signed 11-24-43

Write the cause of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. Correct age is especially important.

AACo. 5-31 2500

10472

HEALTH DEPARTMENT—CITY OF BALTIMORE

10472

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2921 Barrick Benvogen St. 7 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U.S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Infant Gross

(a) Residence: No. 2921 Benvogen St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 23, 1943

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Chas F. Gross, Jr.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Viviana E. Herbst

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Julia Hubfeld

(Address) 2805 Westfield

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 11-25-1943

19. UNDERTAKER Leonard J Rush

(Address) 5305 Harford Rd.

NOV 25 1943

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1943

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1943 to Nov 24, 1943

I last saw him alive on Nov 24, 1943 death is said to have occurred on the date stated above, at 12 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Cause not evident.	
Lived from 11 30 to 12 30	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.....Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?.....Date of injury....., 19....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....If so, specify.....

(Signed) [illegible] M. D.

(Address) 2020 N. Charles St.

G 10473 BALTIMORE CITY HEALTH DEPARTMENT G 10473

CERTIFICATE OF DEATH

94a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7215 Harford Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8109 Harford Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Redel

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Barbara Redel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 7, 1877

8. AGE: Years	Months	Days	If less than one day
66	9	17	hr. min.

9. Birthplace Balto Co. Md.
(Town, county, and state)
10. Usual Occupation Retired Builder
11. Industry or business

FATHER
12. Name Andrew Redel
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret ? ?
15. Birthplace Germany

16 (a) Informant Barbara Redel
(b) Address 8109 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-43 (month) (day) (year)
(c) Cemetery or crematory Baskerville
Location

18 (a) Funeral director Leonard J Rusk
(b) Address 5305 Harford Rd

NOV 25 1943 (Date received by registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-24-1943, at 9 45 A.M.

21. I certify that I took charge of the remains described above, held an Inspection & Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard Mendelsohn M.D.
Medical Examiner.
Date signed 11-24-43

G 10474 G 10474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 182a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5506 Hampnett Ave
(c) Hospital or institution:
5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5506 Hampnett Ave
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Earl Smith

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 19-43

8. AGE: Years	Months	Days	If less than one day
	2	5	..... hr. ..... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation .....

11. Industry or business

FATHER
12. Name Earl Carroll Smith
13. Birthplace md

MOTHER
14. Maiden Name Evelyn Norris
15. Birthplace md

16 (a) Informant Earl Carroll Smith
(b) Address 5506 Hampnett Ave

17 (a) Burial (b) Date thereof 11-26-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location .....

18 (a) Funeral director Leonard J. Funk
(b) Address 5305 Harford Rd

19 (a) ..... (b) .....
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH November 24 1943, at 9:30 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation due to bed clothes

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: 27/6

(a) Date of injury November 24, 1943 M.
(b) Where did injury occur? 5506 Hampnett Ave
(c) Did injury occur at home, on farm, industrial place, in public place? At home While at work? No
(d) Means of injury Suffocation by bedclothes

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed 11/24/43

G 10475

BB-84729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 73a

G 10475

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3610 Parkdale Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Higdon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife ? Wm. H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29-1865

8. AGE: Years	Months	Days	If less than one day
77	10	25	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Fogler
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Ann Scheckles
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 27/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Road

18 (a) Funeral director Ehrmentraut & Donovan
(b) Address 3615-17 Chestnut Ave

(a) NOV 25 1943 (b)
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/23 1943, at 1:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-6 1943, to 11-23 1943, and that I last saw h[illegible] alive on 11-23 1943.

Immediate cause of death: Pernicious Anemia — Duration: 2 years
Due to: Asthenia
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Mott M. D.
Address B. C. H. Date signed 11/24/43

Please write the causes of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. Physicians: please write the cause

#44766

G 10476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10476

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. Co.
(c) City or town Woodlawn (If outside city or town limits, write RURAL and give town)
(d) Street No. Rolling Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Dorman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-19-41

8. AGE: Years	Months	Days	If less than one day
2	1	4	hr. min.

9. Birthplace Md (Town, county and state)

10. Usual Occupation child

11. Industry or business

FATHER
12. Name Arthur Dorman
13. Birthplace Md.

MOTHER
14. Maiden Name Ella Howard
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) NOV 27 1943 (Date filed by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23 1943 at 12.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 17 1943 to Nov 23 1943 and that I last saw h alive on Nov. 23 1943.

Immediate cause of death Hemorrhage from nose
Due to Leukemia, Chronic Myeloid
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 6 months ill years 6 days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stanley L Blumenstock M. D.
Address Johns Hopkins Hosp. Md. Date signed 11/23/43

VS 8

C 10477

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

C 10477 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2306 Barclay St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2306 Barclay St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GUSTAV DUNNIGEN.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation City Employee
11. Industry or business

FATHER
12. Name Patrick Dunnigan
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie
15. Birthplace Maryland

16 (a) Informant Mrs L J Leffeatz
(b) Address 1913 Gelston Ave

17 (a) To Burial (b) Date thereof 11-26-1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Mary M Wiedefeld
(b) Address 2016 E Pratt St

19 NOV 25 1943 (b)
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/23 1943, at 9.45 P.M.

21. I certify that I took charge of the remains described above, held an Enquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-vascular disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Leigh B. McNally M.D.
Medical Examiner.
Date signed 11/24/43

G 10478 G 10478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1647

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert Sts
(c) Hospital or institution: Mercy Hosp 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County .....
(c) City or town Winchester
(If outside city or town limits, write RURAL and give town)
(d) Street No. 410 S Loudoun St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3 (a) FULL NAME Emma Sartelle

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Edward B. Sartelle
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) — 1875

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Penn.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Peter Fahnestock
13. Birthplace Penn.

MOTHER
14. Maiden Name Anna Culdron
15. Birthplace Penn.

16 (a) Informant Edward B. Sartelle
(b) Address 410 S Loudoun St Winchester Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 28, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Hebron Cem.
Location Winchester Va

18 (a) Funeral director Easton Sons
(b) Address Elegiac Chapel

NOV 25 1943 (Date rec'd by Registrar) (b) Hunting Ton Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 25, 1943, at 5:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 23, 1943, to Nov 25 1943, and that I last saw h alive on Nov 24 1943

Immediate cause of death Acute Resp. Failure
due to mucus Plug
Due to attempt at Suicide on 11/22/43 resulting in laceration
Due to Laryngeal Emerg. tracheotomy followed by
Other Conditions repair Laryngeal on 11/24/43.
(Include pregnancy within 3 months of death)

Duration

Date of operation 11/24/43
Major findings of operation: severely lacerated larynx
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide attempt
(b) Date of occurrence 11/22/43 at ? M
(c) Where did injury occur? Winchester, Va.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? —
(Specify type of place)
(e) Means of injury Laryngeal laceration c
23. Signature Robert B. Tunney M. D.
Address Mercy Hosp Date signed 11/25/43

Approved: Robert Lee Graham M.D.

G 10479

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH ✓ 47c

G 10479 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Laural
(If outside city or town limits, write RURAL and give town)
(d) Street No. Laural
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albin S Mercier

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-12-5915

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Margaret Mercier
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 21 1897

8. AGE: Years	Months	Days	If less than one day
46	1	2	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Littlewood M Mercier
13. Birthplace Maryland

MOTHER
14. Maiden Name ? Owens
15. Birthplace Maryland

16 (a) Informant Margaret Mercier, wife
(b) Address Laurel, Del

17 (a) Burial (b) Date thereof Nov 26-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Laurel Hill Cem.
Location Laurel Del

18 (a) Funeral director Charles P Powell
(b) Address 24-27 Edmondson Ave

19 (a) NOV 25 1943 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/23 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/21 1943 to 11/23 1943 and that I last saw h[illegible] alive on 11/23 1943.

Immediate cause of death	Duration
Circulatory Failure	
Due to Generalized Carcinomatosis	
Due to Pulmonary Tuberculosis	
Other Conditions	over

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alvin H. Hoffman M.D.
Address Univ Hosp Date signed 11/24/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10480 G 10480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 832

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 102 N Bruce St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 102 North Bruce St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Violet J. M. Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8. 1888

8. AGE: Years	Months	Days	If less than one day
55	7	14	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation Job Watchmanself
11. Industry or business

FATHER
12. Name George Williams
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Eliza Hinds
15. Birthplace Baltimore County Maryland

16 (a) Informant Violet Williams
(b) Address 102 North Bruce St

17 (a) Burial (b) Date thereof November 26 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Lebanon
Location Baltimore County Maryland

18 (a) Funeral director Joseph R. Oberly
(b) Address 4000 N Mount street

19 (a) (Filed by Registrar) (b) Eugene Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/24/43 19 . at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/21/43 to 19 , and that I last saw h alive on 11/24 19 43

Immediate cause of death

Duration

Cerebral Hemorrhage

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene Williams M.D.
Address 151 Harlem Ave Date signed 11/25/43

2 5 4 3 VS 3

10481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130

G 10481
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & Slat St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 63 days
(e) Length of stay in Baltimore (yrs., mos., or days) Since June, 1943

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1628 Thames Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME FORREST MAYWOOD BROCK

3 (b) If veteran, name war -

3 (c) Social Security Account No. -555-16-5387

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/6/1900

8. AGE: Years 43 | Months 2 | Days 18 | If less than one day hrs. min.

9. Birthplace Norfolk, Va.
(Town, county, and state)

10. Usual Occupation Oiler - Merchant Marine Ser.

11. Industry or business Merchant Seaman

FATHER
12. Name Harry A. Brock
13. Birthplace Ky.

MOTHER
14. Maiden Name May Cason
15. Birthplace Norfolk, Va.

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-43 (month) (day) (year)

(c) Cemetery or crematory
Location Drumwright Oklahoma

18 (a) Funeral director A. Lee Cader
(b) Address 4644 York Rd.

NOV 26 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24, 1943, at 5:56 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 22, 1943, to Nov. 24, 1943, and that I last saw him alive on Nov. 24, 1943.

Immediate cause of death Pulmonary hemorrhage — Duration: Prior to death.

Due to Bilateral pulmonary tuberculosis — Duration: Unk.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation No operations

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Williams

Address Baltimore, Md. Date signed 11/24/43 M.D.

VS 180 Escort Harry A. Brock

MS-48142

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians:

10482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. C 10482

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1826
(c) Hospital or institution: Bethlehem-Fairfield Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Buckeystown
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond R. White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Married

6 (b) Name of husband or wife Mary Mrs White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Oct 23 1884

8. AGE: Years	Months	Days	If less than one day
57 58	1	21	hr. min.

9. Birthplace Buckeystown Md
(Town, county, and state)

10. Usual Occupation Ship Yard Worker

11. Industry or business

FATHER
12. Name James White
13. Birthplace Md

MOTHER
14. Maiden Name Mary Pennell
15. Birthplace Frederick Co Md

16 (a) Informant James M White
(b) Address Frederick Co Md

17 (a) (Burial, cremation, or removal) (b) Date thereof Nov 27 43 (month) (day) (year)

(c) Cemetery or crematory Frederick Mem Cem
Location Frederick Md

18 (a) Funeral director A Hunt Etchison
(b) Address Frederick Md

NOV 26 1943 (b) Huntington Williams M.D.
(Date received by local registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24 1943, at 11 55 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary thrombosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert L. Grafton M.D.
Medical Examiner.
Date signed Nov. 25 1943

Correct age is especially important for those under 1 year, 5 years, 10 years, 20 years, 30 years, 40 years, 50 years, 60 years, 70 years, 80 years, 90 years, 100 years.

C 10483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 10483

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution: University Hospital 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A. Co.
(c) City or town Revell Station
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul Peterson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 76 | Months - | Days | If less than one day hr. min.

9. Birthplace Denmark (Town, county, and state)

10. Usual Occupation Contractor

11. Industry or business Retired

FATHER
12. Name Unknown
13. Birthplace Denmark

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant John Stule
(b) Address 3902 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/43 (month) (day) (year)
(c) Cemetery or crematory Asbury Cemetery
Location Arnold Md.

18 (a) Funeral director Harry A. Witzke
(b) Address 401 E Lanvale St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22 1943, at 6.25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 5 1943 to Nov 22 1943, and that I last saw h.i.m alive on Nov 22 1943

Immediate cause of death Pulmonary edema.
Due to Cardiac failure
Due to Coronary thrombosis
Other Conditions Pneumonia & Early senilia.
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos L Wilson M. D.
Address Univ. Hosp. Date signed 11/22/43

G 10184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 10184 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3406 Gough St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Marian Siddall Bodden

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Andrew Bodden Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 27 1876

8. AGE: Years 67 | Months 1 | Days 26 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own home

FATHER
12. Name Elijah Bowen
13. Birthplace Md.

MOTHER
14. Maiden Name Martha James
15. Birthplace Md.

16 (a) Informant Mr. Andrew Bodden
(b) Address 3406 Gough St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/43 (month) (day) (year)
(c) Cemetery or crematory Mountain Cem.
Location Joppa Md

18 (a) Funeral director Audrey H. Witzke
(b) Address 4101 E Monument Ave

NOV 26 1943 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23 1943, at 10 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 5 1943, to Nov 23 1943, and that I last saw h[er] alive on Nov 23 1943.

	Duration
Immediate cause of death: Cardiac failure (myocardial)	2 hrs
Due to: Arteriosclerotic cardio-vascular disease	yrs
Due to:	
Other Conditions: Ventral hernia, Intestinal adhesions (Include pregnancy within 3 months of death)	
Date of operation:	
Major findings of operation:	
of autopsy: Cardiac dilatation	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isabel A. Harrison M. D.
Address Church Home & Hospital Date signed 11-23

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete and correct as to age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 10185 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2414 N. Charles Street
(c) Hospital or institution: 12
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2414 N. Charles Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martin Vissman

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Dora Dincke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28, 1892

8. AGE: Years	Months	Days	If less than one day
51	—	26	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name George Vissman
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Dora Vissman
(b) Address 2414 N. Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md

18 (a) Funeral director Harry N. Wehr
(b) Address 4101 Edmondson Ave

19 NOV 26 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 - 24 - 1943, at 10 30 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mullen M.D. Medical Examiner.
Date signed 11/24/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

0486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 172

Registered No. C 10486

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 16
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 day
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1413 Poplar Grove St
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Charles W. Moran

3 (b) If veteran, name war .....

3 (c) Social Security Account No. 215-03-2663

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	Married

6 (b) Name of husband or wife Lenora J. Moran

6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) Aug 26. 1903

8. AGE: Years	Months	Days	If less than one day
40	2	29	hr. ..... min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Rigger

11. Industry or business Bethlehem-Fairfield

FATHER
12. Name William Moran
13. Birthplace Md

MOTHER
14. Maiden Name Grace Fritz
15. Birthplace Md

16 (a) Informant Lenora J. Moran
(b) Address 1413 Poplar Grove St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 27. 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location City

18 (a) Funeral director Mr. & Mrs. John W. Teufel & Son
(b) Address 801 W. Fayette St

19 NOV 26 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 1943, at 10 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hemorrhage into mediastinum and left pleural cavity

Due to Fracture of ribs

Other Conditions .....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Nov. 24 1943 at 12 P.M.
(b) Where did injury occur? Beth.-Fairfield Shipyards
(c) Did injury occur at home, on farm, industrial place, in public place? industrial While at work? yes
(d) Means of injury Fell from rigging of ship

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Nov. 25 1943

VS 151

correct age is especially important. Physicians: please write the

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45 B

Registered No. G 10487

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1127 Sargeant St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 Sargeant St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert J. Raynor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male.	White	Widower.

6 (b) Name of husband or wife Late Annie E. Raynor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6th 1890

8. AGE: Years	Months	Days	If less than one day
53.	1	18	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business Boxer

FATHER
12. Name Thomas. Raynor
13. Birthplace Md

MOTHER
14. Maiden Name Mary E. Kerr
15. Birthplace Md.

16 (a) Informant Miss Doris E. Raynor
(b) Address 1127 Sargeant St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/43 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Edgewood & Edgewood Aves.

18 (a) Funeral director John F. Cowan & Son
(b) Address 901 Baltimore Street

NOV 26 1943 (Date received by Registrar) Registrar Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24th 1943 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 16 1943 to Nov 18 1943 and that I last saw him alive on Nov 18 1943.

Immediate cause of death	Duration
Carcinoma of Tongue	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature Carey Rowling M. D.
Address 732 W Lombard St Date signed 11/24/43

0488 BALTIMORE CITY HEALTH DEPARTMENT G 10488
CERTIFICATE OF DEATH 937 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 216 S. Smallwood Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 216 S. Smallwood St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma A. Eckert

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Julius Eckert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23/861

8. AGE: Years 82 | Months 7 | Days 1 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name August Rudding
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Charles W. Eckert
(b) Address 216 S. Smallwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 27, 1943 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmondson Ave., Balto., Md.

18 (a) Funeral director George L. Schwab
(b) Address 2101 Frederick Avenue

19 (a) NOV 26 1943 (Date rec'd by Local Registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 1943, at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 5 1943 to Nov 24 1943 and that I last saw h[illegible] alive on Nov 23 1943.

Immediate cause of death: Arteriosclerotic Cardio-Vascular Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Scagnetti M. D.
Address 1229 W. Lombard St. Date signed 11/24/43

10489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. C 10489

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 46 Nash Market Place
(c) Hospital or institution: 4-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 46 Nash Market Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry B Meads

3 (b) If veteran, name war —
3 (c) Social Security Account No. 214-16-6576

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24 1896

8. AGE: Years 67 | Months 8 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Clerk, Rooming House

11. Industry or business

FATHER
12. Name Charles Meads
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Smith
15. Birthplace Md

16 (a) Informant Mrs Mary Simmons
(b) Address 4258 Nicholson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wilson Bros Inc
(b) Address 1217 E Gay St

19 (a) NOV 26 1943 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 25 1943 at 9:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1943 to Nov 25 1943, and that I last saw him alive on Nov 22 1943.

Immediate cause of death arteriosclerosis — Duration 2 yrs
Due to Cer. Interstitial Nephritis — 4 mos
Due to — 1 Yr.
Other Conditions CHRONIC ULCERATION WITH SLOUGHING OF RT LEG
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James F Cavanaugh MD M. D.
Address 332 W Eager St Date signed 11-25-43

VS 150

10490 G 10490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 nd4 Calvert St
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County Baltimore
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 410 W. 25th St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3 (a) FULL NAME Norman B. Keefer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	married

6 (b) Name of ~~husband or~~ wife Elizabeth Pearl Keefer
6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) June 5 1905

8. AGE: Years	Months	Days	If less than one day: hr.	min.
38	5	19		

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Pipe fitter helper
11. Industry or business Fairfield - Baltimore

FATHER
12. Name John Keefer
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Hazel ?
15. Birthplace Franklin Co. Penna

16 (a) Informant John Keefer
(b) Address 419 W. 23rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/43 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden

18 (a) Funeral director William Cook Inc.
(b) Address 627 St. Paul St
(c) Huntington Williams, M.D.

NOV 26 1943
(Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24 1943, at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 3 1943, to Nov 24 1943, and that I last saw h.. alive on Nov 24 1943.

	Duration
Immediate cause of death Cardio-respiratory failure	1 day
Due to Increased intracranial pressure	?
Due to ~~Malignant Neoplasm~~ Left frontal & parietal lobes	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 11-16-43
Major findings of operation: above tumor & extensive extension
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature John A. Arnett Jr M. D.
Address Union Memorial Hosp. Date signed 11-27-43

Notice is especially important. Physicians: please write the causes of death carefully and legibly.

10491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 a

Registered No. C 10491

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Lefengtry St
(c) Hospital or Institution: Lgd Womens & Lgd Maternity Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 N Lefengtry St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence B Tucker

3 (b) If veteran, name war W

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years 81 | Months | Days | If less than one day hr. min.

9. Birthplace South River Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name William Tucker
13. Birthplace Md

MOTHER 14. Maiden Name Rachel Wells
15. Birthplace Md

16 (a) Informant Lgd Womens Lgd Maternity
(b) Address 1400 N Lefengtry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md

18 (a) Funeral director Mahoney & Doe
(b) Address 1217 E Fond St

NOV 26 1943 (Date rec'd by registrar)

(a) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24 1943 at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/16/1939 19 to 11/24/43 19, and that I last saw her alive on 11/23/43 19.

Immediate cause of death: Hypertensive Cardio-Vascular-Renal disease. — Duration: 1 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin B Jarrell M. D.
Address 11 E. Chase St., City Date signed 11/24/43

VS 150

0492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10492

Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Fayette
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5230 Harwood Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) **FULL NAME** William Fach.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M. | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Katie Jane Fach

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4 1868

8. AGE: Years 75. | Months 2 | Days 21 | If less than one day hr. — min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Jacob Fach.

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Katie Folkendone

MOTHER 15. Birthplace Germany

16 (a) Informant Son

(b) Address Mercy Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/43 (month) (day) (year)

(c) Cemetery or crematory Western

Location Balto.

18 (a) Funeral director Wm Cook Inc

(b) Address 6362 St Paul St.

NOV 26 1943 (Date rec'd by registrar) (c) Signature for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 25 19 43 at 1:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 23 19 43, to Nov 25 19 43, and that I last saw him alive on Nov 25 19 43.

Immediate cause of death	Duration
Cardiac Failure	
Due to Embolism	
Due to Pneumonia & Bronchitis	
Pneumonia	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Mayo Lee M. D.

Address Mercy Hosp. Date signed 11-25-43

VS 180

correct age is especially important. Physicians; please write the causes of death plainly.

0493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

G 10493

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 22

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 44 W. Conway St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANCES HOLLEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1890

8. AGE: Years 53 | Months 10 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name John Watford
13. Birthplace N.C.

MOTHER
14. Maiden Name Patter Salley
15. Birthplace N.C.

16 (a) Informant John Perry
(b) Address 518 N Carey

17 (a) Burial (b) Date thereof 11/26/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a a co md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St.

19 (a) 11 26 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23 1943, at 10 a.m. M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to h[illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Burns, 2nd and 3rd degree entire body

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 11-23-43 at a.m. M.
(b) Where did injury occur? above address
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work?
(d) Means of injury house afire

23. Signature H. L. Williams M.D.
Asst Medical Examiner.
Date signed 11-23-43

VS 151

0494 443986

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13 a

Registered No. 6[illegible]194

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 911 Russell (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest Moffett

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-11-08

8. AGE: Years	Months	Days	If less than one day
35	9	13	hr. min.

9. Birthplace S Car. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Moffett
13. Birthplace S.C.

MOTHER
14. Maiden Name Ann Bassett
15. Birthplace S.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/43 (month) (day) (year)
(c) Cemetery or crematory
Location Rock Hill S.C.
18 (a) Funeral director Elroy Wilson
(b) Address 1900 Brantley ave
(c) Huntington Williams Mort.

NOV 26 1943 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 1943, at 10-55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 4 1943, to Nov 24 1943, and that I last saw him alive on Nov 24 1943.

Immediate cause of death	Duration
Uraemia	
Due to Hypertensive Cardio-vascular disease. Nephrosclerosis	
Due to	
Other Conditions Pneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I.B. Schwartz M. D.
Address J.H. Hospt. Date signed 11/25/43

VS 3

Physicians: please write the causes of death so that correct age is especially important.

G 10495

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50

G 10495 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 725 Sterling St.
(c) Hospital or institution:

10-2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 725 Sterling St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Bacon

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Wilson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1883

8. AGE: Years 60 | Months 6 | Days 19 | If less than one day hr. min.

9. Birthplace Brooklyn New York (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Addie Johnson
(b) Address 725 Sterling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26, 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore National Cemetery
Location

18 (a) Funeral director Mrs Robert S. Elliott & Daughter
(b) Address 1129 N. Carrollton Ave.

NOV 26 1943 (Date rec'd by registrar) Hunting for Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-24 1943, at 6.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-13- 1943, to 11-24- 1943, and that I last saw h[illegible] alive on 11-23- 1943.

Immediate cause, of death: Carcinoma of Breast — Duration: one

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Cargill M.D.
Address 611 N. Carrollton Ave. Date signed 11-24-43

Wm. H. CARGILL M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

10496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 10496 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2123 Llewelyn Av
(c) Hospital or institution:

8-14

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2123 Llewelyn Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sophie Mahen

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife John Mahen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1896

8. AGE: Years	Months	Days	If less than one day
47	5	17	hr. min.

9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. John Mahen
(b) Address 2123 Llewellyn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 26, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Balto. County Md.

18 (a) Funeral director Mrs. Peters & Ellis & Dwight
(b) Address 1129 N. Carlin St.

19 (a) NOV 26 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 5 P.

20. DATE OF DEATH November 22, 1943, at M

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Hypertensive cardiovascular disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 11-23-43

VS 151

10497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G 10497
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Rayner & Dukeland
(c) Hospital or institution: West Baltimore General 26
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4607 Mannasota Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES N HALLORAN (James N. Halloran)

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 215-09-4677

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife: Fannie G. Halloran

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1880

8. AGE: Years 63 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace: Territory of Arizona
(Town, county, and state)

10. Usual Occupation

11. Industry or business: Capital Cake Co.

FATHER
12. Name: James Halloran
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Mary I.
15. Birthplace: Unknown

16 (a) Informant: Mr. Theo. Conlon
(b) Address: 4607 Mannasota Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/26/43 (month) (day) (year)
(c) Cemetery or crematory: Prospect Hill
Location: York Co. Pa.

18 (a) Funeral director: Wm. J. Tickner & Sons.
(b) Address: North & Pa. Aves.

NOV 26 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/24/43 19 , at 12 N

21. I certify that death occurred on the date above stated; that I attended deceased from 10/26/43 to 11/24/43 and that I last saw h[illegible] alive on 11/24/43.

Immediate cause of death	Duration
Respiratory Failure	
Due to Bronchial Pneumonia	
Due to Possible TBC of Lung	
Other Conditions Carbon Failure	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rodney Glenn Rockwell M.D.
Address 1401 Eutaw St. Hospital Date signed 11-26-43

VS 250

C 30498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

134a

Registered No. C 30498

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address .....

(c) Hospital or institution: Sinai Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....

(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County .....

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3219 Belmont Ave.
(If rural give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME ELIZABETH M. FOREMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Separated

6 (b) Name of husband or wife Harry Foreman
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 7/6/1900

8. AGE: Years	Months	Days	If less than one day
43	4	19	..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Drug Clerk

11. Industry or business Morrison & Fifer

FATHER
12. Name John F. Schriefer
13. Birthplace Germany

MOTHER
14. Maiden Name Anna M. Reidel
15. Birthplace Germany

16 (a) Informant Mrs. Josephine Bantley
(b) Address 3219 Belmont Ave.

17 (a) Burial (b) Date thereof 11/29/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

NOV 26 1943 (b) Huntington Williams, M.D.
(Date filed by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/25/1943, at 7:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 1943, to 11/25/1943, and that I last saw her alive on 11/25/1943.

Immediate cause of death ..... Duration

Uremia .....

Due to Renal Failure .....

Due to Renal Calculi .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation 10/14/43

Major findings of operation: Unilateral Calculus

of autopsy: Suppurative pyelonephritis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? .....
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)

(e) Means of injury .....

23. Signature H. H. Williamson M.D.

Address Sinai Hospital Date signed 11/26/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

0499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 10499 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner & Dukeland
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 E. 20th St., (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

2-4

3 (a) FULL NAME Meta B Neukirch (Meta B. Neukirch)

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 29, 1881

8. AGE: Years 62 | Months 2 | Days 4525 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name August W. Neukirch
13. Birthplace Bremen Germany

MOTHER
14. Maiden Name Anna Kayser
15. Birthplace Baltimore

16 (a) Informant Mrs. Anna Wagner
(b) Address 2843 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Aves.

19 (a) NOV 26 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 24 1943, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from November 1943, to November 24 1943, and that I last saw her alive on November 24 1943.

Immediate cause of death: Arteriosclerotic Cerebral Vascular accident — Duration: 8 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herman M. Chesheer
Address WBGH Date signed 11/27/43

Physicians: please write the causes of death clearly and legibly. Be sure that the correct age is especially important.

VS 150

HEALTH DEPARTMENT—CITY OF BALTIMORE

10500 — G 10500

CERTIFICATE OF DEATH 93E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 Deepdene Rd. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Washington Arnold 27-13

If U. S. Veteran specify WAR

(a) Residence: No. 107 Deepdene Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 26, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Casualty Co

10. Date deceased last worked at this occupation (month and year) Nov.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

FATHER

13. NAME Morton V. B. Arnold

14. BIRTHPLACE (city or town) (State or country) Frederick Co Md

MOTHER

15. MAIDEN NAME Rebecca Troupt

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md

17. INFORMANT Sister Mrs. Dennis Hartung

(Address) 2429 Edmondson

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant View Date 11/29/43 19

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) Middletown Md.

20. FILED NOV 26 1943 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1943

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1922 to Nov. 25 1943

I last saw him alive on Nov. 25, 1943. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 yr.
Other contributory causes of importance: Acute Dilatation (Cardiac)	18 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lyman Abbott M. D.

(Address) 3939 Monument Ave

OCCUPATION is very important. See instructions on back of certificate.

C 16501 23 1943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. C 16501

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4027 W. Garrison Ave.
(c) Hospital or institution:
2-18
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4027 W. Garrison Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Dorsey

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Separated

6 (b) Name of husband or wife Frank Dorsey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1867

8. AGE: Years	Months	Days	If less than one day
76	1	23	hr. min.

9. Birthplace Carroll Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Becraft
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Mary Porter
15. Birthplace Carroll Co. Md.

16 (a) Informant Dr. Irvin Morris
(b) Address 4027 W. Garrison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/43 (month) (day) (year)
(c) Cemetery or crematory Wards Chapel Cemetery
Location Baltimore Co. Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Ave.

19 (Date received by registrar) NOV 26 1943 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24, 1943, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1920 to Nov 24 1943, and that I last saw Jas. alive on Oct 16 1943.

Immediate cause of death	Duration
Cerebral haemorrhage	Sudden
Due to Cerebral Arteriosclerosis	
Due to Hyper Tension	
Due to Senile deterioration	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thelma P Hull M. D.
Address 4416 Roland Ave Date signed 11/26/43

10502

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

C 10502
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2038 Linden Ave
(c) Hospital or institution:

13 2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2038 Linden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert C. Todd

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	Married

6 (b) Name of husband or wife Helen M. Todd
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8 1866

8. AGE: Years	Months	Days	If less than one day
77 ~~Years~~	7	17	hr. min.

9. Birthplace Md. Maryland (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Wm. Todd
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Wm. S. Levy
(b) Address 2123 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 26. 1943 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Aves.

19 (a) NOV 26 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 1943, at 6 20 P M

21. I certify that I took charge of the remains described above, held an Inquestion Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert L. Fraser M.D. Medical Examiner.
Date signed Nov 24 1943

VS 151

G 10503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 10503

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 142 N. Milton
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 142 N. Milton (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Wisniewski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Rosalee

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
41			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Guard

11. Industry or business Western Electric

FATHER
12. Name Joseph E. Wisniewski
13. Birthplace Poland

MOTHER
14. Maiden Name Josephine Trzybowski
15. Birthplace Poland

16 (a) Informant Rosalee Wisniewski
(b) Address 142 N. Milton ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore, Maryland

18 (a) Funeral director Fred W Ozarowski
(b) Address 1940 Eastern Ave Hunting for Milton, MD

NOV 26 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/24 1943, at 3/4 M

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Coronary Thrombosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Dwight B. Tuchner M.D. Medical Examiner.
Date signed 11/24/43

VS 151

G 10504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. G 10504

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 834 S MILTON AV.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 834. S. MILTON AV. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Demski

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	White	MARRIED

6 (b) Name of husband or wife BERTHA
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace POLAND (Town, county, and state)
10. Usual Occupation LABORER
11. Industry or business

FATHER
12. Name MARTIN Demski
13. Birthplace POLAND

MOTHER
14. Maiden Name HORORATA DZIEDZIC
15. Birthplace POLAND

16 (a) Informant BERTHA Demski
(b) Address 834 S. MILTON AV.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 27/43 (month), (day) (year)
(c) Cemetery or crematory St. STANISLAUS
Location BALTIMORE

18 (a) Funeral director Fred W. Zemanski
(b) Address 1980 Eastern ave

19 NOV 26 1943 (b) Name filed by registrar Hamilton for Williams, Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV. 24 1943, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 17 1943 to Nov 24 1943, and that I last saw him alive on Nov. 24 1943

Immediate cause of death: Acute Cardio-Vascular failure
Due to: Pulmonary TB.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration
Acute
24 hr

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Decedent
Address 700 N. Bath Ave. Date signed Nov 26/43 M. D.

G 10505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 478

Registered No. G 10505

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2907 Alameda Dr
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2907 Alameda Dr (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Charles E. Baker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frances M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16 1901

8. AGE: Years 42 | Months 6 | Days 7 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Transfer Business

11. Industry or business

FATHER
12. Name George A. Baker
13. Birthplace Balto

MOTHER
14. Maiden Name Emma L. ?
15. Birthplace Baltimore

16 (a) Informant Mrs Frances Baker
(b) Address 2907 Alameda Dr

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-43 (month) (day) (year)

(c) Cemetery or crematory
Location Lorraine

18 (a) Funeral director Leonard J Rusk
(b) Address 5305 Harford Rd

NOV 26 1943 (Date rec'd by Registrar) Hunter Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1943, to Nov 23 1943 and that I last saw h[illegible] alive on 11/23 1943.

Immediate cause of death Carcinoma of Lung (Rt)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hyland Talbert

Address 3703 Harford Rd Date signed 11/27/43 M. D.

G 10506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 10506 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 614 W. Lee
(c) Hospital or institution: 2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 W. Lee St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry L. Gordon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Elsie M. Gordon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25 1885

8. AGE: Years 58 | Months 3 | Days 28 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Transfer Beams

11. Industry or business

FATHER
12. Name Columbus Gordon
13. Birthplace Va

MOTHER
14. Maiden Name Mary —
15. Birthplace Va

16 (a) Informant Elsie Gordon
(b) Address 614 W. Lee St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director James A. Hays
(b) Address 1422 Mosher St

(c) NOV 26 1943 (Date received by local registrar) (b) Huntington Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23 1943, at 0 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1943 to Nov 23 1943, and that I last saw him alive on Nov 23 1943.

Immediate cause of death — Cardio Vascular Renal Disease — Duration Months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]

Address 761 Hanover Date signed Nov 26 1943 M.D.

G 10507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1927

Registered No. G 10507

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 438 S.Drew St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 - 5

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 438 S.Drew St. (If rural give location)

(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Mary E.Sachs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife John Sachs

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept.3,1892

8. AGE: Years	Months	Days	If less than one day
51	2	19	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name John Fitzpatrick

13. Birthplace Harford Co.Md.

MOTHER 14. Maiden Name Mary Schubert

15. Birthplace Baltimore Md.

16 (a) Informant John Sachs

(b) Address 438 S.Drew St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/43 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern Ave.

18 (a) Funeral director Clarence F.Hoffmann

(b) Address 1639 N.Broadway

19 (a) (Date rec'd by registrar) (b) Registrar

NOV 26 1943

VS 150 Hunting for Williams M.D.

MEDICAL CERTIFICATION

P

20. DATE OF DEATH November 22 1943, at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1938, to Nov. 22 1943, and that I last saw her alive on Nov. 22 1943.

Immediate cause of death Chronic Valvular Heart disease — Duration 5 Yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A.W.Rice M.D.

Address Dundalk, Md. Date signed 11/24/43 M.D.

Morgue

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E

Registered No. G 10508

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1411 Division St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 Division Street (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Edna Harris Hudnall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Bennett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 13, 192[illegible]

8. AGE: Years 21 | Months 3 | Days 20 | If less than one day hr. min.

9. Birthplace Cumberland, Va. (Town, county, and state)

10. Usual Occupation Industrial (defense)

11. Industry or business

FATHER
12. Name Arthur Harris
13. Birthplace Cumberland, Va.

MOTHER
14. Maiden Name Rosa Forbes
15. Birthplace Charlotte Co. Va.

16 (a) Informant Arthur Harris
(b) Address 1012 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Balto. Co.

18 (a) Funeral director Mrs Leo H. Holland
(b) Address 1431 Druid Hill Ave.

NOV 26 1943

19 (a) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 24 1943, at 5 40 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Congenital heart disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Nov 22 1943.

VS 151

10509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. C 10509

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4133 Marx Hunter Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (50 yrs., 10 mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town, write RURAL and give town)
(d) Street No. 4133 Marx Hunter Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary V. Zoeller Zoeller

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 217-03-5664

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Frank V. Zoeller

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) January 15, 1893

8. AGE: Years 50 | Months 10 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Bush
13. Birthplace Md

MOTHER
14. Maiden Name Ella Eyres
15. Birthplace Caroline County, Md

16 (a) Informant Frank V. Zoeller
(b) Address 4133 Marx Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave

18 (a) Funeral director Howard N. Bligh Jr.
(b) Address 4914 Belair Road

NOV 26 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 1943, at 1 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pulmonary edema

Due to Chronic myocardial degeneration

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert A. Graham M.D. Medical Examiner.
Date signed Nov. 25 1943

C 10510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. C 10510

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3634 Hickory Avenue
(c) Hospital or institution: 13-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3634 Hickory Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Nora Lee Davis

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife James O. Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22-1871

8. AGE: Years 72 Months 9 Days 2 If less than one day hr. min.

9. Birthplace Carroll Co. Maryland (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name George W. Lee
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma Kemp
15. Birthplace Maryland

16 (a) Informant James O. Davis
(b) Address 3634 Hickory Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 26-1943 (month) (day) (year)
(c) Cemetery or crematory N. Mary's (Campden)
Location Baltimore, Md.

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

NOV 26 1943 (Date received by Registrar) (b) Huntington Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 1943, at 1.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1943 to Nov 24 1943 and that I last saw h alive on Nov 24 1943.

	Duration
Immediate cause of death: Coronary occlusion.	Sudden
Due to: Cardio vascular disease	3 yrs.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the followings
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 216 W 36th St Date signed 11/28/43

G 10511

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1170 C

G 10511 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Glenburnie
(If outside city or town limits, write RURAL and give town)
(d) Street No. Marley neck Road
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME James Mahoney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Child

6 (b) Name of husband or wife.....

6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) 1940

8. AGE: Years 3 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Marley Neck Anne Arundel Co. Md.
(Town, county, and state)

10. Usual Occupation.....

11. Industry or business

FATHER
12. Name James Robert Mahoney
13. Birthplace Virginia

MOTHER
14. Maiden Name Jennette Wilson
15. Birthplace Marley neck Anne Arundel Co. Md.

16 (a) Informant James Robert Mahoney
(b) Address Marley neck Anne Arundel Co. Md.

17 (a)..... (Burial, cremation, or removal) (b) Date thereof 11 26 43 (month) (day) (year)

(c) Cemetery or crematory Marley Neck Cemetery
Location Baltimore Co. Md.

18 (a) Funeral director Walter B. Sprague
(b) Address 139 W. Ostend Street

19 (a) Date received by registrar NOV 28 1943 (b) Signature for Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH November 23, 1943 at 5:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Intra-Cranial hemorrhage

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Nov. 22, 1943
(b) Where did injury occur? West bound Marley Neck Road
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? no
(d) Means of injury Pedestrian struck by auto

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 11-27-43

G 10512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43

Registered No. G 10512

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3602 Second St.
(c) Hospital or institution: 25-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto City
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3602 Second St. (If rural give location)
(e) Citizen of foreign country? Citizen (Yes or No)
If yes, name country

3 (a) FULL NAME Richard L. Wade

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lena Wade
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) July 17, 1873.

8. AGE: Years 70 | Months 4 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER
12. Name Quarter Wade
13. Birthplace Md

MOTHER
14. Maiden Name Dont know
15. Birthplace Md.

16 (a) Informant Lena Wade
(b) Address 3602 Second St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 26/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Jos. J. Kenny
(b) Address 1300 W. Baltimore St.

19 NOV 26 1943 (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22nd, 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/9 1943 to 11/22 1943, and that I last saw h[illegible] alive on 11/21 1943.

	Duration
Immediate cause of death Coronary Thrombosis	2 weeks
Due to —	
Due to —	
Other Conditions Hypertensive cardio-vascular disease (Include pregnancy within 3 months of death)	2

Date of operation —
Major findings of operations —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Harry Deitel
Address 1216 Hanover St. Date signed 11/27/43

VS 8

G 10513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92B

G 10513 Registered No. 90

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caroline & Oliver Sts

(c) Hospital or institution: St Joseph's Hospital 9-9

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21

(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Dundalk

(If outside city or town limits, write RURAL and give town)

(d) Street No. 111 Traffic Road

(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Romayne Arnold (ROMAYNE ARNOLD)

3 (b) If veteran, name war

3 (c) Social Security Account No. 200-12-2318

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife James J Arnold

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9th 1924

8. AGE: Years	Months	Days	If less than one day
19	6	16	hr. min.

9. Birthplace Pennsylvania (State, county and state)

10. Usual Occupation Clerk

11. Industry or business Drug Store

FATHER

12. Name Cornelius Price

13. Birthplace Pennsylvania

MOTHER

14. Maiden Name Ford Jones

15. Birthplace Pennsylvania

16 (a) Informant James J. Arnold

(b) Address 111 Traffic Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 28, 1943 (month) (day) (year)

(c) Cemetery or crematory Bangor Cemetery

Location Bangor Pennsylvania

18 (a) Funeral director Keesey Funeral Home

(b) Address 7401 Belair Road

19 (a) NOV 26 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-25 1943, at 1.04 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-23 1943, to 11-25 1943, and that I last saw h.. alive on 11-25 1943.

Immediate cause of death Cerebral Embolism

Due to Mitral Stenosis (Rheumatic Heart Disease)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration
2 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harlan E Eberle M. D.

Address St Joseph Hospital Date signed 11-25-43

G 10514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10514

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town 7807 Ardmore Ave., Parkville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7807 Ardmore Ave., Parkville
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN THOMAS SUTTON

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Malba Boritz
6 (c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): Nov. 28, 1894

8. AGE: Years: 48 | Months: 11 | Days: 27 | If less than one day: ..... hr. ..... min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: Bendix-3 mos. ago

11. Industry or business: " Production Dept.

FATHER
12. Name: Thomas H. Sutton
13. Birthplace: Baltimore Co., Md.

MOTHER
14. Maiden Name: Mary Catherine O'Halloran
15. Birthplace: Baltimore, Md.

16 (a) Informant: Records, U.S.Marine Hospital
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-1943 (month) (day) (year)
(c) Cemetery or crematory [illegible] Lonely
Location — Parkwood

18 (a) Funeral director: Mary M Redfield
(b) Address: 501 E. [illegible] St.

NOV 26 1943 (Date received by local registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION A.

20. DATE OF DEATH Nov. 24, 1943 at 8:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 3, 1943 to Nov. 24, 1943, and that I last saw him alive on Nov. 24, 1943

Immediate cause of death: Lymphoblastoma involving right lung, spleen, and retroperitoneal lymph nodes — Duration: First noticed 2/1943

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operations:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: No
(b) Date of occurrence: ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: J. Sutton M. D.

Address: Baltimore, Md. Date signed 11/24/43

VS 150

Va-13949

G 10515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10515 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga.
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 513 S. Ann St.
(If rural give location)
(e) Citizen of foreign country? (?) (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Pacunas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M.

6 (b) Name of husband ~~or wife~~ Charles Pacunas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 14 1897

8. AGE: Years	Months	Days	If less than one day
56	2	12 14	hr. min.

9. Birthplace Poland.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name — Daniels
15. Birthplace Poland

16 (a) Informant Mrs E. Humphries
(b) Address 28 S Ellwood Ave

17 (a) Burial (b) Date thereof 11-27-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location —

18 (a) Funeral director Mary McNeilfield
(b) Address 131 E. 22nd St.

19 (d) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

NOV 26 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 1943, at 8 35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 22 1943, to Nov 24 1943 and that I last saw h.. alive on Nov 24 1943.

Immediate cause of death Respiratory Failure — Duration —
Due to Cerebral Vascular Accident — 2 days
Due to —
Other Conditions (a) Diabetes (b) C.V.D.
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature T. R. English M. D.
Address Mercy Hosp. Date signed 11/24/43

G 10516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 12 0

G 10516 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2043 E. Lombard St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2043 E. Lombard St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marr A. Gerlach (or) Gerlack

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-18-[redacted]-0659

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Franklin P.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 15 1877

8. AGE: Years 65 | Months 11 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER 12. Name Frederick Hahn

13. Birthplace Germany

MOTHER 14. Maiden Name Elnor ?

15. Birthplace Germany

16 (a) Informant Frederick Gerlach

(b) Address 1740 Bank St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 27 43 (month) (day) (year)

(c) Cemetery or crematory Balto

Location E. North Ave

18 (a) Funeral director M. W. E. Dyer's Sons

(b) Address Lombard & Pine Sts.

19 (a) [redacted] (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 25 1943 at 5:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/4 1943, to 11/24 1943, and that I last saw h[illegible] alive on 11/24 1943.

Immediate cause of death Acute Dilatation of Heart — Duration 5 days

Due to Cardio-Renal Disease — 8 m.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry J. Jankin M. D.

Address 100 N. Milton Ave. Date signed 11/26/43

36 10517 G 10517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

37 a Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 449 Drew St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Killian J. Gerlach.

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No. 213-10-0992

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Frances
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1894

8. AGE: Years	Months	Days	If less than one day
49.	9	15	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Bait. Tunnel
11. Industry or business asst clerk

FATHER
12. Name George Gerlach
13. Birthplace Germany

MOTHER
14. Maiden Name Anna M.
15. Birthplace Germany

16 (a) Informant Frances Gerlach
(b) Address 449 S. Drew St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Govans Hill Rd.

18 (a) Funeral director H. A. & E. Deppe & Sons
(b) Address Lombard & 4th Sts.

NOV 26 1943 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-24 1943, at 5 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-18 1943 to 11-24 1943 and that I last saw h. alive on 11-24 1943.

Immediate cause of death: Uremia

Due to: Bilateral Pyonephrosis.

Due to:

Other Conditions: Obesity -

(Include pregnancy within 3 months of death)

Date of operation 9/22/43.

Major findings of operation: Hypertrophied Prostate

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Stanley B. Klyanowicz M.D.
Address St. Joseph's Hosp. Date signed 11-24-43

C-30518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47c

Registered No. C-30518

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 422 N. Rose St.
(If rural give location)
(e) Citizen of foreign country? No ? (Yes or No)
If yes, name country

3 (a) FULL NAME Carmen Picarello (or) Sam Picarello

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 213-09-9074

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 26, 1879

8. AGE: Years	Months	Days	If less than one day
64	10	29	hr. min.

9. Birthplace Italy
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Balto. Transit Co.

FATHER
12. Name Michael Picarello
13. Birthplace Italy

MOTHER
14. Maiden Name Unknown
15. Birthplace Italy ?

16 (a) Informant Margaret Carter
(b) Address (Daughter)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director M. W. & D. Dippel & Son
(b) Address 1500 Harford Ave.

19 (a) 12-6-1943 (date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/25 1943, at 11:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/16 1943, to 11/25 1943, and that I last saw him alive on 11/25 1943.

Immediate cause of death	Duration
Respiratory Failure	
Due to Bronchogenic Carcinoma	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. B. Gray M. D.
Address Mercy Hosp. Date signed 11/25/43

C 10519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

C 10519 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) /
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 624 S. Potomac St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frederico Salomone

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Vincenzina

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29 1873

8. AGE: Years 70 | Months 3 | Days 24 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Vincent Salomone
13. Birthplace Italy

MOTHER
14. Maiden Name Unknown
15. Birthplace Italy

16 (a) Informant Frank Demarino
(b) Address 624 S. Potomac St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Rendell & Hoppel
(b) Address 313 S. Highland Ave

19 NOV 26 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/27/1943 at 8 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Hypertensive Cardio-Vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner
Date signed 11-24-43

Approved by Howard J. Mullen, M.D.

G 10520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93

G 10520 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1409 Washington Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1409 Washington Blvd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Eugene Innerst

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband ~~or wife~~

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1880

8. AGE: Years	Months	Days	If less than one day
63	2	10	hr. min.

9. Birthplace Balto. County
(Town, county, and State)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Robert D. Innerst
13. Birthplace York, Pa.

MOTHER
14. Maiden Name Elizabeth Sharper
15. Birthplace Balto. County

16 (a) Informant Ruth Hummer
(b) Address 841 S Paca Street

17 (a) Burial (b) Date thereof Nov. 26, 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem
Location Woodlawn

18 (a) Funeral director Wendell Heppel
(b) Address 312 S. Stockton St.

19 (a) NOV 26 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-23- 1943, at 2:40 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic Myocardial degeneration

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Thomas J. Mowlem M.D.
Medical Examiner.
Date signed 11/24/43

VS 151

B21 — 940 — G 10521

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospital — 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2504 Roslyn ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward C. Collins

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	M.

6 (b) Name of husband or wife Mary W.
6 (c) If alive, give age 57 years
7. Birth date of deceased (mo., day, yr.) July 2 - 1880

8. AGE: Years	Months	Days	If less than one day
63	4	22	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Sales Rep. for Paper
11. Industry or business P W Co

FATHER — 12. Name	Albert Collins
FATHER — 13. Birthplace	Balto Md
MOTHER — 14. Maiden Name	Kate Collins
MOTHER — 15. Birthplace	Balto Md

16 (a) Informant Mary W. Collins
(b) Address 2504 Roslyn ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 27 43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd
18 (a) Funeral director John A. Midkiff
(b) Address 4626 Greenmount Ave
NOV 26 1943
19 (a) (Date rec'd by registrar) Huntington Willis Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-24- 1943, at 11 45 AM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mulder M.D.
Medical Examiner.
Date signed 11/24/43

VS 151

G 10522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10522

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1720 Byrd Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 Byrd Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALEXANDER SPEIR

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Agnes S.
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1878

8. AGE: Years	Months	Days	If less than one day
64	11	9	hr. min.

9. Birthplace Lonaconnig, Md.
(Town, county, and state)
10. Usual Occupation Miner
11. Industry or business

FATHER
12. Name Hugh Speir
13. Birthplace Scotland

MOTHER
14. Maiden Name Jennie Carwell
15. Birthplace Scotland

16 (a) Informant Agnes S. Speir
(b) Address 1720 Byrd Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29-43 (month) (day) (year)
(c) Cemetery or crematory
Location Westernport Md

18 (a) Funeral director John C Mosen
(b) Address 3000 E Balto St

19 (a) NOV 26 1943 (Date rec'd by registrar) (Huntington Williams, M.D. Registrar)

VS 151

MEDICAL CERTIFICATION 1 P.

20. DATE OF DEATH November 25, 1943, at M

21. I certify that I took charge of the remains described above, held an inquiry (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Henry L. Wollenweber, M.D.
Medical Examiner.
Date signed 11-26-43.

By Howard J. Weddell, M.D.

10523 AB-34940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 10523 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs- 19 days

(e) Length of stay in Baltimore (yrs., mos., or days) 44 Yrs. 6 Mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County 26-12

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. No Home (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Samuel B. Pearson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Anna (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9-1864

8. AGE: Years	Months	Days	If less than one day
79	3	16	hr. min.

9. Birthplace Wilmington, Delaware (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Robert L. Pearson

13. Birthplace Delaware

MOTHER 14. Maiden Name Sarah Walters

15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals

(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 24 43 (month) (day) (year)

(c) Cemetery or crematory

Location Wilmington, Del.

18 (a) Funeral director John E. Hogan

(b) Address 3000 E. Balto St.

(c) Registrar (d) Registrar

NOV 26 1943 Huntington Williams, MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/25 1943 at 6:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1/43 19.. to 11/25 1943.

and that I last saw h[illegible] alive on 11/25 1943.

Immediate cause of death Terminal bronchopneumonia — Duration 3 d.

Due to

Due to

Other Conditions HCVD; cerebral thrombosis & hemiplegia — 6 mo.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no post

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature E. L. Surgman, M. D.

Address BCH Date signed 11/26

G 10524 ✓ G 10524

43-84917

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 122 E. Montgomery St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Zoe Cornell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Arthur (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26-1883

8. AGE: Years	Months	Days	If less than one day
59	11	28	hr. min.

9. Birthplace France (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Andrew Hierneux (D)
13. Birthplace France

MOTHER
14. Maiden Name Marie Boudin (D)
15. Birthplace France

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location Harford Ave

18 (a) Funeral director William M Warack
(b) Address 215 E 14th St Huntington for Williams, Md.

NOV 26 1943 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-23 1943, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-17 1943 to 11-23 1943 and that I last saw her alive on 11-23 1943

Immediate cause of death

	Duration
Lobar Pneumonia	2 days
Due to Tuberculosis	3 yrs
Due to Diabetes Mellitus	1
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B Webb
Address Balto City Hosp Date signed 11-23-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 D

Registered No. [illegible]525

1. PLACE OF DEATH:
Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1537 Argonne Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George C. Hoffman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26-1863

8. AGE: Years 79 | Months 10 | Days 30 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Hoffman
13. Birthplace ?

MOTHER
14. Maiden Name Marg. E. Merines
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East North Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

NOV 26 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-25 1943 at 12 50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-23 1943 to 11-25 1943, and that I last saw h[illegible] alive on 11-25 1943.

Immediate cause of death

(a) Carcinoma of Rectum — Duration 3
Due to with Metastases

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balt City Hosp Date signed 11-25-43

G 10527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 ✓ G 10527 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3008 Jona Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3010 Jona Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Grace M. Heing

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Clinton E. Heing
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1896

8. AGE: Years 47 | Months 11 10 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Lewis Lauterbach
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Lalotte
15. Birthplace Md.

16 (a) Informant Clinton E. Heing (Husband)
(b) Address 3010 Jona Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 27, 1943 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cem.
Location Belton, Co. Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1400 E. Chase St.

NOV 26 1943 Huntingtown Williams
(Local registrar)

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 1943, at 11:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1943 to Nov 24 1943, and that I last saw her alive on Nov 24 1943

Immediate cause of death: Cerebral Hemorrhage — Duration 1 hour

Due to Hypertension — 5 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations: None

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury None

23. Signature L. L. Gordy M. D.
Address 5706 Harford Road Date signed 11-24-43

C 10528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. C 10528

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 538 Oxford St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 538 Oxford St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eliza Odem.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-24-1876

8. AGE: Years	Months	Days	If less than one day
66	11	30	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER
12. Name Charles Stephney
13. Birthplace Md

MOTHER
14. Maiden Name Margret ?
15. Birthplace Md

16 (a) Informant Mrs. Hazel Cooper
(b) Address 538 Oxford St

17 (a) Burial (b) Date thereof 11 27 43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsylvania ave

19 (a) Date received NOV 26 1943 (b) Huntington Williams M.D.
(Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-23-43 19..., at ... M

21. I certify that death occurred on the date above stated; that I attended deceased from 11. 19 1943, to 11. 23 1943, and that I last saw her alive on 11. 23 1943.

Immediate cause of death Lobar Pneumonia — Duration 1 wk

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. P. Hughes M. D.

Address 825 N. Fremont Ave Date signed 11.26.43

G 10529 — Va Historical — ✓ — G 10529

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 130

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1125½ Penna ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1125½ Pennsylvania ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie Sullivan Duncoe.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Burt.

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) 7-4-1896

8. AGE: Years 47 | Months 4 | Days 22 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name Mcnamara
13. Birthplace

MOTHER 14. Maiden Name Mcnamara
15. Birthplace

16 (a) Informant Burt Duncoe
(b) Address 1125½ Penna ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 29 43 (month) (day) (year)
(c) Cemetery or crematory W. Laurel Cem
Location Baltimore Md

18 (a) Funeral director Sulligan & Erskon
(b) Address 916 Pennsylvania ave

19 (a) NOV 26 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-25 1943, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/ 1943 to 11/25 1943 and that I last saw h alive on 11-25 1943.

Immediate cause of death
Due to Arteriosclerosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. J. Fletcher M. D.
Address 1 W. Pratt Date signed 11-27-43

VS 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

No. 10530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. G 10530

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvedere & Greenspring
(c) Hospital or institution:
Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere & Greenspring (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rana Neistadt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Married —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 89 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name —
13. Birthplace Russia

MOTHER
14. Maiden Name —
15. Birthplace Russia

16 (a) Informant: Mr. Samuel Neistadt
(b) Address 1607 E. Balto. St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-43 (month) (day) (year)
(c) Cemetery or crematory Wyshmen Circle
Location Herman Mill Rd.

18 (a) Funeral director Isaac Shura Inc
(b) Address 1439 E Balto. St

NOV 26 1943 (Date received by registrar)

(b) Huntingtown Williams Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1943, at 5 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/24/1943, to 11/25/1943, and that I last saw h-e- alive on 11/25/1943.

Immediate cause of death: Generalized arteriosclerosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund Shura

Address Lewisdale Date signed 11/26/43

10531 — BALTIMORE CITY HEALTH DEPARTMENT — C 10531

CERTIFICATE OF DEATH

53 — Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please correct age is especially important. In case write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2821 Ridgewood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2821 Ridgewood Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Frank

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Harry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Charlestown S. C. (Town, county and state)

10. Usual Occupation House work

11. Industry or business

FATHER 12. Name Henry Spear
13. Birthplace Russia

MOTHER 14. Maiden Name Hanne
15. Birthplace Prussia

16 (a) Informant Long Spear
(b) Address 2821 Ridgewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-43 (month) (day), (year)
(c) Cemetery or crematory Mt. New Friendship
Location Bel. Rd.

18 (a) Funeral director Jacob Peirce Inc
(b) Address 1439 E. Baltimore St

NOV 26 1943 (Date rec'd by registrar)

(b) Hastings for William Smith M. D.

V8 160

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 25 1943 at 6:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1942 to Nov. 25 1943 and that I last saw h. C.R alive on Nov. 25 1943

Immediate cause of death: Malignant Epithelioma of skin of left shoulder — Duration 1 1/2 yrs

Due to: Metastasis to left lung — 1 mos

Due to:

Other Conditions Terminal Pneumonia — 4 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alex A. Winebrake

Address 4603 Park Heights Ave Date signed 11/26/43 M. D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. If correct age is especially important.

10532 G 10532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caldwell & 33rd Sts.
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 days

2. USUAL RESIDENCE OF DECEASED:
(a) State N. C. (b) County
(c) City or town Winston Salem
(If outside city or town limits, write RURAL and give town)
(d) Street No. 848 W. 5th St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Carrie Rosenbacher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Mr. Sigmund Rosenbacher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21, 1868

8. AGE: Years	Months	Days	If less than one day
75	2	4	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business at home

FATHER
12. Name Mr. Morris Rose
13. Birthplace Germany

MOTHER
14. Maiden Name Alice Moses
15. Birthplace England.

16 (a) Informant Mrs. Charles Cahn
(b) Address Arlington Park Apts

17 (a) Removal (b) Date thereof 11/23/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew
Location Richmond, Va.

18 (a) Funeral director Bird Goodman & Son
(b) Address 902 Eastern Place

19 (a) 26 1943 (b) Huntington Williams M.D.
(Date received by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 1943, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11 1943, to Nov. 25 1943, and that I last saw her alive on Nov. 25 1943.

Immediate cause of death	Duration
Myocardial failure	
Due to Coronary occlusion	7
Due to	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Hayden Jr M. D.
Address Union Memorial Hospital Date signed 11-25-43

~~0533~~ G 10533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

$30 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Emersonian Apts.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: JOSEPH BERGEN

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rachel O. Bergen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1858.

8. AGE: Years 85 | Months 2 | Days 13 | If less than one day hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business

FATHER
12. Name Michael Bergen.
13. Birthplace Germany.

MOTHER
14. Maiden Name Regina Hess.
15. Birthplace Germany.

16 (a) Informant Mrs. Rachel Bergen.
(b) Address Emersonian Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/43. (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom
Location Balto. Md.

18 (a) Funeral director [illegible]
(b) Address 1902 [illegible]

NOV 26 1943 (Date rec'd by Registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION A

20. DATE OF DEATH Nov. 25th. 1943 at 9.10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-23- 1943 to 11-24- 1943 and that I last saw h[illegible] alive on 11-24 - 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to: Advanced Atherosclerosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Bycob M. D.
Address 1700 Eutaw Place. Date signed 11-25-43

0534 G 10534

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95 b Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2601 Boone (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Dutton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13 1932

8. AGE: Years 10 | Months 11 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Dutton
13. Birthplace Md

MOTHER
14. Maiden Name Ollie Hawkins
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 26 43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location

18 (a) Funeral director Rayner Sanders
(b) Address 1462 E. Preston St

19 (a) (Date rec'd by registrar) (Huntington Williams, M.D.) Registrar

NOV 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov - 22 1943, at 8 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 22 1943, to Nov 22 1943, and that I last saw him alive on Nov 22 1943

Immediate cause of death: Pneumonia — Duration 2 days
Due to: Heart failure
Due to: Rheumatic Heart disease
Due to:
Other Conditions: Pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Kaye
Address J Hopkins Hosp Date signed 11 Nov 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10535 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1449 N. Fulton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1449 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Padden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Joseph Padden
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 8 - 1878

8. AGE: Years 65 | Months 10 | Days 16 | If less than one day: hr. min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual Occupation: Home Duties

11. Industry or business

FATHER
12. Name: Samuel Peacock.
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Mildred Baltman
15. Birthplace: Germany.

16 (a) Informant: Joseph J. Hradka
(b) Address: 2113 Fourth Ave Wardell

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 27-1943 (month) (day) (year)
(c) Cemetery or crematory
Location: Baltimore

18 (a) Funeral director: Ingram C. Lyles
(b) Address: 1600 W. North Ave.

19 (a) Date received: NOV 26 1943 (b) Registrar: Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 24 1943, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/19/43 19 to 11/24/43 19, and that I last saw h[illegible] alive on 11/24/43 19.

Immediate cause of death: Bronchio-Pneumonia — Duration: 2 days.
Due to: Cerebral Hemorrhage — 1 wk.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: Ernest Lenz, M.D.
Address: 1601 N. Broadway Date signed: 11/26/43

(over)

G 10536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 10536

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 656 Dover St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 656 Dover St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Emma Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Reuben Cohen

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1898

8. AGE: Years 45 | Months 1 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace Estel S. C.
(Town, county and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Delmton Belvingle
13. Birthplace S. C.

MOTHER
14. Maiden Name Jannie Delorge
15. Birthplace S. C.

16 (a) Informant Elizabeth Parrin
(b) Address 656 Dover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 29-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs Katy A. Williams
(b) Address 992 N. Johnson St.

19 (Date rec'd by registrar) NOV 26 1943 Huntington Williams, M.D. Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/24 1943, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/14 1943, to 11/24 1943, and that I last saw h[illegible] alive on 7/10 1943.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elmer Kleeter M. D.
Address 7[illegible] Date signed

~~10537~~ AB-85016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 10537 Registered No. 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1429 N. Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Brown

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1-1897

8. AGE: Years 46 | Months 9 | Days 22 23 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name Alexander ? Freeland
13. Birthplace Baltimore ? Md
14. Maiden Name Alberta ? Johnson
15. Birthplace Baltimore ? Md

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N Schroeder St
(c) Huntington Williams Mgr (Signature of registrar)

NOV 26 1943 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-24 1943, at 8:25 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-23 1943, to 11-24 1943, and that I last saw h[illegible] alive on 11-24 1943.

Immediate cause of death: Uremia — Duration ?

Due to: Nephrosclerosis — ?

Due to: Hypertension cardiovascular disease, malignant — ?

Other Conditions: Diabetes

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Matthews, M. D.
Address B.C.H. Date signed 11/24/43

G 10538 G 10538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832a Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Md. University Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo; 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Gaithers
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond W. Beall

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Marie Poole
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug. 17, 1895

8. AGE: Years 48 | Months 3 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual Occupation: Merchant
11. Industry or business: Grocery Store

FATHER
12. Name: Edward W. Beall
13. Birthplace: Md.

MOTHER
14. Maiden Name: Cora Burdette
15. Birthplace: Md.

16 (a) Informant: Mrs. Marie Beall
(b) Address: Gaithers, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 27 1943 (month) (day) (year)
(c) Cemetery or crematory: Springfield Cemetery
Location: Laytonsville, Md.

18 (a) Funeral director: C. Harry Weer
(b) Address: Laytonsville, Md.

19 (a) ... (b) ... (Date rec'd by registrar) Registrar

NOV 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-23 1943, at 3.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/16 1943 to 11-23 1943, and that I last saw him alive on 11-23 1943

Immediate cause of death: Cerebral apoplexy — Duration:
Due to: Encephalitis
Due to: Hypertension (Severe)
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: H. Wilson M. D.
Address: Univ. Hosp. Date signed 11-25

G 10539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G 10539 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 St. Mary's St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 418 St. Mary's St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE BROCKINGTON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced. Unknown

6 (b) Name of husband or wife: Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 60 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace: Unknown (Town, county, and state)

10. Usual Occupation: Unknown

11. Industry or business: Unknown

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Unknown
(b) Address: Unknown

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 26 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 NOV 26 1943 Worthington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1943 at 10:35 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Tuberculosis, acute pulmonary

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 11-14-43

0536

G 10540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832 ✓

Registered No. G 10540

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Md.
(c) Hospital or institution:
Baltimore City Jail 10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County 10-3
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore City Jail Cong Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES WILLIAMS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Unknown

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 59 | Months | Days | If less than one day hr. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business Unknown

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Unknown
(b) Address Unknown

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 26 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) NOV 26 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15, 1943, at 1 a M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:
(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Cerebral hemorrhage

Due to Hypertension

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. J. Wollamsohn M.D.
Asst Medical Examiner.
Date signed 11-24-43

0535

G 10541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G 10541
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Md.
(c) Hospital or institution:
Mercy Hosp. 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 859 W. Lexington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jesse Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced Unknown

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business Unknown

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Unknown
(b) Address Unknown

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 26 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) NOV 26 1943 (b) [signature] Registrar
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25 1943, at 3:25 M

21. I certify that I took charge of the remains described above, held an Inspection Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic pulmonary tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed October 27 1943

10534

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

✓ G 10542 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished as supplied by the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 603 E 38th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 603 E 38th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Joseph Stubler

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-5153

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	White	Married

6 (b) Name of husband or wife Cecila Rodgers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/14/1883

8. AGE: Years	Months	Days	If less than one day
60	1	9	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Engineer
11. Industry or business Wallace - Gleaves

FATHER
12. Name Jacob Stubler
13. Birthplace Germany

MOTHER
14. Maiden Name Dr. Not Known
15. Birthplace Germany

16 (a) Informant Mrs C J Stubler
(b) Address 603 - E 38th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/43
(month) (day) (year)
(c) Cemetery or crematory Marlow's
Location Taylor Ave Balto Co.

18 (a) Funeral director J. J. Fahey & Sons
(b) Address 1318 Light St.

NOV 26 1943
(Date filed by Registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23 1943, at 10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1943 to Nov 23 1943 and that I last saw h alive on Nov 23 1943.

Immediate cause of death Intracranial Sarcoma

Due to (b) Lungs

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration
1 year
6 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Norma V. Todd M. D.
Address 735 N. Fulton Ave Date signed 11-26-43

44462
G 10543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 10543
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given as correctly and completely as possible. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 200 E. 33rd St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Anna Menton

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: John A. Menton
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) 3-5-71
8. AGE: Years 72 | Months 8 | Days 20 | If less than one day ..... hr. ..... min.
9. Birthplace Pa (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Charles Hurn
13. Birthplace Ireland

MOTHER
14. Maiden Name Marian Kirby
15. Birthplace Ireland

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Old Frederick Rd
18 (a) Funeral director Hugh Gahan Sons
(b) Address 39 S Eutaw St
19 (a) [illegible] (Date received by registrar) (b) Huntington for Williams M.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 25 19 43 at 10 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 11 19 43 to Nov 25 19 43 and that I last saw h[illegible] alive on Nov 25 19 43

Immediate cause of death Obstruction of myocardium due to arteriosclerosis

Due to .....

Due to .....

Other Conditions Diabetes mellitus. Intermittent Vasc. Dis

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature [illegible] M. D.
Address [illegible] Date signed 11/25/43

VS 3

G 10544 Kaiwaski G 10544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓89a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkins and Caton Aves.
(c) Hospital or institution: St. Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. St. Vincent's Inf. Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Kawaski ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W. White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/19/1943

8. AGE: Years	Months	Days	If less than one day
	8	7	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name —
13. Birthplace

MOTHER
14. Maiden Name Frances Kawaski
15. Birthplace Baltimore

16 (a) Informant St Vincents Inf. Home
(b) Address Reisterstown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/43
(month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Bergman Station Road

18 (a) Funeral director J. J. Doherty & Sons
(b) Address 1138 Light St

19 (a) (b)
(Registrar)
NOV 26 1943
Vs No 2543
Registered

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-26 1943, at 1:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-23 1943, to 11-26 1943, and that I last saw him alive on 11-25 1943

Immediate cause of death Meningitis

Due to

Due to

Other Conditions Otitis media, pneumonia
(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy: none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard W Stier M. D.
Address St Agnes Hospital Date signed 11-26-43

G 10345

B-10545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 58E

Registered No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Brooklyn Heredan
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 Hernun Court
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ABBIE BOWEN HARRIS

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1925

8. AGE: Years 18 | Months 3 | Days 9 | If less than one day ... hr. ... min.

9. Birthplace Beaufort Co., N. C.
(Town, county, and state)

10. Usual Occupation School- 1 mo. ago

11. Industry or business None

FATHER
12. Name Abbie Hunter Harris
13. Birthplace Beaufort Co., N. C.

MOTHER
14. Maiden Name Dean Bowen
15. Birthplace Beaufort Co., N. C.

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-43 (month) (day) (year)
(c) Cemetery or crematory Plymouth N.C
Location
18 (a) Funeral director Wm E. Miller Jr
(b) Address 2435 E. Oliver St
NOV 26 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION P.

20. DATE OF DEATH November 25, 1943, at 6:59 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 19, 1943, to Nov. 25, 1943, and that I last saw h im alive on Nov. 25, 1943.

Immediate cause of death Acute rheumatic fever — Duration Since 1939 onset of disease.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Oliver
Address Baltimore, Md. Date signed 11/28/43

VS 150

49248

G 10546

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 10546 / 94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3607 Edgewood Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3607 Edgewood Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY M. RIDDLEMOSER

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife -----

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 9 - 1874

8. AGE: Years	Months	Days	If less than one day
69	6	16	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER 12. Name Joseph Riddlemoser
13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Caroline Snyder
15. Birthplace Balto., Md

16 (a) Informant J. Warren Shumaker
(b) Address 610 Broad st. Trenton, N.J.

17 (a) Burial (b) Date thereof 11/27/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location old Frederick Road

18 (a) Funeral director Charles T. Evans
(b) Address 118 W. Mt. Royal Ave
(c) NOV 26 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH November 25, 1943, at 7:20 P. M

21. I certify that I took charge of the remains described above, held an inquiry (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Occlusion.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature J. T. Wollenweber M.D.
Medical Examiner.
Date signed 11-26-43.

C 10547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

103 C 10547 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison
(c) Hospital or institution:
Maryland General Hosp.
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 1 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2023 N. Washington St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Hattie Neal

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Walter S Neal
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 5 1878

8. AGE: Years	Months	Days	If less than one day
64	11	20	....hr. ....min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Thomas Nelson
13. Birthplace Md.

MOTHER
14. Maiden Name Hamit Lamson
15. Birthplace Md.

16 (a) Informant Walter S. Neal
(b) Address 2023 N. Washington St.

17 (a) Burial (b) Date thereof 11/27/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. Md.

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

19 (a) (b) Registrar
(Date rec'd by registrar)
NOV 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 1943 at 4:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1943 to Nov 25 1943 and that I last saw h~~im~~er alive on Nov 24 1943

Immediate cause of death Hemorrhage from lungs or stomach - diagnosis indefinite

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Herman Wilhelm M. D.
Address Md. Gen. Hosp. Date signed 11-25-43

G 10548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 10548 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 437 N. Curley Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EVAN BRYNLY BRYANT

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No. -

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/2/1892

8. AGE: Years 51 | Months 3 | Days 23 | If less than one day hr. min.

9. Birthplace Pennsylvania
(Town, county, and state)

10. Usual Occupation Fairfield-Nov. 11, 1943
11. Industry or business "

FATHER
12. Name Evan Bryant
13. Birthplace Pa.

MOTHER
14. Maiden Name Lydia Davis
15. Birthplace Pa.

16 (a) Informant Records, U.S.Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (b) Date thereof 11 - 28 - 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Edwardsville, Penna.

18 (a) Funeral director A. Lee Odir
(b) Address 4644 York Road

NOV 26 1943 (b) Jos. Williams, M.D.
Registrar

VS 250

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH Nov. 25, 1943, at 5:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 23, 1943 to Nov. 25, 1943, and that I last saw him alive on Nov. 25, 1943.

Immediate cause of death Bilateral diffuse bronchal pneumonia — Duration Unk.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. Silverman M.D.
Address Baltimore, Md. Date signed 11/26/43

Va-14050 SILVERMAN

G 10549 G 10549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Since Nov. 22, 1943
(e) Length of stay in Baltimore (yrs., mos., or days) "

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Edgewood
(If outside city or town limits, write RURAL and give town)
(d) Street No. Box 113
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EMMETT BULLOCK

3 (b) If veteran, name war	3 (c) Social Security Account No.
Sp.American	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary ?
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Aug. 27, 1867

8. AGE: Years	Months	Days	If less than one day
76	2	29	hr. min.

9. Birthplace Summit County, Va.
(Town, county, and state)
10. Usual Occupation 13 yrs. ago, Edgewood Arsenal
11. Industry or business "

FATHER
12. Name Unknown
13. Birthplace ?

MOTHER
14. Maiden Name Unknown
15. Birthplace ?

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (b) Date thereof 11-27-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arlington National
Location Arlington Virginia
18 (a) Funeral director A. Lee Adler
(b) Address 4644 York Road.
19 (a) (b)
(Date received by registrar) Registrar

NOV 26 1943

Huntington Williams, M.D.

MEDICAL CERTIFICATION A.

20. DATE OF DEATH Nov. 25, 1943, at 9:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 22, 1943 to Nov. 25, 1943, and that I last saw him alive on Nov. 25, 1943.

Immediate cause of death 1. Infarction of myocardium due to arteriosclerotic coronary thrombosis; and 2. Bronchopneumonia

Due to Arteriosclerosis, general

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None done

Duration
4 days before admission
Unk.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. Silverman M.D.
Address Baltimore, Md. Date signed 11/25/43

Va-14038

G 10550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10550 Registered No. 1310

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert.
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Just Came

2. USUAL RESIDENCE OF DECEASED: HARFORD
(a) State Maryland (b) County Baltimore
(c) City or town Belair Md.
(If outside city or town limits write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Estelle Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	M.

6 (b) Name of husband or wife Leon Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 14, 1907

8. AGE: Years	Months	Days	If less than one day
36	8	11	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business

FATHER
12. Name William Banks.
13. Birthplace Belair

MOTHER
14. Maiden Name Adeline Farrat
15. Birthplace Maryland

16 (a) Informant Leon Williams
(b) Address Belair Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 26 43 (month) (day) (year)
(c) Cemetery or crematory Clark's Chapel
Location Harford County

18 (a) Funeral director Lange & Budlong
(b) Address Havre de Grace

NOV 26 1943 (Date rec'd by registrar)
(b) Registrar Huntington Williams

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 1943 at 7:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/15 1943 to 11/25 1943 and that I last saw he alive on 11/25 1943.

Immediate cause of death Cardio-Respiratory Failure

Due to Hypertension - Cardio Renal

Due to Uremia

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. R. Taylor M. D.
Address Mercy Hosp. Date signed 11/25/43

G 10551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 10551 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be GIVEN if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3704 Beech Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3704 Beech Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice V. Deal,

3 (b) If veteran, name war: --

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Edward B. Deal,

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 8. 1867

8. AGE: Years 76 | Months 3 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Isaac Kirby.
13. Birthplace Maryland

MOTHER
14. Maiden Name Medora W. Arnold,
15. Birthplace Maryland

16 (a) Informant Edward L. Deal,
(b) Address 3704 Beech Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 27. 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director George W. Little.
(b) Address 2700 Edmondson Ave.

NOV 26 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV 24 1943, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 19 41 to Nov 24 19 43 and that I last saw her alive on Nov 24 19 43.

Immediate cause of death	Duration
(a) Cor. Thrombosis Myocardial Degen	5 yrs
Due to (b) Arterio Sclerosis	10 yrs
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Deal M. D.
Address 735 N. Fulton Ave Date signed 11/26/43

G 10552 G 10552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3610 Eversley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 70 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3610 Eversley Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William B.Smith,

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-0618

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary P.Smith,

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) June 14.1862

8. AGE: Years 81 | Months 5 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace Kent Co.Md.
(Town, county, and state)

10. Usual Occupation Straw Hat Blocker

11. Industry or business

FATHER
12. Name John Smith,
13. Birthplace Kent Co.Md.

MOTHER
14. Maiden Name Sarah M.Smith,
15. Birthplace Kent Co.Md.

16 (a) Informant Mrs Mary P.Smith,
(b) Address 3610 Eversley Ave.

17 (a) Burial (b) Date thereof Nov 29.1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Robert S. Little,
(b) Address 3300 Edmondson Ave.

NOV 26 1943

19 (a) ..... (b) .....
(Date rec'd by registrar) Registrar

VS 2 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV 26 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1943, to Nov 26 1943, and that I last saw h alive on Nov 25 1943.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A Evans M. D.

Address 612 N 40 St Date signed

PRESS WHITE PANEL, WITH UNFADING INK. Every item of information should be carefully checked. Also correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10553 Booker

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 10553 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1636 S. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D-R
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town [redacted] Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1636 S. Charles St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie C. Booker

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Geo.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1878

8. AGE: Years	Months	Days	If less than one day
65	2	12	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant family
(b) Address 1636 S. Charles St.

17 (a) B (Burial, cremation, or removal) (b) Date thereof 11-27-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn.
Location Woodlawn Md

18 (a) Funeral director James L. McNeely
(b) Address 420 E. Fort Ave.

NOV 27 1943 (Registrar) Certificate filed Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/24 1943 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/21 1943 to 11/24 1943 and that I last saw alive on 11/24 1943.

Immediate cause of death Cerebral Hemorrhage — Duration
Due to Hypertension — Duration
Cardio-vascular — Duration
Due to Diabetes — Duration
Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Rubin M. D.
Address 223 Valley Ave. Date signed

10554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B

G 10554 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2803 Garrison Blvd
(c) Hospital or institution:
Grant Nursing Home 15-8
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard.
(c) City or town Woodstock
(If outside city or town limits, write RURAL and give town)
(d) Street No. Old Frederick Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nellie Wright

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	married

6 (b) Name of husband or wife Howard Dunright Sr.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1881

8. AGE: Years	Months	Days	If less than one day
62	0	26	hr. min.

9. Birthplace Penn
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Geo. Williams
13. Birthplace Penn

MOTHER
14. Maiden Name Addie Vaughn
15. Birthplace Penn

16 (a) Informant Howard Dunright, Sr.
(b) Address Woodstock, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-43 (month) (day) (year)
(c) Cemetery or crematory Mt View
Location Alpha, Md.

18 (a) Funeral director J. C. Higinbotham
(b) Address Ellicott City, Md.

NOV 27 1943 (Registered by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24 1943 at 12 p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 16 1943 to Nov 24 1943, and that I last saw h[illegible] alive on Nov 24 1943

Immediate cause of death (Cancer of Stomach & Intestines)

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward A Wagner M. D.

Address 12 W Main St Date signed 11-24-43

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10555

BALTIMORE CITY HEALTH DEPARTMENT X C 10555

CERTIFICATE OF DEATH 463

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Guilford
(c) Hospital or institution: Union Memorial Hosp 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Street
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Katherine D Scarborough
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Mr Lawrence Scarborough
6 (c) If alive, give age ? years
7. Birth date of deceased (mo., day, yr.) 1868, Oct 16
8. AGE: Years 74 Months 1 Days 10 If less than one day hr. min.
9. Birthplace Penna (Town, county, and state)
10. Usual Occupation H W
11. Industry or business

FATHER
12. Name Mr Robert Glascow
13. Birthplace Penn.

MOTHER
14. Maiden Name Pinamore
15. Birthplace Penn.

16 (a) Informant Lawrence Scarborough
(b) Address Delta, Penna
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 29, 1943 (month) (day) (year)
(c) Cemetery Harlington
Location Harford Co. Md.
18 (a) Funeral director H. S. Bailey
(b) Address Harlington, Md.
NOV 27 1943 Huntington for Williams
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/26 1943, at 7:15 M
21. I certify that death occurred on the date above stated; that I attended deceased from 11/14 1943, to 11/26 1943, and that I last saw h alive on 11/26 1943.

Immediate cause of death Cardiac Insuf. Failure — Duration
Due to Carcinoma Stomach
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 11/24/43
Major findings of operations Carcinoma Filling Stomach
of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature James H. McCook Jr. M. D.
Address Union Memorial Hospital Date signed 11-26-43

PHYSICIAN
Underline the cause to which death should be charged statistically.

10556 G 10556

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 1240

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Cotterville (If outside city or town limits, write RURAL and give town)
(d) Street No. 1727 N. Market St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Doris Stewart

3 (b) If veteran, name war: W
3 (c) Social Security Account No. none

4. Sex: female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-9-21

8. AGE: Years 22 | Months 4 | Days 17 | If less than one day hr. min.

9. Birthplace New Jersey (Town, county, and state)
10. Usual Occupation technician
11. Industry or business

FATHER
12. Name James Stewart
13. Birthplace Pa.

MOTHER
14. Maiden Name Bertha Githens
15. Birthplace New Jersey

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 27-43 (month) (day) (year)
(c) Cemetery or crematory Haddonfield Baptist Cem
Location Haddonfield N. J.

18 (a) Funeral director Wiedman Cook Inc
(b) Address 1219 St Paul St Baltimore

19 NOV 27 1943 Hunter for Williams, Mgr
(Date Filed by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1943 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11 1943, to Nov 26 1943, and that I last saw h[illegible] alive on Nov 26 1943.

Immediate cause of death Uremia — Duration 48 hrs
Due to Hepato-renal syndrome — 48 hrs
Due to Banti's Disease — Nodular Cirrhosis liver, Splenomegaly — 5 yrs
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Nov. 23. 1943
Major findings of operation: Nodular Cirrhosis of liver, Ascites, Splenomegaly
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John H KEHNE M. D.
Address Johns Hopkins Hosp Date signed 11-26-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

C 10557 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkins Ave
(c) Hospital or institution:
St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2121 Bayard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sallie Zell Charlotte M Zell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1882

8. AGE: Years 60 | Months 11 | Days | If less than one day hr. min.

9. Birthplace Balt Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name James Clark
13. Birthplace Md

MOTHER 14. Maiden Name Mary Angelatto
15. Birthplace Md

16 (a) Informant Mrs Louise Schuman
(b) Address 31 W Preston st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location Balto Md

18 (a) Funeral director Jere D Tully
(b) Address Fallsway near Lafayette

19 (a) Filed by (b) Registrar Huntington Williams M.D.

NOV 27 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/25 1943 at 3.10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/24 1943 to 11/25 1943 and that I last saw h[illegible] alive on 11/25 1943.

Immediate cause of death Diabetic Coma c marked acidosis — Duration

Due to

Due to

Other Conditions Mild essential hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Catherine Norberg M.D.

Address St Agnes Hosp. Date signed 11/27/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10558 Schuehler

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1314a

G 10558 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2500 N. North Ave

(c) Hospital or institution: Lutheran Deaconess Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2500 N. North Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Caroline Schuehler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race W.

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/28/1868

8. AGE: Years 75 | Months 8 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Deaconess

11. Industry Lutheran Deaconess Home

12. Name of Father Philip Schuehler

13. Birthplace Germany

14. Maiden Name of Mother Elizabeth Hertenstein

15. Birthplace Germany

16 (a) Informant Lutheran Deaconess Home

(b) Address 2500 N. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/43 (month) (day) (year)

(c) Cemetery or crematory Lorraine Park

Location Woodlawn - Md

18 (a) Funeral director F. A. Humphreys & Son

(b) Address 300 Eutaw Pl

19 NOV 27 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/25/1943 1:50 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 9/19/43 to 11/25/1943, and that I last saw h[illegible] alive on 11/24/1943.

Immediate cause of death: Cerebral hemorrhage — Duration 11/11/43

Due to Arteriosclerosis — 9/19/43

Due to Cardio-renal-vascular disease — 9/19/43

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Leo A Bowden

Address 1517 E. North Ave Date signed 11/26/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G 10559

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 903 Dukeland St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 d
(e) Length of stay in Baltimore (yrs., mos., or days) 95 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 903 Dukeland St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cornelia E Hardesty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Arthur B

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 5 1858

8. AGE: Years 85 | Months 1 | Days 21 | If less than one day hr. min.

9. Birthplace Prince George Co. Md (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER 12. Name Johnson King

13. Birthplace Johnson Co

MOTHER 14. Maiden Name Johnson Gray

15. Birthplace Johnson Co

16 (a) Informant Frank Hobbs

(b) Address 903 Dukeland St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Baltimore Md

18 (a) Funeral director Fullum Co Inc

(b) Address 1217 St Paul St

19 (a) Date received 11/27 1943 (b) Registrar Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1943, at 99 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1943 to Nov 26 1943, and that I last saw h[illegible] alive on Nov 25 1943

Immediate cause of death Myocardial insufficiency — Duration: Less than 24 hours

Due to arteriosclerosis Typhoid Fever

Due to Generalized arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Mitchell M. D.

Address 2901 Edmondson Date signed Nov 27 43

G 10550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

G 10550 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital 28
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5501 Liberty Heights Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT J. LOOCK

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED.

6 (b) Name of husband or wife MRS. IRENE LOOCK
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 19, 1885

8. AGE: Years	Months	Days	If less than one day
58	4	6	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business

FATHER
12. Name Frederick Loock
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Martha Ragsdale
15. Birthplace Germany

16 (a) Informant Russell Loock
(b) Address 5501 Liberty Heights Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md
18 (a) Funeral director Wilhelm & Son
(b) Address 1219 E. Fayette St
NOV 27 1943 Huntington for Williams Hyatt
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 1943, at 6:15 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 6 1943, to Nov. 25 1943 and that I last saw h/her alive on Nov. 25 1943.

Immediate cause of death	Duration
Cardio-respiratory failure	
Due to Cardio-vascular disease	
Due to Arteriosclerosis	
Other Conditions Hepatitis.	

(Include pregnancy within 3 months of death)
Date of operation Nov. 15, 1943
Major findings of operation: Ball-stone Inflamed R. Bladder. Arteriosclerosis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Henry L. Bongiovanni M.D.
Address Mercy Hospital Date signed 11/26/43

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10561 — BALTIMORE CITY HEALTH DEPARTMENT — G 10561

CERTIFICATE OF DEATH 56a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd. & Calvert
(c) Hospital or institution: U. M. H. 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Pikesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 212 Church Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Amelia Burke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, (widowed) or divorced
F	W	

6 (b) Name of husband or wife John C. Burke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 21. 1894

8. AGE: Years	Months	Days	Less than one day
49	3	3	hr. min.

9. Birthplace Germany
(Town, county and state)
10. Usual Occupation Pres. Balt. Paper Co.
11. Industry or business

FATHER
12. Name Edward W. Boker
13. Birthplace Rhode Island

MOTHER
14. Maiden Name Anna H. Lockhart
15. Birthplace Washington, D. C.

16 (a) Informant John C. Burke
(b) Address Pikesville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Milburn Lee Inc.
(b) Address 1217 E. Fayette St.

19 (a) (Date received) (b) Hunter for Williams, M.D. Registrar

NOV 27 1943
VS 2b

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1943, at 6 53 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 23 1943 to Nov. 26 1943 and that I last saw h[illegible] alive on Nov. 26 1943.

Immediate cause of death	Duration
(a) C. R. Carcinoma	[illegible]
Due to (b) Gl. Intestinal Involvement & Ascites	2 days
Due to (c) Papillary Cystadenoma of Ovary	2 mos.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation [illegible] 5-25-43
Major findings of operations Papillary Cystadenoma Ovary
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George W. Baumgartner Jr. M. D.
Address 332 E. University Pkwy. Date signed 11/26/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10562 KINIAW Evon Johnson G 10562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1469

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2611 E Preston
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 32
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2611 E Preston (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Kinlaw

3 (b) If veteran, name war

3 (c) Social Security Account No. 227-01-9530

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Lucie K
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 21-1902

8. AGE: Years	Months	Days	If less than one day
41	10	5	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Dresser
11. Industry or business Baltimore Transfer Co

FATHER
12. Name Geo A Kinlaw
13. Birthplace N C

MOTHER
14. Maiden Name Frances A McInnis
15. Birthplace N C

16 (a) Informant Lucie K. Kinlaw
(b) Address 2611 E Preston

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/43 (month) (day) (year)
(c) Cemetery or crematory Loudon
Location Balto Md

18 (a) Funeral director Wm Cook Jno
(b) Address Balto Md

NOV 27 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1943, to Nov 26 1943, and that I last saw h alive on Nov 24 1943

Immediate cause of death Carcinoma Pancreas — Duration 1 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation July 1 – Aug 1 1943

Major findings of operation: Carc. Pancreas & metastasis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Warfield M. Firor M. D.
Address Johns Hopkins Hosp Date signed Nov 26

0563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

109 Registered No. C 10563

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 502 W. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward James Murray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 57? | Months ? | Days ? | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 26 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) NOV 27 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/11 1943, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/11 1943 to 11/11 1943 and that I last saw h alive on 11/11 1943

Immediate cause of death Septicemia

Duration

Due to Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. L. Friedlich M. D.

Address Univ. Hosp. Date signed 11/13/43

VS 158

0537

G 10564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 E

G 10564 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 305 Hoffman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 305 W. Hoffman St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lottie Walker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C.	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19, 1900

8. AGE: Years	Months	Days	If less than one day
43	7	5	hr. min.

9. Birthplace Bartow, Fla.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name William Wiley
13. Birthplace Florida

MOTHER
14. Maiden Name Julia Griffin
15. Birthplace Florida

16 (a) Informant: Mrs Louise Agnes Harris
(b) Address 305 W. Hoffman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-43 (month) (day) (year)

(c) Cemetery or crematory
Location Bartow, Florida

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

NOV 27 1943 (Date rec'd by registrar) Huntington Williams M.D. (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 1943, at 10:30 P M

21. I certify that I took charge of the remains described above, held an Inquisition thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Carcinoma of the Intestine with Secondary metastases

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Slater M.D.
Medical Examiner.
Date signed Nov 24 1943

VS 151

G 10565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

G 10565 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 731 Dolphin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 731 Dolphin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rena E. Simms

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Edward C. Simms

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 59 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Watts
13. Birthplace Md.

MOTHER
14. Maiden Name Ella Watts
15. Birthplace Md.

16 (a) Informant Mrs Gladys C. Fisher
(b) Address 731 Dolphin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co., Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

NOV 27 1943 (Date rec'd by registrar)

(b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25, '43 19 , at 7A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 19 42 to Nov 25 19 43. and that I last saw deceased alive on Nov 24 19 43

Immediate cause of death Carcinoma of Rectum — Duration Months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gladys C. Woodall M. D.

Address 841 Hanlon Av Date signed 11-26-43

G 10666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

G 10566

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3617 Erdman Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MICHAEL NORMAN FOSTER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
MALE	WH.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 18, 1943.

8. AGE: Years	Months	Days	If less than one day
		8	hr. min.

9. Birthplace BALTIMORE, MD.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name NORMAN MILTON FOSTER
13. Birthplace BALTIMORE, MD.

MOTHER
14. Maiden Name MARIE H. FOEHRKOLB.
15. Birthplace BALTIMORE, MD.

16 (a) Informant MARIE H. FOEHRKOLB (MOTHER)
(b) Address 3617 ERDMAN AVE.

17 (a) BURIAL (b) Date thereof NOV. 27, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory SACRED HEART CEM.
Location GERMAN HILL RD.

18 (a) Funeral director Charles L. Zeiler.
(b) Address 3605 Fait Ave.

19 NOV 27 1943 (b) Huntington Williams, M.D.
(Date rec'd, day, month, year) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV. 26 1943 at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 18 1943, to Nov. 26 1943, and that I last saw h[illegible] alive on Nov. 26 1943.

Immediate cause of death Infantile Diarrhea — Duration 4 Days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ira A Stevens M. D.

Address 2878 Hartford Rd Date signed 11 27 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 F

G 10567
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2105 Dobler Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-2
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2105 Dobler Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lydia Larsen

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John E. Larsen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1866

8. AGE: Years	Months	Days	If less than one day
77	6	8	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Franke
13. Birthplace Germany

MOTHER
14. Maiden Name Rosina Koerner
15. Birthplace Germany

16 (a) Informant Miss Rosie Larsen
(b) Address 2105 Dobler Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Ave.

19 (a) NOV 27 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/14/43 to 11/24/43 and that I last saw h alive on 11/24/43.

Immediate cause of death Carcinoma Lung
Due to Hypertrophy of Prostate
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
6 mo.
4 mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Hartzman M. D.
Address 1715 33 Date signed 11/26/43

G 10568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 E

G 10568 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette Sts.
(c) Hospital or institution: Franklin Square Hosp. 26-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 801 S. Quail St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Esther Carchio

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1890

8. AGE: Years	Months	Days	If less than one day
53	8	22	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Mc Lane
13. Birthplace

MOTHER
14. Maiden Name Duffington
15. Birthplace

16 (a) Informant Frank Carchio
(b) Address 801 S. Quail St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-28-1943 (month) (day) (year)
(c) Cemetery or crematory Vertz's Burial Grounds
Location Frederick Md.

18 (a) Funeral director John B. Connally
(b) Address 418 Eastern Ave.

19 (a) Date received NOV 27 1943 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-25 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-10 1943, to 11-25 1943 and that I last saw h alive on 11-25 1943.

Immediate cause of death Hypostatic pneumonia
Due to Myocardial insufficiency
Due to Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 3427 Chestnut Ave. Date signed 11/26/43 M. D.

G 10569 | BALTIMORE CITY HEALTH DEPARTMENT | G 10569

CERTIFICATE OF DEATH

131a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3720 Fifth St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3720 Fifth St (Brooklyn) (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Mary Longbottom

3 (b) If veteran, name war: —

3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Samuel Longbottom

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) November 16-1865

8. AGE: Years 78 | Months 0 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation H. Wife

11. Industry or business

FATHER
12. Name Thomas Horn
13. Birthplace England

MOTHER
14. Maiden Name Mary Bury
15. Birthplace England

16 (a) Informant Samuel Longbottom
(b) Address 3720 Fifth St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29-1943 (month) (day) (year)
(c) Cemetery or crematory Meadowridge MEM Cem
Location County

18 (a) Funeral director Pott Co. B.M. Walters
(b) Address Pratt & Stricker St

19 (a) Date received NOV 27 1943 (b) Registrar Huntington Williams, M.D.

VB 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/26 1943 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/5 1943 to 11/26 1943 and that I last saw h[illegible] alive on 11/25 1943

Immediate cause of death: Cerebral Hemorrhage

Due to: Hypertension

Due to: Cardiac insufficiency

Other Conditions: Chronic nephritis, nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Rubin M. D.

Address 20 3 Bolton Date signed

G 10570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83B

G 10570 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital 23
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1701 Marshall St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JONES, Oscar

3 (b) If veteran, name war: —
3 (c) Social Security Account No.: —

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife: —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7 - 10 - 42

8. AGE: Years 1 | Months 4 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation child
11. Industry or business —

FATHER
12. Name Oscar JONES
13. Birthplace BALTIMORE

MOTHER
14. Maiden Name Lillian [UNKNOWN]
15. Birthplace Baltimore

16 (a) Informant hospital records.
(b) Address

17 Burial (Burial, cremation, or removal) (b) Date thereof 11/27/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wilson Lodge
(b) Address 219 E. Pratt
Huntington Williams, M.D.

NOV 27 1943 (Date received) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26 1943 at 4 35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-25 1943, to 11-26 1943, and that I last saw him alive on 11-26 1943.

Immediate cause of death	Duration
cerebral sinus thrombosis	
Due to infection	
Due to [agent still undetermined]	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the causes to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret H. D. Smith M. D.
Address Sydenham Hospital Date signed 11-27

G 10571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45F

Registered No. G 10571

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 933 Montpelier St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 933 Montpelier St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS H. BITTNER

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary A.
6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1877

8. AGE: Years	Months	Days	If less than one day
66 56	4	27	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Hunter
11. Industry or business Self

FATHER
12. Name Christian Bittner
13. Birthplace Md.

MOTHER
14. Maiden Name Agnes McCullin
15. Birthplace Md.

16 (a) Informant Mary A. Bittner
(b) Address 933 Montpelier Street

17 (a) Burial (b) Date thereof 11-29-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodland Park
Location Parkville Balto. Co.

18 (a) Funeral director Wm. I. Cook, Jr.
(b) Address 2217 St Paul St.

19 (a) NOV 27 1943 (b) Huntington Williams Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 1943, at 10 P. M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:
(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Carcinoma of nasopharynx

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
As Medical Examiner.
Date signed 11-26-43

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or information entered as carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 10572

444964

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46D

Registered No. C 10572

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 L
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Das

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 102 E Madison St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lewis A Wagner

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Sep

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 9 - 14 - 68

8. AGE: Years 75 | Months 2 | Days 12 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Bookkeeper

11. Industry or business Coal Merch.

FATHER
12. Name Lewis Wagner
13. Birthplace Virginia

MOTHER
14. Maiden Name Jane Armager
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Robinson & Hoe
(b) Address 2224 N Charles St

NOV 27 1943 (Date rec'd) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1943, at 8 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 21 1943, to Nov 26 1943, and that I last saw him alive on Nov 26 1943

Immediate cause of death Terminal lobular pneumonia — Duration 1 day

Due to Ca of rectosigmoid — Duration ?

Due to

Other Conditions Obstruction of large bowel.
(Include pregnancy within 3 months of death)

Date of operation Nov 22-43

Major findings of operation: — Intestinal bowel - sigmoidostomy

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Merel H. Hummel M. D.

Address [illegible] Date signed 11-26-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 10573

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5705 Birchwood Avenue
(c) Hospital or institution: 27-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5705 Birchwood Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John J. Tuttle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Produce Dealer
(Town, county, and state)
10. Usual Occupation Produce Dealer
11. Industry or business

FATHER
12. Name John J. Tuttle
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget McCarthy
15. Birthplace Ireland

16 (a) Informant Daisy Tuttle
(b) Address 5705 Birchwood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/43 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location

18 (a) Funeral director John J. Cowan & Son
(b) Address 901-3 Hollins Street

NOV 27 1943 Date rec'd by Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 1943, at 4.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 23 1943, to Nov 25 1943, and that I last saw h[illegible] alive on Nov 25 1943

Immediate cause of death Coronary Thrombosis — Duration 4 days
Due to Generalized Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 6217 Hanford Rd Date signed 11-27-43 M. D.

10574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157e

G 10574 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1546 Bruce St.
(c) Hospital or institution: 15-D

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1546 Bruce St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Thomas

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced S.

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/15/1943

8. AGE: Years | Months 9 | Days 9 | If less than one day hr. min.

9. Birthplace Balto. Md
(Town, county, and State)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Roland Thomas
13. Birthplace Md.

MOTHER
14. Maiden Name Helen Rodgers
15. Birthplace Md.

16 (a) Informant Roland Thomas
(b) Address 1546 N. Bruce St

17 (a) Burial (b) Date thereof 11/29/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Wm. B. Kelson
(b) Address 1303 Presstman St

NOV 27 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 24 1943, at 2:40 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute pulmonary edema

Due to Congenital heart disease?

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert L. Fraser M.D.
Medical Examiner.
Date signed 11/24/43

VS 151

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3B G 10575 Registered No. 3678

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1339 Stricker St.
(c) Hospital or institution: 154

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1339 Stricker St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Leroy Edward Goodman

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-07-5346

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	colored	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1906

8. AGE: Years	Months	Days	If less than one day
37	7	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Clothes Manufacturer (Sponger)
11. Industry or business Hanson & Co

FATHER
12. Name Thomas Goodman
13. Birthplace Virginia

MOTHER
14. Maiden Name Elenora Peters
15. Birthplace Maryland

16 (a) Informant Mrs. Geraldine Conner
(b) Address 1339 Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/43 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Md

18 (a) Funeral director Geo. H. Kelson
(b) Address 1343 Pleasant St

19 NOV 27 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-23 1943, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-10- 1943, to 11-23 1943, and that I last saw him alive on 11-22 1943.

Immediate cause of death Pulmonary T.B — Duration 9 months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 1029 N. Stricker St Date signed 11-23-43

G 10576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 159

Registered No. G 10576

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore Gen. Hosp. 2B-01
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 18 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 136 W. Clement Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Thornton

3 (b) If veteran, name war ✓

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1943

8. AGE: Years	Months	Days	If less than one day
		18	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John M. Thornton
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Evelyn C. Niedekind
15. Birthplace Balto. Md.

16 (a) Informant Mrs. J. Thornton
(b) Address 136 W. Clement Al.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 24/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Fred. J. Krause & Son
(b) Address 216 S. Charles St.

19 (a) 7 1943 (Date received by registrar) Huntington Hilliard

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1943, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 8 1943, to Nov. 26 1943, and that I last saw h[illegible] alive on Nov. 26 1943.

Immediate cause of death Premature birth — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul E. Lubato M. D.
Address 1213 Light St. Date signed 11/26/43

0577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓107

Registered No. G 10577

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1626 E. Biddle St.
(c) Hospital or institution: $10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 E Biddle St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Edward P. Thompson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14 1890

8. AGE: Years 53 | Months 5 | Days 13 | If less than one day hr. min.

9. Birthplace St Marys Co
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace St. Marys County Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace St Marys County Md.

16 (a) Informant Edward Thompson
(b) Address 1626 E. Biddle Street

17 (a) Burial (b) Date thereof Nov 28, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A. A. County Md.

18 (a) Funeral director Mrs. Robert A. Elliott Daughter
(b) Address 1129 N. Caroline St

19 NOV 27 1943 (Signature of local registrar) Huntington Williams M.D.
(Date received by local registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-24 19 , at 5.22 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-16 1943 to 11-24 1943 and that I last saw h.e alive on 11-24 1943.

Immediate cause of death: Bronchio-pneumonia — Duration: 18 days

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Raynes Browne M. D.

Address 1500 E. Madison St Date signed 11-26

Raynes Browne

10578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161a G 10578 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Balsac & Monument St.
(c) Hospital or institution:
Sinai Hospital 9-8

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 min
(e) Length of stay in Baltimore (yrs., mos., or days) 3 min

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore - 18 (If outside city or town limits, write RURAL and give town)
(d) Street No. 940 E. 41st. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Patricia Caramella Maenner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	New Born

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1943

8. AGE: Years	Months	Days	If less than one day
			hr. 3 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation New Born

11. Industry or business

FATHER
12. Name William Maenner
13. Birthplace Philadelphia, Pa

MOTHER
14. Maiden Name Catherine Mitchell
15. Birthplace Baltimore, Md.

16 (a) Informant Catherine Maenner
(b) Address 940 E. 41st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Little Zeller
(b) Address 703 S. Wolfe St

NOV 27 1943 (Date rec'd by registrar) (b) Huntington Williams Undertaker

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1943 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 26 1943 to Nov 26 1943 and that I last saw her alive on Nov. 26 1943 @ 11 P.M.

	Duration
Immediate cause of death Asphyxia Neonatorum	
Due to Pressure on the cord	
Due to Breech presentation	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilfred K. Kennedy, M. D.
Address 2-40 Eutaw Pl. Date signed Nov 27 1943

G 10579 — JL - 83379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

466 — Registered No. G 10579

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave. 27-13
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5607 Roland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary McGraw

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 10, 1870
8. AGE: Years 73 | Months 9 | Days 11 | If less than one day ..... hr. ..... min.
9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name James McCraw
13. Birthplace Ireland

MOTHER
14. Maiden Name Sarah Devlain
15. Birthplace Spain

16 (a) Informant B. C. Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location Baltimore City

18 (a) Funeral director John H. Welsh
(b) Address 410 E. Chesapeake Street

NOV 27 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/21/1943 at 6:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/21/1943 to 11/21/1943, and that I last saw her alive on 11/21/1943.

Immediate cause of death: Carcinoma of Pancreas or Biliary Apparatus — Duration: 3 mo.
Due to
Due to
Other Conditions Gen. arterio-sclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Ca of pylonic area & invasion of duodenum & obstruction of duodenum
Autopsy: Surgical, Laboratory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Sergeman M. D.
Address BCH Date signed 11/24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10580 BALTIMORE CITY HEALTH DEPARTMENT G 10580
CERTIFICATE OF DEATH 50
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1408 Harford Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1408 Harford Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susie Woolford Dodd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race C. | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife George Tyler

6 (c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.) Feb 26, 1878

8. AGE: Years 65 | Months 8 | Days 19 | If less than one day hr. - min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Thomas A. Dodd

13. Birthplace Md

MOTHER 14. Maiden Name Josephine Treusty

15. Birthplace Md

16 (a) Informant Harrison M. Dodd

(b) Address 807 N. Arlington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem.

Location Balto, Md.

18 (a) Funeral director Joseph D. Locke.

(b) Address 1304 N. Central Ave.

19 (a) NOV 28 1943 (Date rec'd by registrar) (b) Huntingtor Williamsport, Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-25 1943, at 9:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11.22 1943, to 11.26 1943, and that I last saw h~~er~~ alive on 11.24 1943.

Immediate cause of death Carcinoma of Breast — Duration 1 Yrs 9 Mos

Due to —

Due to

Other Conditions Metastasis Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. P. Hughes

Address 825 N. Fremont Ave. Date signed 11-26-43 M. D.

Please write plainly; use ink. Answer all questions. Physicians: please write the cause of death clearly and legibly. Give correct age in especially important.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10581 G 10581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hedwood-Green
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: X
(a) State Md (b) County Ca
(c) City or town Drury
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Patricia Ann Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Col.	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 21, 1942

8. AGE: Years	Months	Days	If less than one day
1	10	6	hr. min.

9. Birthplace Drury A.A. Co. Md.
(town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Alfred C. Johnson
13. Birthplace Drury Md.

MOTHER
14. Maiden Name Viola Bellman
15. Birthplace Drury Md

16 (a) Informant Alfred C. Johnson
(b) Address Drury Md

17 (a) Burial (b) Date thereof 11/29/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Moses
Location Drury Md

18 (a) Funeral director T. A. Hardesty & Son
(b) Address Galesville Md

19 (a) 9-1043 (b) Registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/27/43 19 at 8:20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/27 19 43 to 19
and that I last saw h[illegible] alive on 11/27 19 43.

Immediate cause of death Respiratory Failure

Due to

Due to

Other Conditions Umbilical hernia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Umbilical hernia

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jas. Bell M.D.

Address University Hospital Date signed 11/27/43

G 10582

G 10582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3100 Northern Parkway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 67 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3100 Northern Parkway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie V. Neumayer

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Frederick W. Neumayer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1876

8. AGE: Years	Months	Days	If less than one day
67	4	21	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William W. Scott
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Florence Savy
15. Birthplace Baltimore, Md

16 (a) Informant Frederick W. Neumayer
(b) Address 3100 Northern Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/43 (month) (day) (year)
(c) Cemetery or crematory Pinewood
Location Taylor Ave. & Melvale Ave.

18 (a) Funeral director Howard N. Blight Jr.
(b) Address 4914 Belair Road

19 (a) (Date rec'd by registrar) Huntington Williams, M.D.

NOV 28 1943
NOV 29 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1943, at 3 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1940 to Nov 26 1943, and that I last saw h alive on Nov 24 1943

Immediate cause of death Fracture & Concussion of Brain

Duration 2 days

Due to Cardio Renal

Due to Hypostatic Pneumonia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Thomas
Address 3136 Sanford Rd Date signed 11/27/43 M. D.

G 10583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1926 G 10583

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1923 E North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1923 E North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella E Banks

3 (b) If veteran, name war: N
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1860

8. AGE: Years 83 | Months 8 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name William J Banks
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Catherine McGee
15. Birthplace Cecil Co Md

16 (a) Informant Mabel Rozemeyer
(b) Address 3203 Guilford Ave

17. Burial (Burial, cremation, or removal) (b) Date thereof 11 30 43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Wilson & McGee
(b) Address 2417 E Fond St

NOV 28 1943 (Date filed with registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 1943 at 12 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 to Nov. 26 1943 and that I last saw h alive on Nov 26 1943

Immediate cause of death Myocarditis

Due to Mitral Stenosis
Mitral Insufficiency

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Rosenstein M.D.
Address 1914 E. North ave. Date signed 11/27/43

G 10584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3204 N Calvert St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3204 N Calvert St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sallie H Josselyn

3 (b) If veteran, name war W

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Elmer A

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 12 1868

8. AGE: Years 75 | Months 0 | Days 14 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John H Carriger
13. Birthplace Md

MOTHER
14. Maiden Name Sarah E Carriger
15. Birthplace Md

16 (a) Informant Elmer A Josselyn
(b) Address 3204 N Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilbur Cook Co
(b) Address 317 N Howard St

Nov 28 1943 (Date filed by registrar) (b) Washington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1943 at 4:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/12/43 19 , to 11/26/43 , and that I last saw h alive on 11/24/43 19 .

Immediate cause of death Lobar Pneumonia — Duration 7 days

Due to Cardiac Decompensation

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elmer A Josselyn M.D.
Address 3204 N Calvert St Date signed 11/29/43

G 30585 G 30585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1170 C Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) X days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: 9-4
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3004 Fork Raven Blvd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm F. Hess

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Evelyn G
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 5. 1905

8. AGE: Years	Months	Days	If less than one day
38 35	0	22	hr. min.

9. Birthplace Baltimore Md
(Town, county and state)
10. Usual Occupation Chauffeur
11. Industry or business Gomrd Co
FATHER 12. Name Charles L Hess
13. Birthplace Baltimore Md
MOTHER 14. Maiden Name Ruby A Schultz
15. Birthplace Baltimore Md
16 (a) Informant Ruby Hess
(b) Address 937 Gorsuch Ave
17 (a) Burial (b) Date thereof 11/29/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md
18 (a) Funeral director Wilson & Jones
(b) Address 1219 E Lone St
19 (a) NOV 28 1943 (b) Huntington Williamsport
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 — 27 — 1943, at 5 [illegible] 4 M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured Skull

Due to

Other Conditions Comp. Fract. of Tibia & fibula — Laceration, abrasion etc
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: 9-4
(a) Date of injury 11-23- at 9.45 P M.
(b) Where did injury occur Fork Raven Blvd - at 28th St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian, struck by automobile
23. Signature Howard J. Mercer M.D.
Medical Examiner.
Date signed 11-27-43

correct age is especially important. Physicians: please write the causes of death clearly

G 10586 G 10586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 N Lexington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert J. B. Mallon

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife Cornelia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 7. 1853

8. AGE: Years 90 | Months 1 | Days 19 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Mallon

13. Birthplace Ireland

MOTHER 14. Maiden Name Sarah Walters

15. Birthplace Philadelphia Pa

16 (a) Informant Supt. Hugh Morgan 4400 Reno Ave
(b) Address 1400 N Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 29 43 (month) (day) (year)

(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Wilson & Son
(b) Address 1217 St Paul St

19 (Date rec'd by registrar) NOV 28 1943 Huntington for William Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1943 at 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/15/1943 to 11/26/1943, and that I last saw him alive on 11/25/43 19

Immediate cause of death: Coronary thrombosis — Duration: 6 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Owen B. Jarrell
Address 11 E. Chase St., City Date signed 11/27/43

G 10587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 FG 10582

Registered No. 10K2577

RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3001 Annapolis
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 55
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: 2:62966
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3001 Annapolis (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lydia Louise Blockinger

3 (b) If veteran, name war — 3 (c) Social Security Account No. None

4. Sex: Female — 5. Color or race: White — 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John H Blockinger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25, 1888

8. AGE: Years 55 | Months 1 | Days — | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

PARENTS — 12. Name of father: Charles Wilbourne Ebert

13. Birthplace of father: Pa

MOTHER — 14. Maiden Name: Mary C Arkinson

15. Birthplace: Kent Co Md

16 (a) Informant: Oliver Blockinger

(b) Address: 3001 Annapolis Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/43 (month) (day) (year)

(c) Cemetery or crematory: Western

Location: Baltimore Md

18 (a) Funeral director: Wilbourne Ebert Inc

(b) Address: 1348 E Pratt St

19 NOV 28 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 25 1943 at 11:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1943 to Nov 26 1943, and that I last saw h[illegible] alive on Nov 26, 1943.

Immediate cause of death: Carcinoma Liver

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration
6 Mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Paul Heatwole

Address: 1[illegible] Date signed 11/26/43

VS 150

G 10588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X 170 e

G 10588 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd St. 17
(c) Hospital or institution:
Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Havre de Grace
(If outside city or town limits, write RURAL and give town)
(d) Street No. 323 Union Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dr. Frederick W Steiner

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Unknown.

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) about 1878

8. AGE: Years	Months	Days	If less than one day
65	?	?	hr. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation Physician

11. Industry or business Medical Profession

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (b) Date thereof Nov. 27-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Angel Hill
Location Havre de Grace Md

18 (a) Funeral director Pennington & Son
(b) Address Havre de Grace Md

19 (a) Nov 28 1943 (b) Washington Williams, M.D. Registrar
Date received by Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 1943, at 4'10 PM

21. I certify that I took charge of the remains described above, held an Inspection & partial autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral edema & subarachnoid hemorrhage, traumatic

Due to

Other Conditions Multiple fractures 9 jaw

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following: Nov 21-1943
(a) Date of injury ~~Nov 25 1943~~ 3 P.M.
(b) Where did injury occur? Perry Point Rd Cecil Co.
(c) Did injury occur at home, on farm, industrial place, in public place? Road While at work? Yes
(d) Means of injury Collision Autos

23. Signature Roland H Graham M.D.
Medical Examiner.
Date signed Nov. 25, 1943

(OVER)

Correct age is especially important. Physicians: please write the causes of death clearly and legibly

G 10589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1860

G 10589 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive & 31st St.

(c) Hospital or institution:
U. S. Marine Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2880 Mayfield Avenue
(If rural give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH KENNARD ROGERS

3 (b) If veteran, name war: Sp. American

3 (c) Social Security Account No. 219-22-5636

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Violet May Hampton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1876

8. AGE: Years 67 | Months 9 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Bar tender- 2 most ago

11. Industry or business "

FATHER
12. Name Rogers
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Conway
15. Birthplace Md

16 (a) Informant Records, U. S. Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29 1943 (month) (day) (year)

(c) Cemetery or crematory Oakland
Location Balto County

18 (a) Funeral director Mc Howard E Mills
(b) Address 40 Scholars St

19 (a) NOV 28 1943 (b) Lexington Williams MD Registrar
(Date rec'd by reg.)

VS 150

MEDICAL CERTIFICATION A.

20. DATE OF DEATH November 26, 1943, at 1:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 22, 1943, to Nov. 26, 1943, and that I last saw him alive on Nov. 26, 1943

Immediate cause of death Skull fracture, right temporal and occipital bones with contusions and lacerations of the brain. — Duration Since 11/22/43

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Not Yes-Accident

(b) Date of occurrence Nov. 22, 1943 at 4:00 A.M

(c) Where did injury occur? Fell down flight of stairs enroute to bathroom (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no

(e) Means of injury Due to fall

23. Signature

Address Baltimore, Md. Date signed 11/26/43 M.D.

Va-14036 Howard & Madden MD

G 10590 — BALTIMORE CITY HEALTH DEPARTMENT — G 10590

CERTIFICATE OF DEATH 183a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1121 Light
(c) Hospital or institution: 4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 Light St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William E. Wholey

3 (b) If veteran, name war: no
3 (c) Social Security Account No. [redacted]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Nettie Wholey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13, 1877

8. AGE: Years	Months	Days	If less than one day
65	11	13	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Machinist B+O
11. Industry or business

FATHER
12. Name William Wholey
13. Birthplace Md

MOTHER
14. Maiden Name Linda Wholey
15. Birthplace Md

16 (a) Informant Mrs Mattie Mutter
(b) Address 1121 Light St. (Sister)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 30 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Balto., Md

18 (a) Funeral director G. Hayward Evans
(b) Address 1400 E. Chase St.

19 (a) Nov 28 1943 (Date received by registrar) (b) Huntington Williams, M.D.

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1943 at 6:10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1943 to Nov 26 1943 and that I last saw h. alive on Nov 26 1943

Immediate cause of death: Cerebral Hemorrhage — Duration: 7 days
Due to: Arteriosclerosis — 2 yrs
Other Conditions: Hypertension — 2 yrs
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Mutter M. D.
Address 1126 E Chase St Date signed 11/27/43

G 10591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

G 10591 Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3801 Cedardale Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 511
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3801 Cedardale Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Andrew Truax

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-0769

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Annabel Truax
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 21 1866

8. AGE: Years	Months	Days	If less than one day
77	9	5	hr. min.

9. Birthplace Hancock Md (Town, county, and state)
10. Usual Occupation Assembler
11. Industry or business Rowan Controller Co

FATHER
12. Name Job Truax
13. Birthplace Hancock Md

MOTHER
14. Maiden Name Harriet Bishop
15. Birthplace Virginia

16 (a) Informant Marion L. Wilkinson
(b) Address 3801 Cedardale Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29 1943 (month) (day) (year)
(c) Cemetery or crematory Presbyterian
Location Warfordsburg Pa.

18 (a) Funeral director Harry P. Mumaw
(b) Address 4204 Ridgewood Ave

19 (a) (Date rec'd by registrar) NOV 28 1943 (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/26 1943 at 12 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/1 1941 to 11/26 1943 and that I last saw him alive on 11/24 1943

Immediate cause of death Myocardial insufficiency — Duration 10 days
Due to Coronary occlusion (?) — 1/2 hr.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A. Reite M. D.
Address 3408 Windsor Blvd Date signed 11/27/43

G 10592 BALTIMORE CITY HEALTH DEPARTMENT 13 b Registered No. G 10592

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 471 N Mulberry
(c) Hospital or institution: 4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 471 N Mulberry (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Lucile Feinstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1922

8. AGE: Years 20 | Months | Days | If less than one day hr. min.

9. Birthplace Montgomery Co. Md. (town, county, and state)

10. Usual Occupation School girl.

11. Industry or business

FATHER 12. Name Jerry Feinstein
13. Birthplace Montgomery Co. Md.

MOTHER 14. Maiden Name Celia Galvano
15. Birthplace Montgomery Co. Md.

16 (a) Informant Jerry Feinstein
(b) Address 671 N Mulberry St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 11 28 43 (month) (day) (year)

(c) Cemetery or crematory Montefiore Mem.
Location Montgomery Co. Md.

18 (a) Funeral director Wallace Billings
(b) Address 132 W Franklin St

(Date rec'd by registrar) (b) Thomas L. Williams M.D. Registrar

VS 250 Timmington

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24 1943 at 1:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1943 to Nov 24 1943, and that I last saw h. alive on Nov 24 1943

Immediate cause of death Pulmonary TB

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
6 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 71 W Franklin St Date signed Nov 27 1943 M.D.

G 10593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

G 10593 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1651 Ruxton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1651 Ruxton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Musha Rosen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Aaron
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Israel Jacobs
13. Birthplace Russia

MOTHER
14. Maiden Name Chana
15. Birthplace Russia

16 (a) Informant Mrs. I. B. Sacks
(b) Address 1651 Ruxton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-43 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Harford Rd & Edwards Lane

18 (a) Funeral director Jacob Levy Inc
(b) Address 1439 E. Balto. St

NOV 28 1943
(Date received by Registrar) (b) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-26-43 19 at 5:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/23 1943 to 11/26 1943, and that I last saw h[er] alive on 11/26 1943.

Immediate cause of death Coronary Thrombosis — Duration 2 days

Due to Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph D Blum M.D.
Address 1206 E Preston St Date signed 11/27/43

G 10594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 96

G 10594 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2517 Quantico Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2517 Quantico Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3 (a) FULL NAME Lena Silverstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mack

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 1-1902

8. AGE: Years 41 | Months 2 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Morris Silverstein
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca Kaplan
15. Birthplace Russia

16 (a) Informant Mack Silverstein
(b) Address 2517 Quantico Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Belt + Hamilton Ave

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Baltimore St

NOV 28 1943 (Date received by Registrar) (b) Registrar

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-26 1943, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/5 19.., to 11/26 1943, and that I last saw h[illegible] alive on 11/26 1943.

Immediate cause of death: Ruptured aneurysm of cerebral vessels — Duration: 1 hr

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore B. Kurz M. D.

Address 2904 Rest Rd Date signed 11/26/43

G 10595 G 10595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PERIOD RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument at Eutaw Ave

(c) Hospital or institution: Sinai Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2026 E. Baltimore Street Quantico Ave.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Sarah Karcham (Kershaw)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Daniel Karchand

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 76 Months: Days: If less than one day ..... hr. ..... min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER 12. Name: Nathan —

13. Birthplace: Russia

MOTHER 14. Maiden Name: Rose —

15. Birthplace: Russia

16 (a) Informant: Mrs. Ida Krug

(b) Address: 2026 E. Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-43 (month) (day) (year)

(c) Cemetery or crematory: Hebrew Mt. Carmel

Location

18 (a) Funeral director: Isaac Levin Inc

(b) Address: 1131 E. Balto St

19 NOV 28 1943 (Date rec'd by registrar) (Huntington Williams M.D.)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/26 1943 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17, 1943 to Nov 26, 1943; and that I last saw h[illegible] alive on Nov 26, 1943.

Immediate cause of death: Bronchopneumonia — Duration

Due to: Chronic Left Ventricular Failure

Due to: Arteriosclerotic H. Disease

Other Conditions: Fracture entire Neck of Femur portion of Humerus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Self

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible]

Address [illegible] Date signed 11/26/43

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10596 ✓ G 10596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 421 Millington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-5
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 421 Millington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PAUL. W. LOOSE JR

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-9626

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 13 1904

8. AGE: Years 39 | Months 0 | Days 13 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Cooper

11. Industry or business Cockeyn Hall

FATHER
12. Name Paul Loose
13. Birthplace Germany

MOTHER
14. Maiden Name Rosa Stoll
15. Birthplace Germany

16 (a) Informant Anna Loose
(b) Address 421 Millington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Sect Ave

18 (a) Funeral director Geo. H. Lemmbruch
(b) Address 25 N. Lightstreet

NOV 28 1943 (b)
(Date rec'd by Registrar)

Registrar

VS 180

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 26 Nov 1943, at 9:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1938, to 19..., and that I last saw him alive on 26 1943.

Immediate cause of death	Duration
Myocarditis	2 yrs.
Due to Endocarditis	2 yrs
Due to Lung Abscess	5 yrs
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Z. Vaiden Hooper M.D.

Address 3534 Ellerslie Ave Date signed 27 Nov 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Or 2 Furnished 10597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1944

Registered No. C 10597

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 401 N Brice st
(c) Hospital or institution: 20

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 401 N. Brice St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Claude H Holmes

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Catherine Holmes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13 1870

8. AGE: Years 73 | Months 5 | Days 13 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George F Holmes
13. Birthplace Maine

MOTHER
14. Maiden Name Not Available
15. Birthplace Md

16 (a) Informant Mrs Kenneth Holmes
(b) Address 401 N Brice st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director George A Farber
(b) Address Fulton & Fayette sts

NOV 28 1943
(Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1943, at 10:47 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 26 1943, to Nov 26 1943, and that I last saw him alive on Nov 26 1943.

Immediate cause of death Coronary Thrombosis — Duration 6-8 no

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Kennedy M. D.
Address 1934 Wilkens av Date signed 11/27/43

G 10598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 466

G 10598 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Applied FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 135 S. Morley St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 16

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2505 Hamilton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. King

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Robert E. King

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-15-1869

8. AGE: Years	Months	Days	If less than one day
73 74	11	11	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name George Richter
13. Birthplace md

MOTHER
14. Maiden Name Mary Sadden
15. Birthplace Md.

16 (a) Informant Mrs. Edw. King
(b) Address 135 S. Morley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road

19 NOV 28 1943 (registered number) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 19 43 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1943 to Nov 26 1943 and that I last saw h[illegible] alive on Nov 26 1943.

Immediate cause of death Generalized Carcinomatosis — Duration 6 Weeks

Due to Carcinoma of Stomach — 6 Months

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eliot W. Johnson M. D.
Address 3432 Dudley Ave Date signed

C 10599 C 10599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2922 Harford Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2922 Harford Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Elizabeth Davis

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife E. Dawson Davis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30, 1859

8. AGE: Years	Months	Days	If less than one day
84	4	25	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at Home

FATHER
12. Name Thomas Burgon
13. Birthplace Maryland

MOTHER
14. Maiden Name Hester Baldwin
15. Birthplace Maryland

16 (a) Informant Mrs Edna Moore (Daughter)
(b) Address 2922 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-43 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore

18 (a) Funeral director Leonard J Rusch
(b) Address 5305 Harford Rd

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 25 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1943 to Nov 25 1943, and that I last saw h[illegible] alive on Nov 24 1943

Immediate cause of death	Duration
Uraemia cause Bronchio Pneumonia	8 days 24 hrs
Due to Generalized Arterio Sclerosis	6 mos
Due to Chr Interstitial Nephritis	6 mos
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Thos F O Stevens M. D.
Address 2918 Harford Rd Date signed 11-27-43

VS 180

G 10600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. DO NOT WRITE ON BACK. NOTHING TO BE ERASED OR WRITTEN OVER. SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 915 N. Castle
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d
(e) Length of stay in Baltimore (yrs., mos., or days) 67 y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 915 N. Castle St (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME John F. Panuska

3 (b) If veteran, name war —

3 (c) Social Security Account No. 417-07-9834

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elizabeth Panuska

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) July 4, 1876

8. AGE: Years 67 | Months 4 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name John Panuska
13. Birthplace Austria

MOTHER
14. Maiden Name Barbara Vavrech
15. Birthplace Austria

16 (a) Informant Elizabeth Panuska
(b) Address 915 N. Castle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Thos. Broadbrooks & Son
(b) Address 700 N. Chester St

NOV 28 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1943, at 2.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1943 to Nov 26 1943
and that I last saw h[illegible] alive on Nov 26 1943

Immediate cause of death
Coronary Occlusion — Duration 4/25/43

Due to Chr. Myocarditis — 1/1/43

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Rylander M.D.

Address 801 N. Kenwood Ave Date signed 11-28-43

G 10601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 Registered No.

Mt. Lane G 10601

Notarized Death

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 705 N. Streeper st

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore Md

(If outside city or town limits, write RURAL and give town)

(d) Street No. 706 N. Streeper Street

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Anna Kalal

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Joseph Kalal

6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace Bohemia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Michael Kolek

13. Birthplace Bohemia

MOTHER

14. Maiden Name

15. Birthplace

16 (a) Informant Joseph Kalal

(b) Address 705 N. Streeper

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-43 (month), (day), (year)

(c) Cemetery or crematory Mt. Lebanon Cemetery

Location Washington Blvd Md.

18 (a) Funeral director Funeral Home

(b) Address 900 N. Central Ave.

19 (a) (Date received by registrar) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1943, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1940 to Nov 26 1943, and that I last saw h[illegible] alive on Nov 26 1943

Immediate cause of death

Cerebral Accumulation — Duration 1 H

Due to Carcinoma of face — 10 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible]

Address 2007 E. Baltimore Date signed 12/2/43

G 10602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 10602 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Dutausch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
87			hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name David Ruth
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Rentrop
15. Birthplace Germany

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (b) Date thereof Nov. 29. 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore
18 (a) Funeral director Rita Wiedefeld
(b) Address 917 Drummond Ave
NOV 28 1943
(Date rec'd by registrar) Virginia Williams Registrar

VS 189

MEDICAL CERTIFICATION 2.30 p.

20. DATE OF DEATH Nov. 27 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1- 1943, to Nov 27 1943, and that I last saw her alive on Nov 26- 1943.

Immediate cause of death	Duration
Edema of Lungs	1 day
Due to Chronic Myocarditis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Gull Hall M. D.
Address 1631 E. North Ave Date signed Nov 28-43

M. D. B. 1206-3

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 10603 G 10603

CERTIFICATE OF DEATH

1893d

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3728 W. Garrison Ave. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eva Jane ~~Weer~~ Essert

(a) Residence: No. 3728 W. Garrison Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis A Essert,

6. DATE OF BIRTH (month, day, year) April 29, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Ephram ~~Essert~~, Wolf

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Mary Doxen,

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Miss Lutie Essert,
(Address) 3728 W. Garrison Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date 11/29/43 19

19. UNDERTAKER E. Vernon Lemmon.
(Address) 4611 Park Heights.

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1943 19

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1939 19 to Nov. 25, 1943 19

I last saw her alive on Nov. 25, 1943 19 Death is said to have occurred on the date stated above, at 3.15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 Yrs.
Arthritis Deformans	5 Yrs.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) ..... M. D.

(Address) 3737 W. Mont St. 11/27/43

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Full statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

AACo. 5-31 2500

10604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5345 Reisterstown Rd St., 18 Ward) Registered No. 9402

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine C. Carr

(a) Residence: No. ... St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Carr

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80 (1863)	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Carr

14. BIRTHPLACE (city or town) (State or country) Ind

MOTHER

15. MAIDEN NAME Georgeana Walters

16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMANT Walter Dorsey
(Address) Clarksville Ind

18. BURIAL, CREMATION, OR REMOVAL
Place Clarksville, Ind. Date 11-30 1943

19. UNDERTAKER F. C. Humbotham
(Address) Pikesville Md

NOV 28 1943 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ..., 19...

22. I HEREBY CERTIFY, That I attended deceased from June, 1934 to Nov. 27, 1943

I last saw h... alive on ..., 19... death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary vascular disease	?
Arterio sclerosis	?
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Edmund A Pohlen M. D.

(Address) 511 Fidelity Bldg

INFORMATION REQUIRED BY LAW; MUST BE GIVEN EXACTLY. PLEASE WRITE PLAINLY. Accuracy of statements is important. Be sure to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 10605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10605

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Aveme
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 730 E. 37th Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jenny Denny

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife George A. Denny (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1860

8. AGE: Years 83 | Months | Days 18 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Howard Davis
13. Birthplace Md.

MOTHER
14. Maiden Name Clara ?
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial, cremation, or removal (b) Date thereof 11/28/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director Wilhelm & Son
(b) Address 1219 E. Lombard St.

19 (a) Filed NOV 28 1943 (b) Signature of Registrar Wilhelm M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-25 1943, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-2 1943 to 11-25 1943 and that I last saw h[illegible] alive on 11-25 1943.

Immediate cause of death: (a) Bronchopneumonia — Duration: 4 days
Due to: (b) Intertrochanteric fracture of femur — 28 days
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Acc - fell
(b) Date of occurrence 11/2/43 at [illegible] floor M
(c) Where did injury occur? home
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Donald B. Abbott M. D.
Address Balto City Hosp Date signed 11-26-43

Approved for H.L. Wollenweber M.D. Robert L. Preston M.D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No. G 10606

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1926 Linden Ave.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1926 Linden Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Isaac F. Redinger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Mary K. Clabaugh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feby 1871

8. AGE: Years	Months	Days	If less than one day
72	9	-	hr. min.

9. Birthplace Carroll Co., Md.
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name
13. Birthplace Md.

MOTHER
14. Maiden Name Susan
15. Birthplace Md.

16 (a) Informant Marie C. Hiesinger
(b) Address 5904 Park Heights Ave.

17 (a) Burial (b) Date thereof 11/29/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

NOV 28 1943
(Date rec'd by registrar)

Washington Williams M.D.
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24 1943, at 2a M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1943, to Nov. 24 1943, and that I last saw h[illegible] alive on Nov. 24 1943.

Immediate cause of death Hypertension and cardiovascular disease — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
M. D.
Address Medical Arts Building Date signed 11-2[illegible]

Dr. Wallenmeyer

G 10607 G 10607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 307
(e) Length of stay in Baltimore (yrs., mos., or days) 62

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1203 St. Paul (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edmonia M. Chamberlain

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 26, 1860

8. AGE: Years 83 Months 9 Days 0 If less than one day hr. min.

9. Birthplace Amherst, Va (Town, county, and state)
10. Usual Occupation Retired School Teacher
11. Industry or business School

FATHER
12. Name Edmund Chamberlain
13. Birthplace Amherst Va

MOTHER
14. Maiden Name Mary E. Shepherd
15. Birthplace Culpeper

16 (a) Informant Miss Burton Dallam
(b) Address 2928 Belton St. City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29/43 (month) (day) (year)
(c) Cemetery or crematory Johns Cemetery
Location York Road, Waverly
18 (a) Funeral director Edward S. Mitchell & Sons
(b) Address 1910 Eutaw Place
19 (a) Date received (Month) (Day) (Year) (b)
NOV 29 1943
Registrar
Huntington Williams, M.D.

VE 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-26 1943, at 9:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1943, to Nov 26 1943, and that I last saw her alive on Nov 26 1943.

Immediate cause of death: Congestive Heart failure — Duration

Due to: Myocardial infarction

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isabella Thomson M. D.
Address Church Home & Hospital Date signed 11-26-43

G 10608 — BALTIMORE CITY HEALTH DEPARTMENT — G 10608

CERTIFICATE OF DEATH 1947

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3008 E. Pratt St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3008 E. Pratt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William M. Lange.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married~~ ~~widowed~~, or ~~divorced~~
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7 - 1943

8. AGE: Years	Months	Days	If less than one day
	7	20	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Wm L. Lange
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mildred Holland
15. Birthplace Balto Md

16 (a) Informant Wm L Lange
(b) Address 3008 E Pratt St

17 (a) Burial (b) Date thereof Nov 29 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Eastern Ave Md

18 (a) Funeral director John C Mosan
(b) Address 3600 E Baltimore St

19 (a) NOV 28 1943 Funeral for Williams M.D.
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/27 1943 at 12.20 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Broncho Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 11/29/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 10609 G 10609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3101 Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town, write RURAL and give county)
(d) Street No. 3101 E. Fairmount Av (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Ritter

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4 Sex: Female | 5 Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John
6 (c) If alive give age years

7. Birth date of deceased (mo., day, yr.) Nov 5 - 1854

8. AGE: Years 89 | Months | Days 22 | If less than one day hr. min.

9. Birthplace Balto. Md.

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Henry Kraft
13. Birthplace Germany

MOTHER
14. Maiden Name Dat. Knows
15. Birthplace Germany

16 (a) Informant Rogers F. Terry
(b) Address 3101 Fairmount Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30 1943 (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Rd.

18 (a) Funeral director John A. Mason
(b) Address 3000 E. Baltimore St

19 (a) NOV 28 1943 (Date rec'd by Registrar) (b) Signature of Registrar Winston Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1943, to Nov 27 1943, and that I last saw h[illegible] alive on Nov 26, 1943.

Immediate cause of death	Duration
Coronary Occlusion	
Myocardial Insufficiency	
Due to Cardiac Failure	
Pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Allen C. Beetham, M. D.
Address 3139 E. Baltimore St Date signed 11-28-43

G 10510 G 10510

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 18600

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 14

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 87 N. Carey St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George L. Campbell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband~~ or wife Lillian Dodson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 12, 1885

8. AGE: Years 58 | Months 8 | Days 15 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Ships Joiner

11. Industry or business Navy U.S.C.H. yard

FATHER
12. Name Albert Campbell
13. Birthplace Virginia

MOTHER
14. Maiden Name Sadonia Jane
15. Birthplace Virginia

16 (a) Informant Mrs. George L. Campbell
(b) Address 1819 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/43 (month) (day) (year)
(c) Cemetery or crematory Baptist
Location Northumberland Co. Va.

18 (a) Funeral director Harry A. Hitzke
(b) Address 41016 Lemmon Ave.

NOV 28 1943 for Hilliard M.D. Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27 1943, at 5-15 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Compound fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death) N-S

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Nov 27 1943 4:30 P.M.
(b) Where did injury occur? Curtis Bay
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? Yes
(d) Means of injury Fell off a wall

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Nov 28 1943

over

VS 151

correct age is especially important. Physicians: please write

444352

G 10611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

446 Registered No. G 10611

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prin. Geo. Co.
(c) City or town Takoma Park
(If outside city or town limits, write RURAL and give town)
(d) Street No. 201 Cedar Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herbert P. Halliker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-10-93

8. AGE: Years	Months	Days	If less than one day
50	8	17	hr. min.

9. Birthplace D.C.
(Town, county, and state)

10. Usual Occupation Procurement

11. Industry or business

FATHER
12. Name Wm T. Halliker
13. Birthplace Md

MOTHER
14. Maiden Name Anna McIntire
15. Birthplace Pa.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial. (b) Date thereof Nov 30/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Washington D.C.

18 (a) Funeral director Joseph Feinberg Sons
(b) Address North & Penn Ave

19 (a) 1943 (b) 28 Nov 43 by registrar Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27 1943, at 2:47 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 10 1943 to Nov 27 1943 and that I last saw h[illegible]alive on Nov 27 1943

Immediate cause of death Circulatory Collapse — Duration

Due to Hodgkin's Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N R Freeman Jr.

Address Johns Hopkins Hospital Date signed 11/27/43 M. D.

C 10612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. C 10612

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2001 W. Fayette Street
(c) Hospital or institution:
Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 204 S. London Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Ida Handleis

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 212-24-9870

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Joseph J. Handleis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 7 188?

8. AGE: Years 54 | Months 10 | Days 21 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Otis Clark
13. Birthplace England

MOTHER
14. Maiden Name Mary T. Smith
15. Birthplace Ireland

16 (a) Informant Joseph J. Handleis
(b) Address 204 S. London Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director Lange, Schnyer
(b) Address 2401 Frederick Ave.

NOV 29 1943
(Date received by local registrar)

Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/28 1943, at 9:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/27 1943, to 11/28 1943, and that I last saw her alive on 11/28 1943.

Immediate cause of death: Diabetes Mellitus — Duration

Due to:

Due to:

Other Conditions: Bilat Pyelonephritis with Multiple abscess formation

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: SAME

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward L. Krieg MD

Address Bon Secours Hosp Date signed 11/28/43 M. D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 40613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. C 40613

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 27 N. Patterson Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Minozzi

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/24/04

8. AGE: Years 39 | Months 8 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace New York City (Town, county, and state)

10. Usual Occupation Sprayer

11. Industry or business Bethlehem-Fairfield

FATHER
12. Name Dominic Minozzi
13. Birthplace Italy

MOTHER
14. Maiden Name Catherine Satari
15. Birthplace Italy

16 (a) Informant Anna Annunziato (sister)
(b) Address 27 N. Patterson Pk. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/43 (month) (day) (year)
(c) Cemetery or crematory
Location New York City

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) NOV 29 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1943, at 4 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Nov. 25 1943 25 M.
(b) Where did injury occur? Bethlehem-Fairfield Shipyards
(c) Did injury occur at home, on farm, industrial place, in public place? In Industrial While at work? yes
(d) Means of injury Steel ladder fell on head

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Nov. 28 1943

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

G 10814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. 49254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U.S. Marine Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Florida (b) County X
(c) City or town Jacksonville (If outside city or town limits, write RURAL and give town)
(d) Street No. 156 W. 7th St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Odell Scott

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-30-02

8. AGE: Years	Months	Days	If less than one day
41	6	7	hr. min.

9. Birthplace Bamberg S. Carolina (Town, county, and state)

10. Usual Occupation Marine Engineer

11. Industry or business

FATHER
12. Name Jos. W. Scott
13. Birthplace ?

MOTHER
14. Maiden Name Rena Brown
15. Birthplace Savannah Ga.

16 (a) Informant P.A. Surg. USN attdg
(b) Address U S Marine Hosp. Balt. Md

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 30 1943 (month) (day) (year)
(c) Cemetery or crematory Riverside Memorial Park
Location Jacksonville Florida

18 (a) Funeral director Wm Cook Inc
(b) Address Baltimore Md

19 (a) 12-2 1943 (Date received by Registrar) (b) Attesting for Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 1943 at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-20 1943 to 11-27 1943 and that I last saw h.i.m. alive on 11-27 1943

Immediate cause of death Bronchopneumonia

Due to Typhoid Pneumococcus Rt. upper - mid - lower and

Due to Left lower and upper lobe

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

Duration
7 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature JK Addicott
Address US Marine Hospital M. D. Date signed 11-28-43

10615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G 10615
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Md. Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3033 McElderry
(If rural give location)
(e) If foreign born, how long in U. S. A.? Natural years

3 (a) FULL NAME Mrs. Lillian Kraft

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-8637

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 30, 1900

8. AGE: Years	Months	Days	If less than one day
43	9	yr	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business Paper Bag Factory

FATHER
12. Name Jacob Kraft
13. Birthplace Russian

MOTHER
14. Maiden Name Anna Astrin
15. Birthplace Russia

16 (a) Informant Mrs. Dora Tyrist
(b) Address 3033 McElderry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29/43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cem
Location Hamilton Ave

18 (a) Funeral director Sol Levinson Bros
(b) Address 1124-26 W North ave

19 (a) NOV 29 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/28 1943 at 11 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/4 1943 to 11/28 1943 and that I last saw h[illegible] alive on 11/28 1943

Immediate cause of death: Carcinoma of left breast with widespread metastasis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. J. McKinnon M. D.
Address Md. Gen. Hosp Date signed 11/28/43

VS 3

5616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. C 10616

PLACE OF DEATH:
Baltimore City, Maryland

Street address.....

(c) Hospital or institution: Wash. Baltimore Gen'l Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.

(e) Length of stay in Baltimore (yrs., mos., or days) 30Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County 15-11

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3790 Columbus Drive
(If rural give location)

(e) Citizen of foreign country?.....(Yes or No)

If yes, name country.....

3 (a) FULL NAME Jacob S. Hoffman

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-16- 5704

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Dorothy

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
53			..... hr. ..... min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation .....

11. Industry or business Book Keeper

FATHER
12. Name Solomon Hoffman
13. Birthplace Russia

MOTHER
14. Maiden Name Unkown
15. Birthplace Russia

16 (a) Informant Dorothy Hoffman
(b) Address 3790 Columbus Drive

17 (a) Burial (b) Date thereof Nov 29, 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Johns Hopkins Cem
Location E Baltimore Co.

18 (a) Funeral director Sol Levinson & Bros

(b) Address 1124 1126 W North Ave

19 NOV 29 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1943, at 3 20 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to Angina pectoris

Other Conditions .....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury ..... at ..... M.

(b) Where did injury occur? .....

(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....

(d) Means of injury .....

23. Signature Robert Lee Graham M.D.
Medical Examiner.

Date signed Nov 28 1943

VS 151

correct age is especially important. Physicians: please write the cause 3 of death clearly and legib

~~10617~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

C 10617 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State PENNA. (b) County X
(c) City or town DELTA - RURAL
(If outside city or town limits, write RURAL and give town)
(d) Street No. R F D # 1
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** HARRY JAMES BEARD

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife VIOLA ELIZABETH
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22, 1892

8. AGE: Years	Months	Days	If less than one day
51	10	7	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name WILLIAM BEARD
13. Birthplace MARYLAND

MOTHER
14. Maiden Name REBECCA MILLER
15. Birthplace MARYLAND

16 (a) Informant Union Memorial Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Nebo
Location Delta Pa
18 (a) Funeral director Hubert I Harbaugh
(b) Address Delta Pa.

NOV 29 1943 Harrington Williams Md
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 1943, at 4:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26 1943, to Nov. 29 1943, and that I last saw him alive on Nov. 29 1943.

Immediate cause of death	Duration
Respiratory Failure	
Due to LOBAR PNEUMONIA	2 DAYS
Due to	
Other Conditions MYOCARDIAL FAILURE	6 MOS.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A Herbst Jr M. D.
Address Union Memorial Hosp Date signed 11-29-43

VS 250

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193d

G 10618 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 838 Vine
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18

(e) Length of stay in Baltimore (yrs., mos., or days) 75 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 838 Vine (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harriet Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem

5. Color or race Col

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10 1852

8. AGE: Years 91 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Snowhill Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Paul Spence
13. Birthplace Snowhill Md

MOTHER 14. Maiden Name Charlotte
15. Birthplace Snowhill Md

16 (a) Informant Bessie Smith
(b) Address 838 Vine

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 11-29-43 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Penna Ave

19 NOV 29 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1943, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 14 1943 to Nov 26 1943 and that I last saw he alive on Nov 26 1943

Immediate cause of death Chronic Myocarditis 2 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. B. Smith M. D.
Address North Ave Baltimore Md

C 10619

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

119a

C 10619 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital. 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2½ months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1803 N. Mulberry St.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Nancy Lee Alsin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	2	20	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Emory Haworth Alsin
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name ~~Virgil Klein~~ Evelyn
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Evelyn M. Liedlich
(b) Address 1803 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-43 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Howard Co. Md.

18 (a) Funeral director Frederick J. Cole
(b) Address 1200 W. Lombard St

19 (a) NOV 29 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/27 1943 at 8:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/7 1943 to 11/27 1943, and that I last saw her alive on 11/22 1943.

Immediate cause of death	Duration
Respiratory Failure	
Due to Infantile Diarrhea	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. B. Gray M. D.
Address Mercy Hosp. Date signed 11/27/43

G 10620

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

178a

Registered No. G 10620

Please fill in all items of information should be carefully supplied. This is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 918 Washington Blvd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Eugene Goodrich

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War 05 —	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Stella Goodrich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8,

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation
11. Industry or business Brandts

FATHER
12. Name George S. Goodrich
13. Birthplace St. Marys Co. Md.

MOTHER
14. Maiden Name Lizzie Dahl
15. Birthplace Baltimore

16 (a) Informant Mrs Ida M. Schuchard
(b) Address 697 S. Bentalou St

17 (a) Baltimore (b) Date thereof 11-29-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New National
Location Baltimore

18 (a) Funeral director Frederick S. Lee
(b) Address 1210 W. Lombard St

NOV 29 1943
(Date rec'd by registrar)

(b) Hunting or Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-26- 1943, at 2.30 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Asphyxiation
Due to Administering Gas
Other Conditions
(Include pregnancy within 3 months of death)

If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 11-26-43 at 2.15 P M.
(b) Where did injury occur? 918 Wash. Blvd
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Gas stove

23. Signature Howard J. Wallis M.D.
Medical Examiner.
Date signed 11-27-43

VS 151

10621

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 73a

G 10621 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Eastern Ave.
(c) Hospital or institution Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County X Balto.
(c) City or town Baltimore (Dundalk)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25 Wildclyffe Rd.
(If rural give location)
(e) Citizen of foreign country? U. S. (Yes or No)
If yes, name country

3 (a) **FULL NAME** Thomas R. Lynas (THOMAS RICHARD LYNAS)

3 (b) If veteran, name war NO
3 (c) Social Security Account No. 213-07-2863

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed.

6 (b) Name of husband or wife Lillie May Lynas
6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Feb. 7, 1878.

8. AGE: Years	Months	Days	If less than one day
65	9	19	——hr. ——min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Electrician
11. Industry or business Bethlehem Steel Co.

FATHER
12. Name William Lynas
13. Birthplace Ireland

MOTHER
14. Maiden Name Emma Fowler
15. Birthplace Baltimore

16 (a) Informant Mr. Wm. A. Lynas
(b) Address 72 Yorkway, Dundalk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Henry Sander & Sons, Inc.
(b) Address 1649 E. North Ave.

19 (a) Date received NOV 30 1943 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1943 at 9:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 25 1943, to Nov 26 1943, and that I last saw h— alive on Nov 26 1943.

Immediate cause of death
(a) Cardiac failure
Due to
(b) Coronary Thrombosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ferdinand Hugo Lee M. D.
Address Mercy Hospital Date signed 11/26/43

G 10622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No. G 10522

Every item of information should be carefully supplied. Write the causes of death clearly and legibly. Physicians: please write correct age is especially important. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 823 Light St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 823 Light St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE C HUBERT

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Gertrude Frances Hubert

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 7, 1882

8. AGE: Years: 60 Months: 11 Days: 20 If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Tax Dept.

11. Industry or business: City Hall

FATHER
12. Name: George Hubert
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Mary Carle
15. Birthplace: Maryland

16 (a) Informant: Mrs. Gertrude F. Hubert
(b) Address: 823 Light St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Baltimore, Md.

18 (a) Funeral director: Henry Sander & Sons, Inc.
(b) Address: 1849 E. North Ave.

19 (a) (b) Filed by Huntington Williams, Registrar

NOV 29 1943

VS 10

MEDICAL CERTIFICATION

A

20. DATE OF DEATH Nov. 27 1943, at 7.10 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1943 to Nov. 27 1943 and that I last saw him alive on Nov 27 1943

	Duration
Immediate cause of death: Acute Cardiac Dilatation	1 day
Due to: Chronic Myocardi-	Mo. Kans.
Due to: tis.	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: J. Edward Norris M. D.

Address: 107 East Lexington Date signed: 11-28-43

10623 Roland BALTIMORE CITY HEALTH DEPARTMENT 111c G 10623
CERTIFICATE OF DEATH Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 806 McKean Ave.
(c) Hospital or institution: 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 806 McKean Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES E. ROLAND, Sr.

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife Olivia W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1856

8. AGE: Years 87 | Months 8 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Printer
11. Industry or business

FATHER
12. Name E. N. Roland
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Ann Rutter
15. Birthplace Md.

16 (a) Informant Mrs. Harry P. Yerby
(b) Address Claybourne, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

NOV 29 1943 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 1943 at 7.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2 1943 to Nov 27 1943 and that I last saw h alive on Nov 27 1943.

Immediate cause of death: Cardiac arrest
Due to: Hypostatic pneumonia
Due to: Senility

Duration: 2 days, 25 days

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marion E. Rhoads M.D.
Address 2867 Fulton Ave. Date signed 11-29-43

VS 150

10624

443 F01

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74a

G 10624
Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 2715

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 Dys
(e) Length of stay in Baltimore (yrs., mos., or days) 18 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6202 Elmbank Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emily Weintz

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ----

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-22-36

8. AGE: Years 6 | Months 11 | Days 5 | If less than one day hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation None-Child

11. Industry or business

FATHER
12. Name Walter Weintz
13. Birthplace Brooklyn N.Y.

MOTHER
14. Maiden Name Helen Bennett
15. Birthplace Clarksburg W Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof November 29-1943 (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Druid Ridge
Location Pikesville, Baltimore Co.,

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.,

NOV 29 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 1943, at 7A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 31 1943, to Nov 27 1943, and that I last saw h CA alive on Nov 27 1943.

Immediate cause of death Lymphosarcoma
Acute lymphadenitis

Duration 6 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stanley L. Blumenthal M. D.
Address Johns Hopkins Hosp Date signed 11/29 1943

10625

AB-84791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

G 10625

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ann Lippy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Samuel (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15- 1866

8. AGE: Years	Months	Days	If less than one day
76	5	12	hr. min.

9. Birthplace Md. Balto.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Charles Griswald (D)
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Ann Johnston (D)
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (b) Date thereof 11/30/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto. Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 NOV 29 1943 Huntington Williams M.D.
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/27 1943 at 5:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/9 1943 to 11/27 1943
and that I last saw him alive on 11/27 1943.

Immediate cause of death	Duration
Undetermined; prob. cerebral hemorrhage accident	?
Due to A. S. C. V. D.	3 yr.
Due to	
Other Conditions Gen. arterio-sclerosis & senility	
(Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: no post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature E. J. Sugrue M.D.
Address BCH Date signed 11/29/43

10626

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1634 Registered No. C 10626

Please write the causes of death clearly and legibly. Physicians: please report all especially important. Please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4402 Forest Park ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) Entire

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4402 Forest Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Caroline Ireland

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Alfred W. Ireland
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 5 1895

8. AGE: Years	Months	Days	If less than one day
48	5	21	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Julius R. Wirth
13. Birthplace Germany

MOTHER
14. Maiden Name Martha Heldt
15. Birthplace Germany

16 (a) Informant Mr. Alfred W. Ireland
(b) Address 4402 Forest Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 29-43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Wm. Purnell Sons
(b) Address North & Pa Aves

NOV 29 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-26-1943, at 3.50 P.M.

21. I certify that I took charge of the remains described above, held an inspection r Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation

Due to Illuminating Gas

Other Conditions Oppressed

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 11-26-43 at P. M.
(b) Where did injury occur? 4402 Forest Park Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Inhalation Gas range

23. Signature Howard J. Wheeler M.D.
Medical Examiner.
Date signed 11-27-43

VS 151

10627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170c

C 10627 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 327 S. Ellwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter S. Ricketts

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Vallie Ricketts.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1886

8. AGE: Years 57 | Months 5 | Days 28 | If less than one day hr. min.

9. Birthplace: Harford Co., Md.
(Town, county, and state)

10. Usual Occupation: Engineer

11. Industry or business: Pennsylvania R. R.

FATHER
12. Name: Samuel Ricketts
13. Birthplace: Md.

MOTHER
14. Maiden Name: Malinda Bowen
15. Birthplace: Md.

16 (a) Informant: Mrs. Vallie Ricketts
(b) Address: 327 S. Ellwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/43 (month) (day) (year)
(c) Cemetery or crematory: Moreland Memorial Pk.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: 1043 Balto., Md.

NOV 29 1943
(Date rec'd by registrar)

Huntington Williams, M.D.
Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-26-1943, at 4 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Acute Fibrinous Pericarditis
" " Pleurisy
Due to
Other Conditions Fractured sternum + ribs
multiple lacerations contusions etc.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 11-18- at 4 P. M.
(b) Where did injury occur? North Point Road-
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Driving own auto - struck by dump-truck

23. Signature Howard J. Weidler M.D.
Medical Examiner.
Date signed 11-27-43

C 10628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

C 10628 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4718 Falls Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4718 Falls Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Bond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband ~~or wife~~ John W. Bond

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4. 1875

8. AGE: Years 68 | Months 8 | Days 23 | If less than one day hr. min.

9. Birthplace West River A.A Co Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Samuel Watkins

13. Birthplace Md

MOTHER 14. Maiden Name Rachael Colbert

15. Birthplace Md

16 (a) Informant John Bond

(b) Address 4718 Falls Road

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Nov 29-43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto Co

18 (a) Funeral director Sam'l M. Chase Son

(b) Address 638 N. Gilmor

19 (a) Huntington Williams, M.D. (Signature of registrar) Registrar

NOV 29 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1943, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1943 to Nov. 26 1943 and that I last saw h~~er~~ alive on Nov. 26 1943

Immediate cause of death Cardiac Renal Disease — Duration 3 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis A. Johnson M. D.

Address 2329 Eutaw Pl Date signed Nov. 28 43

~~0629~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146 B

G 10629 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Howard + Madison

(c) Hospital or institution:
Maryland General

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9

(e) Length of stay in Baltimore (yrs., mos., or days) 17

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2841 Lake Av.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Kollman (HEINRICK, KOLLMAN)

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-0914

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marie Kollman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2nd 1879

8. AGE: Years	Months	Days	If less than one day
64	9	26	hr. min.

9. Birthplace Hungaria
(Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business

FATHER

12. Name Michael Kollman

13. Birthplace Hungaria

MOTHER

14. Maiden Name Christian Marshall

15. Birthplace Hungaria

16 (a) Informant Mrs. Marie Kollman

(b) Address 2841 Lake ave.

17 (a) Burial (b) Date thereof Dec 1st 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Maryland

18 (a) Funeral director Leasch Funeral Home

(b) Address 7401 Belair Road

19 NOV 29 1943
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 28 1943, at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 28 1943 to Nov 28 1943, and that I last saw h[illegible] alive on Nov 28 1943

Immediate cause of death

Carcinoma stomach

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: 11/16/43 autopsy

Of operations gastro-jejunostomy - carcinoma of stomach

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. Herman Williams M. D.

Address Md. Gen. Hosp. Date signed 11-28-43

VS 3

G 10630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 636

Registered No. G 10630

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St
(c) Hospital or institution:
South Baltimore General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED
(a) State Maryland (b) County Baltimore
(c) City or town Rosebury
(If outside city or town limits, write RURAL and give town)
(d) Street No. 716 Dale ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Dwight Kratz

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-7691

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Edna F. Kratz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8th 1889

8. AGE: Years	Months	Days	If less than one day
54	6	19	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Printer
11. Industry or business Paper Box

FATHER
12. Name John Kratz
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary Nelson
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Edna F. Kratz
(b) Address 716 Dale Ave Rosebury

17 (a) Burial (b) Date thereof Nov 30th 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto. Co. Maryland

18 (a) Funeral director Lasagna Funeral Home
(b) Address 7401 Belair Road

19 NOV 29 1943 (b) William [illegible] M.D.
(Date rec'd by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 1943, at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 14 1943, to Nov 27 1943, and that I last saw h/m alive on Nov. 27 1943.

Immediate cause of death	Duration
Acute cardiac dilatation	
Due to Hyperthyroidism	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul G. Lukats M. D.
Address 1213 Light St Date signed 11/29/43

VS 2

10631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a Registered No. C 10631

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) Maryland (b) County X BALTO
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4111 W. Overlea Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME (Baby) Dorothy Marie Buchheister

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20th 1943

8. AGE: Years	Months	Days	If less than one day
		8	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Robert J. Buchheister
13. Birthplace Baltimore Co. Md.

MOTHER
14. Maiden Name Florence M. Dieter
15. Birthplace Balto. Co. Maryland

16 (a) Informant Robert J. Buchheister
(b) Address 4111 W. Overlea Ave.

17 (a) Burial (b) Date thereof Nov. 29, 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Joseph's
Location Fullerton Md.

18 (a) Funeral director Lasagna Funeral Home
(b) Address 7401 Belair Road

NOV 29 1943 (Date received by Registrar) Hunting for Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 28 1943, at 8 55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26 1943 to Nov. 28 1943, and that I last saw her alive on Nov. 28 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions: Prematurity
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Fusting M. D.
Address St. Josephs Hosp Date signed 11-28-43

0632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G 10632

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden + Madison
(c) Hospital or institution:
Maryland Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 520 W 27th St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Rosaline Bagwell (Rosaline Bagwell)

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Leo A. Bagwell

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Feb 2 1882

8. AGE: Years 61 | Months 9 | Days 24 | If less than one day ##### ##### min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Jones
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Margaret O'Neil
15. Birthplace Ireland

16 (a) Informant Husband Mr. Leo A. Bagwell
(b) Address 520 W 27th St.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 11/30/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Edmondson Ave. Balto; Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

NOV 29 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-26-43 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-23-1943 to 11-26-43 19 , and that I last saw her alive on 11-26 19 43.

Immediate cause of death Cerebral hemorrhage of unknown origin

Due to Hypertension and Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank E. Poole M.D.

Address Maryland Gen. Hosp. **Date signed** 11/26/43

~~10633~~ 445110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 10633
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 19
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Pierce (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie Jason

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-11-85

8. AGE: Years 58 | Months 6 | Days 15 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Charles Roberts
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Kindermann ?
15. Birthplace Carroll ? Co. Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location West Post. Balto. Md.

18 (a) Funeral director Chas. H. Alexander
(b) Address 927 N. Mount St.

19 (a) Date received by registrar NOV 29 1943 (b) Registrar Huntington Williams, MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1943 at 1454 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1943, to Nov 26 1943, and that I last saw her alive on Nov 26 1943

Immediate cause of death: Pneumococcus Endocarditis — Duration 3 wks

Due to: ? Lobar Pneumonia 3 wks ago — ? 3 wks

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Endocarditis, aortic valves

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. E. Duncan Jr
Address 5 AFH Date signed 11-26-43

10634 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 87C

G-10634 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution:
Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: X
(a) State Md. (b) County St. Mary's County
(c) City or town Chaptico
(If outside city or town limits, write RURAL and give town)
(d) Street No. -----
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Alice M. Gardiner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24, 1867

8. AGE: Years	Months	Days	If less than one day
76	9	4	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James J. McKewen
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary J. Corgan
15. Birthplace Maryland

16 (a) Informant Mount Hope Retreat
(b) Address 6420 Reisterstown Road

17 (a) Burial (b) Date thereof 12/1/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Joseph's
Location Morganza, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) 11 29 1943 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 28 1943, at 11:55 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1943, to Nov. 28 1943, and that I last saw her alive on Nov. 28 1943

Immediate cause of death	Duration
Acute cardio-vascular collapse	5 days
Due to	
Due to	
Other Conditions Paralysis with Paralysis agitans (Include pregnancy within 3 months of death)	5 mos.

Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James P. Mayo M. D.
Address 33 E. Fred. Ave. Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

AB-85089 6185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B

Registered No. 10635

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave. 9

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 625 Dumbarton Ave.
(If rural give location)

(e) Citizen of foreign country? -------- (Yes or No)
If yes, name country

3 (a) FULL NAME Edward J. Phillips

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife -------

6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) June 13 1868

8. AGE: Years	Months	Days	If less than one day
75	5	14	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Hugh Phillips
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Egan
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (b) Date thereof 11/30/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Oak Lawn
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Howard Street Washington for Baltimore, Md.

19 (a) NOV 29 1943 (b)
(Date received by local registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/28 1943, at 12:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/26 1943, to 11/28 1943, and that I last saw him alive on 11/28 1943

Immediate cause of death

Carcinoma of stomach
Due to Liver metastasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Dr post

Duration
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

M. D. Signature E. L. Surgeon

Address BCH Date signed 11/28

G 10636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46e

Registered No. G 10636

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2913 Edison Highway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 67
(e) Length of stay in Baltimore (yrs., mos., or days) 67

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2913 Edison Highway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katarzyna Franciszkowska

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Ignacy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1860

8. AGE: Years 83 | Months 7 | Days 14 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation At Home ?

11. Industry or business

FATHER
12. Name
13. Birthplace Poland ?

MOTHER
14. Maiden Name
15. Birthplace Poland

16 (a) Informant Matilda Zuchowski
(b) Address 2913 Edison Highway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location German Hill Rd.

18 (a) Funeral director M. W. C. Dyer Sons
(b) Address Lombard & Hanover Sts

19 NOV 29 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 1943 at 10:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1943, to Nov. 27 1943, and that I last saw h[illegible] alive on 11/27 1943

Immediate cause of death Metastasis of Ca. to brain.

Due to Carcinoma of Large bowel.

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place).
(e) Means of injury

23. Signature L. B. Stevens M.D.

Address 3400 E. Lanvale St. Date signed 11/29/43

0637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1700 Registered No. C 10637

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Provident Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 hrs
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2502 Maree Street
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Margaret Smith.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife.....

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 74 | Months | Days | If less than one day .....hr. .....min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Va

MOTHER 14. Maiden Name Elizzie Cook

15. Birthplace Va

16 (a) Informant Dear Johnson

(b) Address 272 Manchester Ave C

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 29 43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A. A. W

18 (a) Funeral director Rayner Sanders

(b) Address 1412 E. Preston St

19 (a) [illegible] (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 - 23 - 1943, at 2.25 P. M

21. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑ or suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH.....
Shock

Due to.....

Other Conditions Multiple Fractures, Multiple lacerations abrasions & bruises
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 11-23- at 7.20 P M. 12-?

(b) Where did injury occur? 2502 Maree Street

(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No

(d) Means of injury Pedestrian struck by Automobile

23. Signature Howard A. Henderson M.D.
Medical Examiner.

Date signed 11-24-43

(OVER)

Va C 10699

BALTIMORE CITY HEALTH DEPARTMENT C 10638

CERTIFICATE OF DEATH 1330 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6612 Graceland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anthony Lambrow

3 (b) If veteran, name war

3 (c) Social Security Account No. 234-10-4046

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1918

8. AGE: Years	Months	Days	If less than one day
20	6	7	hr. min.

9. Birthplace Clarksburg - West. Va. (Town, county, and state)
10. Usual Occupation Foreman
11. Industry or business Ship Building

FATHER
12. Name Stergulo Lambrow
13. Birthplace Greece

MOTHER
14. Maiden Name Stergulo Pazakis
15. Birthplace Greece

16 (a) Informant Stefgalo Lambrow
(b) Address 6612 graceland Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore, Md

18 (a) Funeral director Leonard O. Carrington
(b) Address 21 W 25th St.

19 NOV 29 1943 (Date rec'd by Registrar) (b) Registrar Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27, 1943 at 6:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 24, 1943 to Nov. 27, 1943 and that I last saw h[illegible] alive on Nov. 27, 1943.

Immediate cause of death Bronchopneumonia — Duration

Due to Influenza (?) — 7 days

Due to

Other Conditions Pulmonary edema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Muench M. D.
Address Sinai Hosp. Date signed 11/28/43

G 10639 — BALTIMORE CITY HEALTH DEPARTMENT — G 10639

CERTIFICATE OF DEATH

94c — Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Mins
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 1419 Pennsylvania Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. 1419 Pennsylvania Ave (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Greece

3 (a) FULL NAME James Menos.

3 (b) If veteran, name war

3 (c) Social Security Account No. No -

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 64 | Months | Days | If less than one day hr. min.

9. Birthplace Lake Greece (Town, county, and state)

10. Usual Occupation Candy Maker

11. Industry or business

FATHER
12. Name John Menos
13. Birthplace Greece

MOTHER
14. Maiden Name Helen Pivoletas
15. Birthplace Greece

16 (a) Informant George Menos
(b) Address 1419 Pennsylvania Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Baltimore, Md.

18 (a) Funeral director Leonard R. Pennington
(b) Address 4 W. 25th St.

19 (a) NOV 29 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 - 25 1943, at 3:05 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-25 1943 to 11-25 1943, and that I last saw him alive on 11-25 1943

Immediate cause of death: Congestive heart failure & pulmonary edema — Duration

Due to: possibly Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William B. Hagen, M.D.
Address Greene & Redwood Date signed 11/29/43

G 10640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 111a

Registered No. G 10640

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 S Patterson Pk Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 S Patterson Pk Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Kuc

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Anthony Kuc

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business at Home

FATHER 12. Name John Nowakowski

13. Birthplace Poland

MOTHER 14. Maiden Name Unk.

15. Birthplace Poland

16 (a) Informant Michael Kuc

(b) Address 600 S. Patterson Pk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 1/43 (month) (day) (year)

(c) Cemetery or crematory St Stanislaus

Location Baltimore

18 (a) Funeral director Fred W. Ozazurski

(b) Address 1930 Eastern Ave.

NOV 29 1943 (b) NOV 29 1943 Registrar
(Date received by Registrar)

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1943, at 8 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26, 1943, to Nov 28, 1943, and that I last saw h— alive on Nov. 28 1943.

Immediate cause of death Hypostatic pneumonia — Duration 2 days

Due to Probable infarct in left lung

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature John J. Finnerty M. D.

Address 26 S Eaton Date signed 11/29/43

KRAGER

10641 G 10641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 57d

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address South Potts Lem
(c) Hospital or institution South Potts Lem Hos.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 18 E Cross St
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosina Lanasa

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Stefano Lanasa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 29 -

8. AGE: Years	Months	Days	If less than one day
62	10	29	hr. min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name Marcus Hanson
13. Birthplace Italy

MOTHER
14. Maiden Name Mary Falia
15. Birthplace Italy

16 (a) Informant Mary Lanasa
(b) Address 18 E Cross St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Lucas & Md

18 (a) Funeral director J. Gabriel Kane
(b) Address 1 E Lexington St

19 NOV 29 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 1943, at 8:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 43 to Nov 27 1943, and that I last saw h e alive on Nov 27 19 43

Immediate cause of death Tumor of the spinal cord — Duration 7 mos

Due to

Due to

Other Conditions Paralysis of lower extremities

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isaac Miller M. D.
Address 125 N Charles St Date signed 11/27/43

VS 150

44721

10642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30d

Registered No. G 10642

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 913 N. Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Harry Toles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-7-07

8. AGE: Years	Months	Days	If less than one day
36	3	19	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Joseph H. Toles
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Dixon
15. Birthplace Maryland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location

18 (a) Funeral director Mrs. Robert A. Elliott & Dgtr.
(b) Address 1129 N. Caroline St.

19 NOV 29 1943 (Date received by Reg.) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1943, at 3:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 17 1943, to Nov. 26 1943, and that I last saw him alive on Nov. 26 1943.

Immediate cause of death	Duration
aortic aneurysm	
Due to Syphilis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 11-26-43

Major findings of operation: Aneurysm arch of aorta

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George Brunch M. D.
Address Johns Hopkins Hosp. Date signed 11-27-43

0643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No. G 10643

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 501 E. Chase St.

(c) Hospital or institution: St. Frances Convent

(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 yrs

(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 501 E. Chase St (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country —

3 (a) FULL NAME Sister M. Helena Bell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	negro	single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 18, 1875

8. AGE: Years	Months	Days	If less than one day
68	6	14	— hr. — min.

9. Birthplace Charles County, Md. (Town, county, and state)

10. Usual Occupation Religious

11. Industry or business Private duties

FATHER

12. Name — Bell

13. Birthplace not known

MOTHER

14. Maiden Name not known

15. Birthplace

16 (a) Informant Mother M. Peyton A.D.

(b) Address 501 E. Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1, 1943 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem. Location Frederick Road

18 (a) Funeral director Mrs. Albert A. Elliott & Dgt

(b) Address 1129 N. Caroline St.

19 (a) NOV 29 1943 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 28 1943 at 10 39 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 28 1943 to Nov. 28 1943, and that I last saw h[illegible] alive on Nov. 28 1943

Immediate cause of death Coronary Occlusion — Duration —

Due to Asteria-Sclerosis, myocarditis — Duration —

Due to — Duration —

Other Conditions — Duration —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Thomas J. Galvin M.D.

Address 113 S. Howard St Date signed Nov 29 1943

G 10644

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1108

G 10644 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1124 Russell St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eloise Lemon

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 4- 43
8. AGE: Years | Months: 11 10 | Days: 4 | If less than one day: hr. min.
9. Birthplace: Balto.
(Town, county, and state)
10. Usual Occupation
11. Industry or business mm

FATHER
12. Name Robert Lemon
13. Birthplace S. C.

MOTHER
14. Maiden Name Beatrice Eaddy
15. Birthplace S.C.

16 (a) Informant Robert Lemon
(b) Address 1124 Russell St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30 43 (month) (day) (year)
(c) Cemetery or crematory Lynchburg S.C.
Location
18 (a) Funeral director James A Stamps
(b) Address 142 W Pratt St.
NOV 29 1943 (Date rec'd by registrar) Huntington Williams M.F. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-28 1943, at 8:00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-27 1943 to 11-28 1943, and that I last saw her alive on 11-28 1943.

	Duration
Immediate cause of death: Respiratory failure	
Due to: Pneumonia - lobar, rt.	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas B. Lemmon M. D.
Address Univ Hosp Date signed 11-28-43

0645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. C 10645

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
South Baltimore Gen'l Hosp. W
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 510 W. Cross St
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME George Edward Scribner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Marie Scribner

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years 54 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Koppers Company

FATHER
12. Name James Scribner
13. Birthplace Maryland

MOTHER
14. Maiden Name Eliza —
15. Birthplace Maryland

16 (a) Informant Marie Scribner
(b) Address 510 W. Cross Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1-43 (month) (day) (year)
(c) Cemetery or crematory National Cem
Location.....

18 (a) Funeral director James A Sauls
(b) Address 1142 W Fayette St

19 (a) NOV 30 1943 (Date recd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1943, at 7:50 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic myocardial degeneration

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....
(d) Means of injury .....

23. Signature Robert L. Gladden M.D.
Medical Examiner.
Date signed Nov 28 1943

VS 151

Please write the causes of death clearly and legibly. Physicians: please write legibly.

G 10646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G 10646

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 805 W. Cross St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 805 W. Cross (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Irine M. Sprinkel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife George W. Sprinkel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1895

8. AGE: Years	Months	Days	If less than one day
50	5	10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Home Duties

11. Industry or business

FATHER

12. Name Daniel J. Rellihan

13. Birthplace Norfolk, Va.

MOTHER

14. Maiden Name Mary C. Yentner

15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Nellie McGee

(b) Address 3777 Columbus Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore

18 (a) Funeral director Ellis S. White

(b) Address 2840 W. Cold Spring Lane

NOV 29 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28, 1943, at 6:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 26 1943, to Nov 29 1943, and that I last saw h alive on 19

Immediate cause of death Lobar Pneumonia

Duration 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Mackay Hoge M. D.

Address 712 Howard St. Date signed

0647

JL - 84961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

G 10647 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1134 E. Lombard (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Dorsey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife Marg. (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1869

8. AGE: Years	Months	Days	If less than one day
74	2	14	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Unable to work
11. Industry or business

FATHER
12. Name Eli Dorsey
13. Birthplace Texas

MOTHER
14. Maiden Name Elis Berry
15. Birthplace Md

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley Ave.

NOV 29 1943 (Date received) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/27/43 at 5:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/20/43 to 11/27/43 and that I last saw h. alive on 11/24/43.

Immediate cause of death: Bronchopneumonia; acute cardiac failure

Due to A-S C.V.D. Arterial sclerosis

Due to

Other Conditions Gen. arterio-sclerosis

(Include pregnancy within 3 months of death)

Duration: 4 d. ?

Date of operation

Major findings of operation:

of autopsy: Extension of

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Jenyon M.D.
Address B C H Date signed 11/27

10648 BALTIMORE CITY HEALTH DEPARTMENT G 10648

CERTIFICATE OF DEATH 934a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
Baltimore City, Maryland
(b) Street address 516 Collins Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 516 Collins Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna. C. Carstens

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEM	WHITE	MARRIED

6 (b) Name of husband or wife JOHN A CARSTENS
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) JUNE 25-1900

8. AGE: Years	Months	Days	If less than one day
43	5	3	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Home Mfr
11. Industry or business

FATHER
12. Name Frederick Schlipper
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Elizabeth Alt
15. Birthplace Balto Md

16 (a) Informant John A. Carstens
(b) Address 516 Collins Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30-43 (month) (day) (year)
(c) Cemetery or crematory Westview Cem
Location Balto Md

18 (a) Funeral director Mrs Chas A G Reid
(b) Address 2327 Edmondson Ave

19 (a) NOV 29 1943 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1943, at 7.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 14 1943 to Nov 28 1943 and that I last saw h. alive on Nov 7 1943

Immediate cause of death Coronary Thrombosis — Duration 7 Da
Due to Hypertension — 4 mo
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Geo V Ellison
Address 862 Forrest (Date signed Nov. 28 1943)

VS 150

10649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

C 10649 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 N Bentalou St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry Abramson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 66 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Isaac Abramson
13. Birthplace Russia

MOTHER
14. Maiden Name Rae –
15. Birthplace Russia

16 (a) Informant Victor Abramson
(b) Address 1709 N. Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location

18 (a) Funeral director Isaac Davis Inc
(b) Address 1739 E. Balto St

19 (a) NOV 29 1943 (Date rec'd by registrar) (b) Huntington Indiana, Md Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1943, at 5.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1943 to Nov 28 1943, and that I last saw him alive on Nov. 28 1943

Immediate cause of death: Cerebral Thrombosis — Duration: 26 days
Due to: Arteriosclerosis
Hypertensive Cardio Vascular
Due to: Disease
2) Diabetes Mellitus
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isadore Sborofsky M.D.
Address W. Balto Gen Hosp Date signed 11/29/43

10650 BALTIMORE CITY HEALTH DEPARTMENT 1634 C 10650

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3536 Lynchester Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3536 Lynchester Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ISRAEL WEINSTEIN

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Cecelia Weinstein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Russia
(Town, county, and State)
10. Usual Occupation Mechanical Engineer
11. Industry or business

FATHER
12. Name Israel Weinstein
13. Birthplace Russia

MOTHER
14. Maiden Name —
15. Birthplace Russia

16 (a) Informant Cecelia Weinstein
(b) Address 3536 Lynchester Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel
Location Herman Hill Rd.

18 (a) Funeral director Jacob Neuman Inc
(b) Address 1739 E. Balto. St

19 (a) NOV 29 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1943 at 11 05 A.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Carbon monoxide poisoning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 11-24-43 at about 10 30 A.M.
(b) Where did injury occur? about address
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work?
(d) Means of injury Inhalation Gas

23. Signature H. J. Wallenmeyer M.D.
Asst. Medical Examiner.
Date signed 11-29-43

10651 BALTIMORE CITY HEALTH DEPARTMENT C 10651

CERTIFICATE OF DEATH 137a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A A
(c) City or town Severna Pk.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Severna Park School
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herbert Hamilton

3 (b) If veteran, name war

3 (c) Social Security Account No. 158-09-3923

4. Sex: male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Edith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1880

8. AGE: Years 63 | Months — | Days 26 | If less than one day hr. min.

9. Birthplace Fort Blair, N. M. (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name Alfred Hamilton
13. Birthplace Virginia

MOTHER
14. Maiden Name Elizabeth Freeman
15. Birthplace New York

16 (a) Informant Wilbur Hamilton
(b) Address Severna Park, Md.

17 (a)* Burial (Burial, cremation, or removal) (b) Date thereof Nov. 29, 1943 (month) (day) (year)

(c) Cemetery or crematory
Location Atlantic City, N. J.

18 (a) Funeral director Wm. George H. Holland
(b) Address 167 N. Indiana Ave. Atlantic City, N. J.

NOV 29 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26, 1943 at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/19 1943, to 11/26 1943, and that I last saw h/it alive on 11/26 1943.

Immediate cause of death Pulmonary Embolism — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 11/24/43

Major findings of operation: Benign Prostatic Hypertrophy

of autopsy: Pulmonary Embolism

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Epperson M.D. M. D.
Address Univ. Hospital Date signed

VS 150

J. M. EPPERSON

0652

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1620 C 10652 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1309 Division St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 82 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 Division
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Simms (George Simms)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Maud Simms

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 20 - 1861

8. AGE: Years 82 | Months 8 | Days 6 | If less than one day hr. min.

9. Birthplace Balto, Md
(Town, county, and state)

10. Usual Occupation Dry Cleaner

11. Industry or business Carpets & Rugs

FATHER
12. Name Edward Simms
13. Birthplace Balto Md

MOTHER
14. Maiden Name —
15. Birthplace Md

16 (a) Informant Mrs Eva M. Johnson
(b) Address 1309 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director J. Preston Lambert
(b) Address NOV 29 1943 579 Mosher St

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1933 to Nov 26 1943, and that I last saw h[illegible] alive on Nov 26 1943.

Immediate cause of death	Duration
Senility	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Jones M. D.
Address 11 E. Chase St Date signed 11/27/43

Please write the causes of death clearly and legibly. Physicians: please state age if specially important.

0353 BALTIMORE CITY HEALTH DEPARTMENT 159 C 0353

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo. 6 ds
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTO
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Railroad Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Carroll

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months: 1 Mo. | Days: 6 | If less than one day: hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Walter Fleiman
13. Birthplace Phila. Pa.

MOTHER
14. Maiden Name Edith Carroll
15. Birthplace Balto Co. Md.

16 (a) Informant Etta Carroll
(b) Address Railroad Ave.

17 (a) Burial (b) Date thereof Nov. 29, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director Mrs. George H. Hellard
(b) Address 1631 Druid Hill Ave

19 NOV 29 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-28 1943, at 11 00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-1-43 1943, to 11-28 1943, and that I last saw h him alive on 11-28 1943.

Immediate cause of death Respiratory Failure — Duration

Due to Premature Infant with Interstitial Edema

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas B. Dunn M. D.
Address Univ. Hosp. Date signed 11-29-43

VS 158

10654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1176 Registered No. G 10654

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home and Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 d
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County X BALTO
(c) City or town 6429 Glenkirk Road (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto - 12 Md. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Olney Norris Gordy

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 70505-3096

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife: Mrs. Ruth E. Gordy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 23 1877

8. AGE: Years	Months	Days	If less than one day
66	2	5	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name George W. Gordy
13. Birthplace Harford County, Md.

MOTHER
14. Maiden Name Minerva J. Baldwin
15. Birthplace Balto County Md.

16 (a) informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30-1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Putnam & Hoffman
(b) Address 2224 E Baltimore St

Date received NOV 29 1943 Harrington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 28 1943, at 10:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 22 19 43 to Nov. 28 1943, and that I last saw h.im. alive on Nov. 28 1943.

Immediate cause of death: Pyloric Obstruction due to Perforated Ulcer — Duration: 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Church Home & Hospital Date signed 11 28 43 (M. D.)

G 10655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1118

G 10655 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison
(c) Hospital or institution:
Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (2)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 N. Eden St.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Isaac Tiefenbrun

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1871

8. AGE: Years	Months	Days	If less than one day
72	1	5	hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Glassware business

FATHER
12. Name Marius Tiefenbrun
13. Birthplace Austria

MOTHER
14. Maiden Name Yetta Orbach
15. Birthplace Austria

16 (a) Informant Mrs. M. Tiefenbrun
(b) Address 2839 O'Donnell St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/43 (month) (day) (year)
(c) Cemetery Ohel Shalom
Location Balto. Md.

18 (a) Funeral director Harris Sonnenstein & Son
(b) Address Eutaw & Lanvale
NOV 29 1943
19 (a) Reporting for Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27 1943, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5 1943, to Nov. 27 1943, and that I last saw h.l. alive on Nov 27 1943.

Immediate cause of death Cachexia — Duration

Due to Atony of stomach

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Atony of stomach

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. Herman Williams M. D.
Address Md. Gen. Hosp. Date signed 11-28-43

VS 3

G 10656 G 10656

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cyclorama Court Apt.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Cyclorama Court Apt. (If rural give location)
(e) Citizen of foreign country? Rural (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Benesch

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ wife Tillie Benesch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 26, 1874

8. AGE: Years	Months	Days	If less than one day
69	10	2	hr. min.

9. Birthplace Prague (town, county, and state)
10. Usual Occupation Retired Dry Goods
11. Industry or business Merchant

FATHER
12. Name Joseph Benesch,
13. Birthplace Prague

MOTHER
14. Maiden Name Katie Klein
15. Birthplace Prague

16 (a) Informant Mrs. Tillie Benesch,
(b) Address Cyclorama Court Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Harris Sonnheim & Son
(b) Address 2424 Eutaw Place

19 (a) NOV 29 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1943, at 6:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 23 1943, to Nov 28 1943, and that I last saw h~~e~~ alive on Nov 28 1943.

Immediate cause of death	Duration
Coronary thrombosis	1 day
Due to Arteriosclerosis	3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Frederick Leitz, M. D.
Address Temple Gardens Apts Date signed 11/29/43

Spec.—1-12-43—M&T—500 Blks.

Uhing

G 10657 HEALTH DEPARTMENT—CITY OF BALTIMORE G 10657

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 943 Gorsuch Ave 9-5 93d ST., ... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Winifred Louise Uhing

(a) RESIDENCE NO. 943 Gorsuch Ave ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... da.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mr Charles N. Uhing

6 DATE OF BIRTH (month, day, and year) March 8th 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	8	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS
10 NAME OF FATHER Elisha Christopher
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Mary L. Erdman
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Charles Uhing
(Address) 943 Gorsuch Ave.

15 Filed NOV 29 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 1943

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1943, to Nov 27, 1943, that I last saw her alive on Nov 25, 1943, and that death occurred, on the date stated above, at 3:15 P m.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

..... (duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? unknown
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Karl M Fahling, M. D.
, 19 (Address) 3311 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Morelands — DATE OF BURIAL 11-30th 1943

20 UNDERTAKER Leo D. Cook — ADDRESS 1703 N Pat Baltimore

IMPORTANT—Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

~~79338~~ - 79347 93d Registered No. G 10658

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct and is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave. 4
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 702 Sarah Ann St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Holloway

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1861

8. AGE: Years	Months	Days	If less than one day
82	2	22	hr. min.

9. Birthplace S. C.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George Holloway
13. Birthplace S. C.

MOTHER
14. Maiden Name Fannie Wilson
15. Birthplace S. C.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 29 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (Address of Undertaker) NOV 29 1943 Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/24/43 19 , at 8:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 19 43 to 11/24 19 43 and that I last saw him alive on 11/24 19 43.

Immediate cause of death Stomach — Duration 4 d
Anemia

Due to

Due to

Other Conditions H.C.V. 2d; cervical

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Engman M.D.
Address B C H Date signed 11-27

10540

C 10659

AB-77589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 136

C 10659 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Yr-1 Mo.

(e) Length of stay in Baltimore (yrs., mos., or days) 25 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 524 W. Mulberry
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Manuel Lugo

3 (b) If veteran, name war

3 (c) Social Security Account No. 067-07-7298

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Lula (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12-1897

8. AGE: Years	Months	Days	If less than one day
46	7	12	hr. min.

9. Birthplace Porto Rico
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Santos Lugo or Santo Lugo
13. Birthplace Porto Rico

MOTHER
14. Maiden Name Mota Otel or Mota Otch
15. Birthplace Porto Rico

16 (a) Informant Baltimore City Hospitals

(b) Address Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 29 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 NOV 29 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-24 1943, at 2:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1943 to 11-24 1943 and that I last saw him alive on 11-24 1943.

Immediate cause of death Pulmonary TBC — Duration 3

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not found

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature E. I. Seigman M. D.

Address BCH Date signed 11-27

0539

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

660 AB-84940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 f

Registered No. f 10660

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 4

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 604 W. Redwood St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Patrick Edwards

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30-1875

8. AGE: Years 68 07 | Months 10 11 | Days 21 20 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Peddler
11. Industry or business

FATHER
12. Name Patrick Edwards
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Elizabeth
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 29 1943

18 (a) Funeral director Commissioner of Health
(b) Address

NOV 29 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/20 1943. at 2:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/18 1943. to 11/20 1943.
and that I last saw him alive on 11/20 1943.

Immediate cause of death (Embolism of [illegible] a cavity on metastatic Ca of liver) | Duration ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No Post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. L. Sergeman M. D.
Address BCH Date signed 11-27

VS 150

0538

C 36661

443489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 C 36661 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County 14-2
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1541 E Madison St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Harrison
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-25-43

8. AGE: Years	Months	Days	If less than one day
		24	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or Crematory Location JOHNS HOPKINS MEDICAL SCHOOL NOV 29 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 NOV 29 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1943, at 6.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 25 1943, to Nov 18 1943, and that I last saw h C R alive on Nov 18 1943.

Immediate cause of death: Respiratory Failure — Duration

Due to: Aspiration

Due to: Prematurity

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Helen Boyle
Address Johns Hopkins Hosp Date signed 11/29/43

0542

0682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 10662 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1day
(e) Length of stay in Baltimore (yrs., mos., or days) 1day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 Ashland Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Gilliam

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 15, 1943

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation infant
11. Industry or business

FATHER
12. Name Leroy Hutton
13. Birthplace Unknown

MOTHER
14. Maiden Name Helen Gilliam
15. Birthplace Maryland

16 (a) Informant Hospital records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHN HOPKINS MEDICAL SCHOOL NOV 29 1943
Location

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) NOV 29 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 16, 1943 at 2.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1943 to Nov. 16 1943, and that I last saw h im alive on Nov. 16 1943.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip D. Stephen, Jr. M. D.
Address Johns Hopkins Hospital Date signed 11/20

VS 150

0543

10663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16c 6 10663 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 W. Lexington St.
(c) Hospital or institution:
Volunteers of America Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. 13
(If outside city or town limits, write RURAL and give town)
(d) Street No. 343 S. Streeter St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Austin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1943

8. AGE: Years	Months	Days	If less than one day
			1 hr. min.

9. Birthplace Balto, Md.
(Town, county, and state)

10. Usual Occupation -
11. Industry or business -

FATHER
12. Name John Austin
13. Birthplace Balto, Md.

MOTHER
14. Maiden Name Elsie Wilkerson
15. Birthplace Lynchburg, Va.

16 (a) Informant John Austin
(b) Address 343 S. Streeter St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 29 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) NOV 29 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 1943, at 6:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 29 1943 to Nov. 29 1943, and that I last saw h[illegible] alive on Nov 29 1943.

Immediate cause of death — Duration

Erythroblastosis fetalis (?) — 1 hour

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard Zagor MD
Address 3101 W Belvedere Ave Date signed 11/29/43 M. D.

VS 3

0541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 10664 / 1226 Registered No. C 10664

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The Doct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Baltimore
(c) Hospital or institution St. Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County 20-6
(c) City or town Baltimore
(If outside city or town limits, write RURAL and also town)
(d) Street No. 526 Brunswick St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Abdon

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-22-6136

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Hermine Abdon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15 1878

8. AGE: Years	Months	Days	If less than one day
65	7	11	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business Street Department City Hall

FATHER
12. Name Henry A. Abdon Sr.
13. Birthplace Germany

MOTHER
14. Maiden Name Hermine Friedrich
15. Birthplace Germany

16 (a) Informant Hermine Abdon
(b) Address 526 Brunswick St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/43 (month) (day) (year)
(c) Cemetery or Crematory Mt. Calvary
Location Baltimore Md.

18 (a) Funeral director F. B. Heppert & Son
(b) Address Baltimore & Monroe Sts.

19 (c) Thurlington Williams, M.D. Registrar
(Date received by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/26/1943, at 10:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26 1943, to Nov. 26 1943, and that I last saw h[illegible] alive on Nov. 26 1943.

Immediate cause of death Intestinal Obstruction — Duration

Due to Volvulus of ileum

Due to

Other Conditions Arteriosclerotic C-V-D

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur Rosberg M.D.
Address St. Agnes Hosp. Date signed 11/27/43

C 10665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C Registered No. C 10665

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp. 26 Town
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED
(a) State Md. (b) County BALTO
(c) City or town Baltimore Sparrows Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2515 Snyder Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William T. Hamill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband or~~ wife Nellie Hamill

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6 ~~2~~ 1865

8. AGE: Years 78 | Months 4 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Swanton Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Rheem Mfg. Co.

FATHER
12. Name Henry Hamill
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Ann Price
15. Birthplace Wales

16 (a) Informant Nellie Hamill
(b) Address 27 S. Monastery Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/29/43 (month) (day) (year)

(c) Cemetery or crematory Oakland
Location Garrett Co. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) NOV 29 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27 1943, at 5 45 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Nov. 27 1943 4'15 P M.
(b) Where did injury occur? Sparrows Pt. Rd at Edgemere
(c) Did injury occur at home, on farm, industrial place, in public place? Road While at work? No
(d) Means of injury struck by auto

23. Signature Robert L. Graham M.D.
Medical Examiner.
Date signed Nov 27 1943

BALTIMORE CITY

G 10666

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH 52 G 10666

Reg. Dist. No.

1. PLACE OF DEATH:
County 3605 Edgewood Rd.
City or town Balto
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 29 years
Hospital, institution, or street address where death occurred
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County
City or town Balto
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3605 Edgewood Rd
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Samuel F. Evans

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Anna M. Evans
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): Mar 31st 1864
8. AGE: Years 79 | Months 7 | Days 26 | If less than one day ... hrs. ... min.
9. Birthplace: Pa (Town, county, and state)
10. Usual occupation: Retired
11. Industry or business: Building Operator
FATHER 12. Name: Samuel V. Evans
13. Birthplace: Pa
MOTHER 14. Maiden name: Mary Kelly
15. Birthplace: Ireland
16. Informant: Mrs Grace E. Chapman
Address: 3612 Croydon Rd
17. Burial (Burial, cremation, removal, or other): Date thereof 11/30/43 (month) (day) (year)
Cemetery or crematory: Woodlawn
Location: Md.
18. Funeral director: William Cook Inc
Address: 1217 St. Paul St.
19. 12-9 1943 (Date received by Registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 27th 1943 at 6 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1st 1943 to November 27th 1943
and that I last saw him alive on November 26th 1943
Immediate cause of death: Chronic Myocarditis — DURATION: 9 mons
Due to: Art. Selerosis — 2 yrs
Due to:
Other conditions: Sarcoma Left Kidney
(Include pregnancy within 3 months of death)
Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: James A. Pelle M.D.
Address: Pikesville, Md. Date signed 11/27/43
M. D. or other

C 10667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

C 10667 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2938 Mosher St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs.

16 17

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2938 Mosher St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CATHERINE S. BAKER

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Wm. H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1868

8. AGE: Years 75 | Months 9 | Days 7 | If less than one day hr. min.

9. Birthplace Royal Oak, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name F. L. Garretsen
13. Birthplace Md.

MOTHER
14. Maiden Name Mary E.
15. Birthplace Md.

16 (a) Informant Mrs. James McKeown
(b) Address 2938 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/43 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

NOV 29 1943
(Date rec'd by registrar)

19 (a) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/27/ 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1, 1939, to 11-27 1943 and that I last saw alive on 11/27 1943

Immediate cause of death Cerebral Hemorrhage — Duration 1 day

Due to Hypertension

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis J. Faas M. D.

Address 826 Wilkens Ave Date signed 11/29/43

C. 10668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1936 Registered No. C. 10668

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2839 Clifton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2839 Clifton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALLISON L. KELLOUGH

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Carroll A. Kellough,
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/21/1903

8. AGE: Years	Months	Days	If less than one day
40	1	6	hr. min.

9. Birthplace Scotland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Samuel Dilly
13. Birthplace Scotland

MOTHER
14. Maiden Name Agnes Todd
15. Birthplace Scotland

16 (a) Informant Mr. Carroll A. Kellough, Sr.
(b) Address 2839 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) NOV 29 1943 (Date received by Registrar) Wellington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/27/ 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/24 19 to 11/27 1943.
Saw that I last saw h[illegible] alive on 11/27 1943.

Immediate cause of death	Duration
a Cerebral embolism	
a Cerebral Arteriosclerosis	
Due to Chronic myocardial failure	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. C. Fletcher
Address 1444 E Balto Date signed 11/29/43
M. D.

G 10669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92b

G 10669 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2530 Edmondson Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2530 Edmondson Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET KAVANAUGH

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Emmett P. Kavanaugh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/22/1872

8. AGE: Years	Months	Days	If less than one day
71	3	5	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Frank Pierce
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Ellie Boyle
15. Birthplace Balto., Md.

16 (a) Informant Mr. Emmett P. Kavanaugh
(b) Address Westchester Rd., Ellicott City

17 (a) Burial (b) Date thereof 11/30/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Date received Nov 29 1943 Harrington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1938 to 27 Nov 1943, and that I last saw h[illegible] alive on 27 Nov 1943.

Immediate cause of death Embolism Coronary Thrombosis — Duration 1 da

Due to Mitral insufficiency (Mitral valve lesion) — 5 yrs

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Z Wayne Hooper M. D.
Address 38 E Lexington / Date signed Nov 29 1943

[redacted] 10670

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH ✓ 131B

[redacted] C 10670

Reg. Dist. No. .....

1. PLACE OF DEATH:

County 3907 Yolando Road

City or town BALTIMORE MD

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? [redacted]

Hospital, institution, or street address where death occurred: [redacted]

How long in hospital or institution? [redacted]

2. USUAL RESIDENCE (HOME) OF DECEASED: 9-1

(For newborn infants give residence of mother)

State MARYLAND County * * *

City or town BALTIMORE

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3907 Yolanda Road

(If rural, give LOCATION)

2.(a) If veteran, name war .....

3. (a) FULL NAME MARY M. BYRNE

3. (b) Social Security Number .....

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	WIDOW

6.(b) Name of husband or wife CHARLES I BYRNE

* * * 6.(c) If alive, give age * * years

7. Birth date of deceased (mo., day, yr.) MAY 10 1882

8. AGE: Years	Months	Days	If less than one day
61	6	18	..... hrs. ..... min.

9. Birthplace BALTIMORE MD

(Town, county, and state)

10. Usual occupation AT HOME

11. Industry or business .....

FATHER 12. Name PATRICK JOHNSTON

13. Birthplace IRELAND

MOTHER 14. Maiden name MARY Mc ELROY

15. Birthplace IRELAND

16. Informant MRS BECKWITH

Address 1436 JOHN ST.

17. BURIAL Date thereof 12/1/43

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory CATHEDRAL

Location BALTIMORE MD

18. Funeral director Chas J Evans & Son

Address 118 W. Mt Royal Ave

19. 12-1-1943 Huntington Williams M.D.

(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 28 1943, at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 14 1943, to Nov 28 1943

and that I last saw h.. alive on Nov 27 1943

Immediate cause of death Hemorrhage Mitral Regurgitation — DURATION 6 mos

Due to .....

Due to .....

Other conditions Chr Parenchymatous Nephritis — 5 yrs

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE I SA Stevens M. D. or other

Address 918 Hanford Rd Date signed 11 29 43

G 10671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1824 10671 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 910 Keal Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County 25-5
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 910 Keal Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GERALD LEE ELLISON

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21, 1943

8. AGE: Years	Months	Days	If less than one day
	5	8	hr. min.

9. Birthplace Pound Va.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Alphus Ellison
13. Birthplace Pike County, Kentucky

MOTHER
14. Maiden Name Chloe Hunter
15. Birthplace Letcher Co., Kentucky

16 (a) Informant Alphus Ellison
(b) Address 910 Keel Court

17 (a) Burial (b) Date thereof 11/29/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory —
Location Pound Va.

18 (a) Funeral director Thos. J. Kenny
(b) Address Hollins & Gilmor

19 (a) (b) Huntington Williams M.D.

NOV 29 1943
VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 1943, at 12 10 M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Asphyxiation in Imbolatha

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 11-29-43 at M.
(b) Where did injury occur? Home address
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work?
(d) Means of injury found dead in bed

23. Signature H. L. Wollenmann M.D.
and Medical Examiner.
Date signed 11-29-43

G 10672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54 [illegible] Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution:
University

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County 23-7
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1570 Light St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nola P. Grill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Pearl Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17, 1903

8. AGE: Years	Months	Days	If less than one day
40	3	9	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Lyon Oil Co.

FATHER
12. Name Phillip Grill
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Lilla Watkins
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Pearl Grill
(b) Address 4330 Larchwood Ave. Phila. Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director Harry H. Witzke
(b) Address 410 E Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

NOV 29 1943

Waiting for Affidavit

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/26 1943 at 9:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/13 1943 to 11/26 1943, and that I last saw h[illegible] alive on 11/26 1943.

Immediate cause of death

	Duration
Brain tumor Left frontal —	
Due to Glioblastoma multiforme	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 11/19/43
Major findings of operations: As above
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R K Thompson M.D.
Address Univ. Hosp. Balto Date signed 11/27/43

C 10673 C 10673

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1578

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Sparrows Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. Woodlawn Box 315
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME STANLEY COLLINS

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-4898

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Beulah E. Nee Hanson
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 4 1885

8. AGE: Years	Months	Days	If less than one day
58	-	23	..... hr. ..... min.

9. Birthplace Carroll Co. Md. (Town, county, and state)
10. Usual Occupation Millwright
11. Industry or business Beth Steel Co. Sp Pt Plt

FATHER
12. Name Geo. S. Collins
13. Birthplace Maryland

MOTHER
14. Maiden Name Ellen Elder
15. Birthplace Maryland

16 (a) Informant Mrs. Beulah Collins
(b) Address Box 315 Sparrows Point Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director Harry H. Fitzke
(b) Address 4101 Edmondson Ave.

19 (a) Date of death 1943 (b) Attending [illegible] for Williams Hosp.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-27 1943, at 7:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-27 1943, to 11-27 1943, and that I last saw h[illegible] alive on 11-27 1943.

Immediate cause of death Intestinal Obstr. due to Congenital adhesive band of Lower Abdomen & Mesentery

Due to diverticulum

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations See above.
Of autopsy .....

Duration
4 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature W. Wallace Walker M. D.
Address 42 Mount Holly Ave. Baltimore

VS 8

G 10674 — BALTIMORE CITY HEALTH DEPARTMENT — G 10674

CERTIFICATE OF DEATH

Registered No. 120

Write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 914 Light St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 914 Light St 23-02
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CARL BROWN

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 302-03 7902

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Edna Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 7, 1913

8. AGE: Years 30 | Months 9 | Days 21 | If less than one day ....hr. ....min.

9. Birthplace Portsmouth Ohio
(Town, county, and state)

10. Usual Occupation Ship Fitter

11. Industry or business Ship Repair Co

FATHER
12. Name Don't know
13. Birthplace "

MOTHER
14. Maiden Name Mary Green
15. Birthplace Ohio

16 (a) Informant Mrs Golda Ferguson
(b) Address 1519 Eutaw Place

17 (a) Burial (b) Date thereof Dec 1 '43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Portsmouth Ohio

18 (a) Funeral director J. Howard Evans
(b) Address 1400 S Charles

19 (a) (Date rec'd by Registrar) Huntington Williamsport, Md.

NOV 30 1943

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 19 43 at 3 30 a M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Burns, entire body
Charring

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 11-28-43 at 2 50 a M.
(b) Where did injury occur? Home address
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Home afire

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 11-29-43

C 10675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No. C 10675

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1626 N. Montford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da
(e) Length of stay in Baltimore (yrs., mos., or days) 65

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and name town)
(d) Street No. 1626 N. Montford Ave
(If rural give location)
(e) Citizen of foreign country? no 8-92 (Year No)
If yes, name country

3 (a) FULL NAME Otto F. Herman

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Anna Herman
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) May 2 1872
8. AGE: Years 71 | Months 6 | Days 7 | If less than one day ____ hr. ____ min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Oyster Schucker
11. Industry or business

FATHER
12. Name Herman
13. Birthplace Germany

MOTHER
14. Maiden Name Dorst
15. Birthplace "

16 (a) Informant Mrs Bertha Stedding
(b) Address 1626 N. Montford Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1 1943 (month) (day) (year)
(c) Cemetery or crematory West Lawn
Location Baltimore
18 (a) Funeral director A. Howard Evans
(b) Address 1400 Dolphin St
19 (a) [illegible] (Registrar) (b) Huntington Wilkinson Registrar

NOV 30 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/28/43 19 ____, at 9 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 11/2 1943, to 11/28 1943, and that I last saw him alive on 11/26 1943
Immediate cause of death: Arteriosclerotic heart disease — Duration 10-12 yrs.
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: ____ at ____ M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature Max Bauer M. D.
Address 1501 N. Milton Ave Date signed 11/29/43

G 10676

JL - 84898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 M

G 10676 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 Russell St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry L. Stanton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Bertha
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 1883

8. AGE: Years 60 | Months 6 | Days 6 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER
12. Name Leonias Stanton
13. Birthplace Md.

MOTHER
14. Maiden Name Louise Whiter
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 2, 1943 (month) (day) (year)
(c) Cemetery or crematory Oakleaven Gardens
Location Butler Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1400 Edmondson Ave.

19 (a) Date received NOV 30 1943 Registrar for Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/28 1943, at 6:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/16 1943, to 11/28 1943, and that I last saw him alive on 11/28 1943.

Immediate cause of death Metastatic Carcinoma of Liver — Duration 7 days
Due to Due to Primary Mal Dam in Parotid Gland
Due to Pleural Effusion
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Mattina M. D.
Address Baltimore City Hospitals Date signed 11/29/43

C 10677 — BALTIMORE CITY HEALTH DEPARTMENT — C 10677

CERTIFICATE OF DEATH

Registered No. 462

Please write the cause of death clearly and legibly. The information asked for is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 dy.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 dy.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1427 Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: William L. Meyers.

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Sophia Meyer
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 18, 1878
8. AGE: Years 65 | Months 0 | Days 11 | If less than one day ..... hr. ..... min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business

FATHER
12. Name William Meyers
13. Birthplace Germany

MOTHER
14. Maiden Name Dead Unknown
15. Birthplace Germany

16 (a) Informant
(b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 2, 1943 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Balto
18 (a) Funeral director C. Bernard Evans
(b) Address 1210 Eutaw
19 (a) (Date received by local registrar) Hunting for Williams (Signature of local registrar)

DEC 30 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-29- 1943, at 1:45 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 11-5-43 19..., to 11-29 1943, and that I last saw him alive on 11-29 1943.

Immediate cause of death: Carcinoma of rectum. — Duration
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation 11-23-43
Major findings of operation: Ca. Rectum & generalized metastasis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles J. McDonnell M. D.
Address 1213 Light St. Date signed 11-29-43

G 10578 — BALTIMORE CITY HEALTH DEPARTMENT — 93d — G 10578 Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 - Calvert
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Del (b) County Kent X
(c) City or town Baltimore Dover
(If outside city or town limits, write RURAL and give town)
(d) Street No. 19 Clara St
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) **FULL NAME** Mrs Edith Bowland Wilson

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widowed

6 (b) Name of husband or wife Joseph Wilson
6 (c) If alive, give age D. years

7. Birth date of deceased (mo., day, yr.) Dec 30, 1875

8. AGE: Years	Months	Days	If less than one day
67 68	10/11	29 30	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Mr Edwin P. Bowland
13. Birthplace Maryland

MOTHER
14. Maiden Name Evelyn Maynard
15. Birthplace Maryland

16 (a) Informant W A Bowland
(b) Address 3507 N Charles Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3 27 1943 (month) (day) (year)
(c) Cemetery or crematory Pocomoke Md.
Location Md.

18 (a) Funeral director Holloway & Cos
(b) Address Salisbury Md.

NOV 30 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-29 1943, at 4 24 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-28 1943, to 11-29 1943, and that I last saw her alive on 11-29 1943

Immediate cause of death	Duration
Cardiorespiratory failure	
Due to Cerebral vascular accident	18 hrs
Due to Hypertension and cardiovascular disease	8
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Willard L Zellenuy M D
Address Union Mem. Hosp. Date signed 11-29-43

VS 180

G 10679 — BALTIMORE CITY HEALTH DEPARTMENT — G 10579

CERTIFICATE OF DEATH

1702 — Registered No.

Write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp. 12 N
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTO
(c) City or town Baltimore Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 515 Anneslie Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Orville C. Hurst

3 (b) If veteran, name war	3 (c) Social Security Account No.
XXXXXX	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	Married

6 (b) Name of husband or wife Simone C. Hurst
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/7/1901

8. AGE: Years	Months	Days	If less than one day
42	2	21	hr. min.

9. Birthplace Clarksburg, W. Va.
(Town, county, and state)
10. Usual Occupation Dentist
11. Industry or business

FATHER
12. Name William L. Hurst
13. Birthplace Clarksburg, W. Va.

MOTHER
14. Maiden Name Eva E. Laughery
15. Birthplace Clarksburg, W. Va.

16 (a) Informant Mrs. Simone C. Hurst
(b) Address 515 Anneslie Rd., Towson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/43 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill,
Location Towson, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) NOV 30 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1943, at 3 15 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Crushed chest, fracture of back, fracture of left femur

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Nov. 28 1943 2 30 A.M.
(b) Where did injury occur? BALTO Co. York Rd. & Susquehanna Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? street While at work? No
(d) Means of injury pedestrian struck by auto

23. Signature Robert Lee Fountain M.D.
Medical Examiner.
Date signed Nov. 28 1943

VS 151

G 10680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 10680 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5313 Edmondson Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1822 Edmondson Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HELEN (NELLIE) R. SMITH

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: J. Harman Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1857

8. AGE: Years 86 | Months 1 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Wm. Reisinger
13. Birthplace Balto.

MOTHER
14. Maiden Name --
15. Birthplace

16 (a) Informant Mrs. Frank Pennock
(b) Address 3712 Winterbourne Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) NOV 30 1943 (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27 1943 at 2:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 17 1943, to Nov. 27 1943 and that I last saw her alive on Nov. 26 1943

	Duration
Immediate cause of death: Myocardial Insufficiency	10 days
Due to: Arteri-sclerosis	3 yrs.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Geo. Bellinger M. D.
Address 2224 W. North Ave. Date signed Nov. 29/43

10581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1706

G 10581 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3936 Reisterstown Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Hurwitz

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years	Months	Days	If less than one day
39			hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business None

FATHER
12. Name Louis Hurwitz
13. Birthplace Russia

MOTHER
14. Maiden Name Dora Berman
15. Birthplace Russia

16 (a) Informant Mr. Philip Hurwitz
(b) Address 3936 Reisterstown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30/43 (month) (day) (year)
(c) Cemetery or crematory Shaw Woodlawn
Location Hayden ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave

19 (a) (Date received by registrar) NOV 30 1943 (b) Wm J. Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-29- 1943, at 1 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured skull

Due to

Other Conditions Laceration & contusion.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 15-13
(a) Date of injury 11-27-43 at 7 P. M.
(b) Where did injury occur? Reisterstown Rd & Shirley Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian, struck by automobile

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 11-29-43

0682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1830

G 10682 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution:
Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1345 Sargeant St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William B. McNelly

3 (b) If veteran, name war: Spanish American War
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1852

8. AGE: Years	Months	Days	If less than one day
91	4	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Roofer
11. Industry or business

FATHER
12. Name Unkown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Dorothy Little
(b) Address 2324 Annapolis Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North & Milton Aves

18 (a) Funeral director Howard N. Bligh Jr.
(b) Address 4914 Belair Road.

NOV 30 1943
(Date rec'd by registrar) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27 1943, at 12 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1941, to Nov. 27 1943, and that I last saw h.. alive on Nov. 26 1943.

Immediate cause of death: cerebral hemorrhage — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. N. Puttermann M. D.
Address 2324 Reisterstown Rd Date signed 11/29/43

G 10683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1939

Registered No. G 10683

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2527 W Baltimore St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2527 W. Baltimore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine C. Burke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Widow

6 (b) Name of husband or wife late Wm. B. Burke
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 5th 1887

8. AGE: Years	Months	Days	If less than one day
56.	0	24.	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation House work
11. Industry or business at home

FATHER
12. Name James McAvoney
13. Birthplace Boston, Mass

MOTHER
14. Maiden Name Mary Agnew
15. Birthplace South Carolina

16 (a) Informant Mr Joseph W. McAvoney
(b) Address 101 S Carrollton Street

17 (a) Burial (b) Date thereof 12/2/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director John F. Cowan & Son
(b) Address 901-03 Hollins Street

19 (a) NOV 30 1943 (b) Huntington Williams M.D.
(Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 29 1943 at 8:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/27 1943 to 11/29 1943 and that I last saw h alive on 11/28 1943

Immediate cause of death Cerebral Hemorrhage — Duration 2 days
Due to Arterial Sclerosis
Due to Myocarditis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas A Cooke M. D.
Address 2145 W Balto St Date signed

G 10684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1932 Registered No. G 10684

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2438 E. Lafayette ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2438 E. Lafayette ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Thomas Charvat

3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-09-8235

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary A.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Feb. 26, 1888
8. AGE: Years 55 | Months 9 | Days 3 | If less than one day hr. min.
9. Birthplace: Baltimore (Town, county and state)
10. Usual Occupation: Guard
11. Industry or business: U. S. Government

FATHER
12. Name: Jos. Charvat
13. Birthplace: unknown

MOTHER
14. Maiden Name: Mary Ruby
15. Birthplace: Unknown

16 (a) Informant: Jos. Kraft
(b) Address: 2438 E. Lafayette ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-43 (month) (day) (year)
(c) Cemetery or crematory: Oak Hill
Location: Baltimore

18 (a) Funeral director: William Cook Inc
(Address) 717 St Paul st

19 (a) (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov-29 1943, at 5:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov-25 19 43 to Nov-28 19 43 and that I last saw him alive on Nov-28 19 43

Immediate cause of death: Chronic myocarditis — Duration 15 yrs.
Due to: Hypertension (malignant)
Due to: Arteriosclerosis
Rheumatic fever
Other Conditions: Right hemiplegia
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: H. V. Harrold M.D.
Address: 4706 Harford Road Date signed 11/29/43

NOV 30 1943

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 46685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43d

Registered No. G 30685

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2110 St Paul St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore 16
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2110 St Paul St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edith Childs

3 (b) If veteran, name war W

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1872

8. AGE: Years 71 | Months 4 | Days 26 | If less than one day hr. min.

9. Birthplace Maryland (State, country and state)

10. Usual Occupation School teacher

11. Industry or business retired

FATHER 12. Name John P. Childs

13. Birthplace Md

MOTHER 14. Maiden Name Mary Brayshaw

15. Birthplace Md

16 (a) Informant Agnes Childs

(b) Address 2110 St Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore

18 (a) Funeral director William Cook Inc

(b) Address 1217 St Paul St

NOV 30 1943 (Date rec'd by Registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-29 1943, at 1845 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 18- 1943 to Nov 29- 1943 and that I last saw her alive on Nov 28 1943

Immediate cause of death	Duration
Edema of Lungs	1 day
Due to Chronic myocarditis	2 yrs
Due to Chronic Bronchitis	5 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Gill Hall M. D.

Address 1631 N Charles Ave Date signed Nov 29 43

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 G 10686 Registered No.

1. PLACE OF DEATH:
Baltimore City, Maryland
(b) Street address 324 E Lafayette Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 324 E Lafayette
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Eliza Le Fevre

3 (b) If veteran, name war W | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11, 1855

8. AGE:	Years	Months	Days	If less than one day
	84	6	17	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Capt Geo. Le Fevre
13. Birthplace W. Moreland County Va.

MOTHER
14. Maiden Name Caroline Livingston
15. Birthplace Salisbury, Md.

16 (a) Informant Miss Ellen C. Le Fevre
(b) Address 324 E Lafayette

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 1 43 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director Wm Cook Jas
(b) Address Balto, Md

19 (a) NOV 30 1943 (Date rec'd by registrar) Hattie G. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 28 1943 at 12 25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1943 to Nov 28 1943 and that I last saw h[illegible] alive on Nov 27 1943.

Immediate cause of death

	Duration
Bronchial Pneumonia	3 days
Due to Arteriosclerosis	years
Due to Old Age	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R E Kyser M. D.
Address Wilkens & Fulton Date signed Nov 29 1943

VS 150

G 16687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 16687

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 214 S. Chester St.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 214 S. Chester St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN R. WARDE

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-18-3283

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary R. Warde
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1891

8. AGE: Years	Months	Days	If less than one day
52	9	0	hr. min.

9. Birthplace Houtzdale, Pa.
(Town, county, and state)
10. Usual Occupation Mechanic.
11. Industry or business

FATHER
12. Name James Warde
13. Birthplace England

MOTHER
14. Maiden Name Katherine Kiernan
15. Birthplace England

16 (a) Informant Mrs. Mary R. Warde
(b) Address 214 S. Chester St.

17 (a) Burial (b) Date thereof 12/1/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St.

NOV 30 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-28 1943 at 4 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1943 to 11-28 1943 and that I last saw him alive on 11-28 1943

Immediate cause of death myocardosis

Due to arteriosclerosis

Due to

Other Conditions Hypertension
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Ward M. D.
Address 147 W. Eutaw St. Date signed 11-29-43

0688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942a

Registered No. G 10688

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6506 Cleveland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 53

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6506 Cleveland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Frederick Gunkel

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-6306

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Theresa A. Gunkel

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) May 18, 1890

8. AGE: Years 53 | Months 6 | Days 10 | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Draftsman

11. Industry or business

FATHER
12. Name John Gunkel
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta Loerner
15. Birthplace Germany

16 (a) Informant Theresa Gunkel
(b) Address 6506 Cleveland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec / (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004-8 Eden Ave

19 (a) NOV 30 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 28 1942, at 11:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 16 1942 to Nov 28 1942 and that I last saw h. alive on Jan 16 1943

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. O. Peier M. D.
Address Dundalk, Md. Date signed 11/29/42

Approved by Howard J. Madden, M.D.

G 10689

AB-18644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

G 10689 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Yrs.- 15 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Hanover & Cromwell St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James W. White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 18-1859

8. AGE: Years 84 | Months 8 | Days 9 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Richard White

13. Birthplace Va.

MOTHER

14. Maiden Name Mary Evans

15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals

(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem

Location City

18 (a) Funeral director Ulrich Funeral Home

(b) Address 2004 E. Orleans St

19 Dec 2d 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/27 1943, at 10:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/1 1943 to 11/27 1943, and that I last saw h alive on 11/22 19 43.

Immediate cause of death Pneumonia, terminary

Due to A.S.C.V.D.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Yes Post

Duration
,
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. L. Simpson M. D.

Address BSCH Date signed 11/28

VS 180

C 10690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193d Registered No. C 10690

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3717 E Pratt St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3717 E Pratt St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary L. Byer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Aug H Byer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 29 1847

8. AGE: Years 95 | Months 11 | Days 27 | If less than one day ... hr. ... min.

9. Birthplace Harford Co Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business Home

FATHER
12. Name Geo Klein
13. Birthplace Md

MOTHER
14. Maiden Name Dora Brown
15. Birthplace Md

16 (a) Informant James H Byer
(b) Address 3717 E Pratt

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30 (month) (day) (year)
(c) Cemetery or crematory Oakdale
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E. Oliver St

19 NOV 30 1943 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 1943 at 2:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 21 1943 to Nov. 27 1943, and that I last saw her alive on Nov. 27 1943.

Immediate cause of death ... Duration

Cardio-vascular Disease

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry A Hilley M. D.
Address 2504 E. Pratt St Date signed 11/28/43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. G 10691

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 411 East Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 411 E East Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Berg

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lillie M Berg

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) May 6 - 1867

8. AGE: Years 76 | Months 6 | Days 22 | If less than one day ... hr. ... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Night Watchman

11. Industry or business

FATHER
12. Name John Berg
13. Birthplace Norway

MOTHER
14. Maiden Name Caroline Lund
15. Birthplace Norway

16 (a) Informant Lillie M. Berg
(b) Address 411 E. East Ave

17 (a) Burial (b) Date thereof Dec 2 - 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2214 E Oliver St

NOV 30 1943 (b) Huntingtown, Williams, Md.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 28th 1943, at 11-55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22 1942, to 11-29 1943, and that I last saw h[illegible] alive on 11-28 1943.

Immediate cause of death: Chr. Myocarditis — Duration 7 years

Due to: Chr. Bronchiectasis — 2 "

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. J. Dandor M. D.

Address 3218 Eastern Ave Date signed 11-29-43

G 10692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G 10692

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1829 EAST PRATT ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1829 EAST PRATT ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET SMITH

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: FREDERICK SMITH
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): SEPT. 26 1880

8. AGE: Years: 63 | Months: 2 | Days: 1 | If less than one day: hr. min.

9. Birthplace: BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation: HOUSE WIFE

11. Industry or business: AT HOME

FATHER
12. Name: JOHN TAYLOR
13. Birthplace: BALTO. MD.

MOTHER
14. Maiden Name: SARAH ZEIDLER
15. Birthplace: BALTO. MD.

16 (a) Informant: FREDERICK SMITH (HUS)
(b) Address: 1829 EAST PRATT ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 30/43 (month) (day) (year)
(c) Cemetery or crematory: MT. CARMEL
Location: ODDONNELL ST.

18 (a) Funeral director: Lilly and Zeiler INC.
(b) Address: 403 S. WOLFE ST.

19 (a) 12-1-43 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV. 27 1943, at 8/30 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 31, 1943, to Nov. 27, 1943 and that I last saw her alive on Nov. 27, 1943.

Immediate cause of death: Chronic Myocarditis
Due to: acute Cardiac Failure
Due to:
Other Conditions: Diabetes

(Include pregnancy within 3 months of death)
Date of operation: None
Major findings of operation: None
of autopsy: None

Duration
3 mos.
3 months
3 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Frank H. Ogden, M. D.
Address: 2701 N. Calvert St. Date signed: Nov. 27, 1943

Morgue 10693

10693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1170C Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals 769
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 831 S. Conkling Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AGNES FEEHLEY. Agnes [redacted]

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 213 10 5115

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 4 1883

8. AGE: Years 60 | Months 8 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation AMERICAN CHEMICAL CO.

11. Industry or business

FATHER
12. Name JOHN FEEHLEY
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name MARY HAMMERMAN
15. Birthplace BALTO. MD.

16 (a) Informant KATHERINE SCHULTZ (SISTER)
(b) Address 504 N. CLINTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 2/43 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) [illegible] (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29 1943, at 9 25 A. M

21. I certify that I took charge of the remains described above, held an ..... Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Intracranial hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 11/29/43 at 9:15 A. M. 26-9
(b) Where did injury occur? Conkling & Hardesty Sts.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no
(d) Means of injury Pedestrian struck by auto

23. Signature H. W. Wallenmeyer M.D. Acting Medical Examiner.
Date signed 11-29-43

10634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 10694
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 749 S. CURLET ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 59 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 749 S. CURLEY ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AGNES MARTIN

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife PETER MARTIN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APR. 7 1868

8. AGE: Years	Months	Days	If less than one day
75	7	21	hr. min.

9. Birthplace GERMANY
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name EHHART REISIG
13. Birthplace GERMANY

MOTHER
14. Maiden Name MARGARET FIEDLER
15. Birthplace GERMANY

16 (a) Informant AGNES SCHMIDT (DAUGHTER)
(b) Address 749 CURLEY ST.

17 (a) BURIAL (b) Date thereof DEC. 2/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 NOV 30 1943 (b) Huntington for Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV. 28 1943, at 9/40 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1937 to Nov. 1943, and that I last saw her alive on Nov. 28, 1943.

Immediate cause of death	Duration
Coronary thrombosis	
Due to Cardio-vascular disease	
Due to	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene Zeller, M.D.
M. D.
Address 2739 Eastern Ave Date signed 11/30/1943.

VS 150

G 10695

MARYLAND STATE DEPARTMENT OF HEALTH

3411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 150

G 10695

Reg. Dist. No. .....

1. PLACE OF DEATH:

County .....

City or town Baltimore Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, institution, or street address where death occurred: 1303 Linwood Ave. LINWOOD AVE. 8

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County .....

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1303 N. Linwood Ave

(If rural, give LOCATION)

2.(a) If veteran, name war .....

3. (a) FULL NAME Ida Maria Rhodes

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife G. Manly Rhodes

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 31 - 1861

8. AGE: Years	Months	Days	If less than one day
82	7	29	..... hrs. ..... min.

9. Birthplace Frederick Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business .....

FATHER 12. Name David H. Koch

13. Birthplace Frederick Md.

MOTHER 14. Maiden name Mary Ogden

15. Birthplace Frederick Md.

16. Informant [illegible] Frederick Md.

Address .....

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 3 /43 (month) (day) (year)

Cemetery or crematory Mt. Olivet

Location Frederick Md.

18. Funeral director C. E. Cline & Son

Address Frederick Md.

19. NOV 30 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 1943 at 520A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov 10 1943 to Nov 30 1943

and that I last saw h[illegible] alive on Nov 9 1943

Immediate cause of death	DURATION
Carcinoma Breast	
Due to	
Due to	
Other conditions Myocarditis & Senile Debility	

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. .....

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE John A. Schenuit M. D. or other

Address 1337 S. Charles St. Date signed 11/30/43

10696 G 10696

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 43c

Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland University Hospital
(b) Street address 26 N Bruce St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 26 N Bruce St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Jefferson

3 (b) If veteran, name war

(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 25, 1904

8. AGE: Years	Months	Days	If less than one day
39	8	28	hr. min.

9. Birthplace Gretna, Va
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Albert Jefferson
13. Birthplace Gretna, Va

MOTHER
14. Maiden Name Parthenia Berger
15. Birthplace Gretna, Va

16 (a) Informant Elizabeth Sampson
(b) Address 749 E Cedar Ave Cleveland, O.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 30, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

NOV 30 1943 (Date rec'd by registrar) Huntingtown Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-23 1943, at 4:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-12 1943, to 11-23 1943, and that I last saw h.i.m. alive on 11-23 1943

Immediate cause of death Pneumonia
Coma Uraemia Disease
Acute Pulmonary Edema.

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Pneumonia, lobar - S. aureus septicemia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature G. H. Roland Jr. M. D.
Address Univ. Md. Hosp. Date signed 11-24-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

10697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137a

G 10697

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Haynes & Dukeland
(c) Hospital or institution West Balto Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5d
(e) Length of stay in Baltimore (yrs., mos., or days) 5 dys.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Masonic Home Cockeysville
(e) Citizen of foreign country (Yes or No)
If yes, name country

3 (a) **FULL NAME** Charles Kaflinski

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: None
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 11-1857

8. AGE: Years 86 | Months 7 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Produce Dealer
11. Industry or business Retired

FATHER
12. Name Susan Johnson
13. Birthplace A.A. Co. Md

MOTHER
14. Maiden Name Charles Kaflinski
15. Birthplace Balto Md

16 (a) Informant Masonic Home Records
(b) Address Cockeysville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 1-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Geo L. Boyer Jr
(b) Address 1012 Hollins St

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

NOV 30 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1943 at 8:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 23 1943, to Nov 28 1943, and that I last saw h. alive on Nov 28 1943

Immediate cause of death Congestive heart failure

Due to .....

Due to .....

Other Conditions Uremia

(Include pregnancy within 3 months of death)

Date of operation Nov 24-1943

Major findings of operation: prostatic hypertrophy

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury Hilbert F. Reelman M.D.

23. Signature Chas R. Riddle M.D.

Address ..... Date signed 11/26/43 M. D.

G 10698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 10698

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 D
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1231 Washington Blvd
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME FRANK A. KOSTUSCH

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.:

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth M. Kostusch

6 (c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.) Dec. 27. 1890

8. AGE: Years 52 | Months 11 | Days 1 | If less than one day .....hr. .....min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Lithographer

11. Industry or business U.S. Army Map Service

FATHER
12. Name Adolph Kostusch
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Lotz
15. Birthplace Baltod. Md

16 (a) Informant Elizabeth M. Kostusch
(b) Address 1231 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1 1943 (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location City

18 (a) Funeral director Mr. Mrs. John W. Teufel & Son
(b) Address 801 W. Fayette St

NOV 30 1943 (Date rec'd by registrar)

(b) Huntington Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1943, at 11:30 AM

21. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Hms death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury.....at.....M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?..... While at work?.....
(d) Means of injury.....

23. Signature H. Z. Williams M.D.
Asst Medical Examiner.
Date signed 11-29-43

G 10699

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 10699

CERTIFICATE OF DEATH

130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1312 N. Carey St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles L. Peters

If U. S. Veteran specify WAR

(a) Residence: No. 1312 N. Carey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice

6. DATE OF BIRTH (month, day, year) June 27 187

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mover

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md

FATHER

13. NAME Chas - Peters

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sallie Colbert

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Alice Peters

(Address) 1312 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date 11 30 43

A. A. Co. Md

19. UNDERTAKER Geo. H. Kelson

(Address) 1305 Freeman St.

20. FILED NOV 30 1943 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24 — 1943

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1943 to Nov. 24, 1943

I last saw h alive on Nov. 24, 1943 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	

Other contributory causes of importance:

Acute nephritis	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. R. Campbell, M. D.

(Address) 718 Dolphin St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1340 N. Mount St., W Ward) 97 Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME George W. Chesley

(a) Residence: No. 1340 N. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 12, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George W. Chesley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jenett Mack

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Agnes Hill
(Address) 1340 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Date 12/1 '43

19. UNDERTAKER Geo. H. Kelson
(Address) 1303 Pennsylvania Ave

20. NOV 30 1943 Hunting for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 1943

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1943 to Nov. 26, 1943

I last saw him alive on Nov. 26, 1943 Death is said to have occurred on the date stated above, at 10P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) McDonald Bando M. D.

(Address) 2445 W. Hill Ave., Balto. 17, Md.

V. S. 2

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

701 G-10701

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
125a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 423 Watts Ct. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mona Glover

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Thomas
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 5/ /1911
8. AGE: Years 32 | Months 6 | Days 4 | If less than one day hr. min.
9. Birthplace Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Samuel Watkins
13. Birthplace Va

MOTHER
14. Maiden Name Josie Beasley
15. Birthplace Va

16 (a) Informant Thomas Glover
(b) Address 423 Watts Ct.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Hy. H. Kelson
(b) Address 1363 Pressman St

NOV 30 1943 (Date rec'd by registrar) (Huntington Williams) M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1943, at 3:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26 1943, to Nov. 28 1943, and that I last saw her alive on Nov. 28 1943

Immediate cause of death: Acute Yellow Atrophy — Duration
Due to
Due to
Other Conditions: not pregnant
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Atrophy & Necrosis of Liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. H. Bousfield M. D.
Address Provident Hospital Date signed 11-27-43

G 10732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 G 10732 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Mercy Hospital 4 1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County X BALTO
(c) City or town Balto., Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 505 Bayside Dr.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3 (a) FULL NAME Shirley Gardner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1943

8. AGE: Years	Months	Days	If less than one day
	3	10	..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation.....
11. Industry or business Child

FATHER
12. Name Wilbert Gardner
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Hazel Gamwell
15. Birthplace Balto. Md.

16 (a) Informant Wilbert Gardner
(b) Address 505 Bayside Dr.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV 30/43 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampden

18 (a) Funeral director Schnaufer & Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) NOV 30 1943 (Date rec'd by registrar) (b) Hunting for Williams M.D.

VB 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/28 1943, at 12:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/27 1943, to 11/28 1943, and that I last saw her alive on 11/26 1943.

Immediate cause of death	Duration
Respiratory Failure	
Due to Bronchial Pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation.....
Major findings of operation:.....
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at..... M
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....
23. Signature L Bonney M.D.
Address Mercy Hosp. Date signed 11/28/43

10703 BALTIMORE CITY HEALTH DEPARTMENT 146 C 10703

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. This correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2103 Druid Park Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2103 Druid Park Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lenia Mae Phillips.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	widow.

6 (b) Name of husband or wife Joseph T. Phillips
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29 1886

8. AGE: Years	Months	Days	If less than one day
57	8	9	hr. min.

9. Birthplace W. Va. (Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business

FATHER 12. Name John Hastings
13. Birthplace W. Va.

MOTHER 14. Maiden Name Jennie Massey.
15. Birthplace W. Va.

16 (a) Informant Robert Hastings.
(b) Address Ronceverte, W. Va.

17 (a) (Burial, cremation, or removal) (b) Date thereof Nov 30/43 (month) (day) (year)
(c) Cemetery or crematory Ronceverte, W. Va
Location W. Va.

18 (a) Funeral director Ehenower & Donovan
(b) Address 365-17 Chestnut Ave.

NOV 30 1943 (Date rec'd by registrar) (b) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29, 1943, at 4:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943 to Nov. 29 1943 and that I last saw h alive on Nov. 29 1943

Immediate cause of death Sarcoma of Abdominal Glands — Duration 8 mo.
Due to Metastatic Sarcoma of Liver. — 6 mo.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Samuel McFe M. D.
Address 1331 E. Hoffman Ave Date signed 11-29-43

VS 150

0704

BALTIMORE CITY HEALTH DEPARTMENT 46g G 10734
CERTIFICATE OF DEATH Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or institution (yrs., mos., or days) 2 mos. 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 W. 34th Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE EDWARD HANSON

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No. -

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife (Deceased) Virginia May Hood
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4/9/94
8. AGE: Years 49 Months 7 Days 19 If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Md. Dairy- 1 week ago before adm. as Milkwagon salesman
11. Industry or business

FATHER
12. Name John E. Hanson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Hattie Greenland
15. Birthplace Harford Co., Md.

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location
18 (a) Funeral director Edmund B. Brown
(b) Address 3615-17 Sheridan Ave
19 (a) NOV 3 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION P.

20. DATE OF DEATH Nov. 28, 1943, at 12:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 31, 1943 to Nov. 28, 1943 and that I last saw h. im alive on Nov. 28, 1943

Immediate cause of death	Duration
Adeno Carcinoma of head of panoreas	6 mos.
Due to	
Due to	
Other Conditions Obstructive jaundice due to carcinoma	3½ mos.

(Include pregnancy within 3 months of death)
Date of operation 9/28/43-Cholecystojejunostomy; Enteroenterostomy;
Major findings of operation: Aspiration of pancreas; Venoclysis.
Findings: Carcinoma head of pancreas.
of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Odum M. D.
Address Baltimore, Md. Date signed 11/28/43

VS 150

Va-13632

G 10705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 G 10705 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1604 E Biddle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 T
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 E. Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Hattie Throwver ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Hannah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 2 - 1891

8. AGE: Years	Months	Days	If less than one day
52	3	25	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Robert Throwver

13. Birthplace Va.

MOTHER 14. Maiden Name Ellen Raff

15. Birthplace Va.

16 (a) Informant Rosalie Johnson

(b) Address 1604 E Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29, 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemetery

Location U. G. County Md.

18 (a) Funeral director Mrs. Lottie Gilliard & Daughter

(b) Address 1129 N. Carlton St.

NOV 30 1943 (c) Date received by registrar Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27 1943, at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1943, to Nov 27 1943, and that I last saw h alive on Nov 26 1943.

Immediate cause of death Lobar Pneumonia — Duration Nov 22

Due to Hypostatic Pneumonia — 7

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature T. K. Adams M. D.

Address 1122 N. Carlton Signed

11-30-43

G 10706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

G 10706 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1142 Scott st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 509 Scott st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Elizabeth Ziegler
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	Married

6 (b) Name of husband ~~or wife~~ Edward E. Ziegler
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Feb 28. 1869

8. AGE: Years	Months	Days	If less than one day
74	9	—	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Wilkens
13. Birthplace Unknown.

MOTHER
14. Maiden Name Elizabeth Courany
15. Birthplace Md.

16 (a) Informant William Ziegler
(b) Address 509 Scott st

17 (a) Burial (b) Date thereof 12/1/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick rd.

18 (a) Funeral director Ambrose Dove
(b) Address 414 N. Franklintown rd

19 (a) NOV 30 1943 for Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-28 1943 at 5 39 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/10 1943, to 11/28 1943 and that I last saw h~~er~~ alive on 11/28 1943.

Immediate cause of death: Acute Cardiac Failure — Duration 1 da

Due to: Generalized Arteriosclerosis — 10 yr

Due to: Arteriosclerosis Coronary Thrombosis — 1 yr

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph H. Coulter M.D.
Address 1 W Washington St Date signed 11/29/43

VS 2

G 10707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. G 10707

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 Whitelock St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 Whitelock St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Julia R. Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: George H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1861

8. AGE: Years 82 | Months 5 | Days 11 | If less than one day hr. min.

9. Birthplace Tappahannock Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Henry
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Grace Johnson
(b) Address 1400 Whitelock St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 28, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director Mrs. George H. Stafford
(b) Address 1631 Reid Hill Ave

NOV 30 1943 (Date rec'd by registrar)

(b) Funeral director for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 1943, at 1.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1943, to Nov. 25 1943, and that I last saw h alive on Nov. 25 1943.

Immediate cause of death Cardio-Vascular-Renal disease — Duration

Due to Decomensation

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward J. Heatley M. D.
Address 1230 Druid Hill Ave Date signed 11/30/43

VS 150

G 10708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 10708

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Beaumont & Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2600 Reisterstown Rd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charlotte A. Wasserman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Sidney Wasserman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1877

8. AGE: Years	Months	Days	If less than one day
66	0	11	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Hamilton E. Woolf
13. Birthplace S. C.

MOTHER
14. Maiden Name Hannah Frank
15. Birthplace Balto. Md.

16 (a) Informant Mr. S. Wasserman
(b) Address 2600 Reisterstown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/ (month) /[illegible] (day) /43 (year)
(c) Cemetery or crematory Ohel Shalom
Location Balto. Md.

18 (a) Funeral director Harid Sondheim & Son
Address 1 E. Eager St., Baltimore, Md.

19 (a) NOV 30 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-29-43 19 , at 3.35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-[illegible] 1943 to 11-29 1943 and that I last saw h[illegible] alive on 11-29 1943.

Immediate cause of death Coronary Occlusion
Thrombosis

Due to Non Bronchial Infection

Due to

Other Conditions Diabetes Mell, Mild.
Myocardial Deterioration.
(Include pregnancy within 3 months of death)

Date of operation 11-27-43

Major findings of operations: Pneumonia, Lt. Lung

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Raymond B. Goldberg M. D.
Address Sinai Hosp. Date signed 11/29/43

VS 150

G 10709 G 10709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 56a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully written. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp. 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 73 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Marlborough Apts. Eutaw Pl. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ida L. Baer

3 (b) If veteran, name war X
3 (c) Social Security Account No.

4. Sex F
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband ~~or wife~~
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 20 - 1870
8. AGE: Years 73 | Months 3 | Days 9 | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home.

FATHER
12. Name Jacob Rosenheim
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Frank.
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Ida L. Baer
(b) Address Marlborough Apts, Balto, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/43. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Balto. Md.
18 (a) Funeral director David Rosenheim & Son
(b) Address 902 Eutaw Place
19 (a) DEC 30 1943 (Date rec'd by registrar) (b) Huntington Willis Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 1943 at 7 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 8 1943 to Nov 29 1943. and that I last saw h~~e~~r alive on Nov 29 1943

Immediate cause of death ~~Coronary thrombosis~~ Cardiac Failure — Duration 1 hr.
Due to Coronary Occlusion — 1 hr.
Due to Arterio sclerotic Cardio-Vascular disease — ?
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 11-27-43
Major findings of operation: Twisted Ovarian cyst, left.
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature John A. Trubitt, J. M. D.
Address Union Memorial Hosp. Date signed 11-29-43

G 10710

AB-85048

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 136

G 10710 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 425 S. Cornwall St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Rolland

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-6392

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July-23-1888

8. AGE: Years	Months	Days	If less than one day
55	4	4	hr. min.

9. Birthplace Ill.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Rolland
13. Birthplace ?

MOTHER
14. Maiden Name Henriette Emory
15. Birthplace Canada

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-1-1943 (month) (day) (year)
(c) Cemetery or crematory Pikesville Cem
Location Evelyn Ave

18 (a) Funeral director Thos. F. Connelly
(b) Address 417 Eastern Ave

NOV 30 1943 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/27 1943 at 4:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/25 1943 to 11/27 1943 and that I last saw him alive on 11/27 1943

Immediate cause of death T.B.C. meningitis — Duration 1 mo.

Due to Pulmonary TBC — Duration 5 yr.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Bergman M. D.

Address BCH Date signed 11/28

SLEEKER 10711

G 10711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hosp. 9th
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County X Balto
(c) City or town Essex (If outside city or town limits, write RURAL and give town)
(d) Street No. Nicholson Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Kathleen Ann Stephen

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18 1943

8. AGE: Years	Months	Days	If less than one day
-	-	12	hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Stephen
13. Birthplace Balto Md.

MOTHER
14. Maiden Name
15. Birthplace Balto Md.

16 (a) Informant Mrs. William Stephen
(b) Address Nicholson Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 30 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Md.

18 (a) Funeral director John E. Connelly
(b) Address 418 Eastern Ave.

19 (a) Dec 2 1943 (Date received by Registrar) (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-30 1943, at 4:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-28 1943, to 11-30 1943, and that I last saw her alive on 11-30 1943.

Immediate cause of death Bronchopneumonia — Duration

Due to Epidermoid Carcinoma of Rectum

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan E. Shreve M. D.
Address St Josephs Hospital Date signed 11-30-43

G 10712

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 181

Registered No. .....

G 10712

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2617 Arlington Street
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Joseph De Angelis, Jr.

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife .....
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 7, 1939

8. AGE: Years	Months	Days	If less than one day
4	10		hr. ..... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation .....
11. Industry or business .....

FATHER
12. Name Joseph De Angelis
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sadie Connell
15. Birthplace Baltimore, Md.

16 (a) Informant Joseph De Angelis
(b) Address 2617 Arlington Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 2 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Frank Dalla Vera
(b) Address 57 W Monroe St

19 (a) NOV 30 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-29-1943, at 7 57 P. M

21. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH ..... Shock

Due to 2nd & 3rd degree burns

Other Conditions .....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 11-29-43 at 4 P. M.
(b) Where did injury occur? Lot, rear 2500 block Arlington St
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Clothing caught fire.

23. Signature Howard J. Retallack M.D.
Medical Examiner.
Date signed 11-30-43

G 10713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

G 10713 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2500 Foster ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 33 Year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2500 Foster ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Dudek

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Josephine Dudek
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years 54 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER
12. Name Peter Dudek
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace Poland

16 (a) Informant Mrs Josephine Dudek
(b) Address 2500 Foster ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 2/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John J. Welsh
(b) Address 1604 S. Chester Street

NOV 30 1943 (Date rec'd by Registrar) Notice for Williams Mill

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 1943, at 7 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1943 to Nov 27 1943
and that I last saw h alive Nov 27 1943

Immediate cause of death Coronary Occlusion
Due to Ch. Myocarditis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration 11/25/43 1941

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature William J. Rosario M. D.
Address 801 N Eutaw St Date signed 11/29/43

G 10714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130C

Registered No. G 10714

Write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 625

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 E. Fairmount ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Moore

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Norfolk, Va.
(Town, county, and state)
10. Usual Occupation Odd Jobs
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant C. Jones
(b) Address 13 N. Caroline St

17 (a) Burial (b) Date thereof 11/30/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Elzey Wilson
(b) Address 1000 Bentley ave

19 (a) NOV 30 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-26- 1943, at 3:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Cerebro-spinal Syphilis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Thomas M.D.
Medical Examiner.
Date signed 11-27-43

A39448
434443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

154a Registered No. G 10715

Every item of information should be carefully written. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 3
(d) Street No. 1021 W Baltimore (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Baby Boy John

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife.....

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	3		.....hr. .....min.

9. Birthplace MD (Town, county, and state)

10. Usual Occupation baby

11. Industry or business

FATHER
12. Name Steve John
13. Birthplace Ill.

MOTHER
14. Maiden Name Rosie George
15. Birthplace Ill.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a).....(b) Date thereof.....
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY NOV 30 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) NOV 30 1943 Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1943, at 11 49 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1943 to Nov. 13 1943 and that I last saw h[illegible] alive on Nov. 13 1943

Immediate cause of death
anuria - dehydration — Duration

Due to

Due to premature labor attempts - placenta previa

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....at.....M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?.....While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature Helen Boyle

Address Johns Hopkins Hosp Date signed 11/19/43

10716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10716 Registered No. 1246

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 83 dys
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2736 Reisterstown Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Agatha Moylan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 18, 1900

8. AGE: Years	Months	Days	If less than one day
43	9	12	hr. min.

9. Birthplace Baltimore City
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name John J. Moylan
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Dignan
15. Birthplace Baltimore

16 (a) Informant Frank D Moylan
(b) Address 1805 W. Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 3 43 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location Balto Md

18 (a) Funeral director Bernard C Hasle
(b) Address 1216 West St

(a) DEC 2 1943 (b) Huntington Williams M.D.
(Date received by registrar)

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 1943, at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 8 1943, to Nov. 30 1943, and that I last saw her alive on Nov. 30 1943.

Immediate cause of death: Cardiac and Respiratory Failure — Duration: —
Due to: Cirrhosis of liver — Duration: 4 mos.
Due to: — Duration: —
Other Conditions — Duration: —
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George W. Naugatuck Jr. M. D.
Address 332 E. University Pkwy. Date signed 4/30/43

G 10717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1610a

Registered No. G 10717

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 310. h. Greene St

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 301. h. Greene St

(If rural give location)

(e) Citizen of foreign country? yes (Yes or No)

If yes, name country —

3 (a) **FULL NAME** Roy Austin Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4 Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	child

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29th 1943

8. AGE: Years	Months	Days	If less than one day
—	—	1	hr. min.

9. Birthplace Baltimore City

(Town, county, and state)

10. Usual Occupation none

11. Industry or business —

FATHER — 12. Name Roy Austin Sr.

13. Birthplace Virginia

MOTHER — 14. Maiden Name Cora Argenbright

15. Birthplace Lynchburg. Va.

16 (a) Informant Roy Austin

(b) Address 301 h. Greene St Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 30., 43 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Western Cemetery

Location Edmondson Ave Balto. City Md.

18 (a) Funeral director Harry H. Wilkes

(b) Address 4101 Edmondson Ave. Balto City Md

NOV 30 1943 Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30 1943, at 5P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 28 1943 to Nov 29 1943 and that I last saw h alive on Nov 29 1943

Immediate cause of death

Atelectasis — Duration 1 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Harry Glassman M. D.

Address 2532 N Fulton Ave Date signed Nov 30 43

VS 180

10718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

Registered No. C 10718

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. University Hospt.
(e) Citizen of foreign country Did not live here (Yes or No)
If yes, name country No

3 (a) FULL NAME Baby Boy Fletcher (William C. Jr.)
3 (b) If veteran, name war None
3 (c) Social Security Account No. None
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife Single
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 26-1943
8. AGE: Years 0 Months 1 Days 4 If less than one day hr. min.
9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business None
FATHER 12. Name Wm C. Fletcher
13. Birthplace Farmington, W. Va.
MOTHER 14. Maiden Name Frances C. Richabough
15. Birthplace Saxton, Penna
16 (a) Informant Wm C. Fletcher (Father)
(b) Address 2202 Eutaw Place, City
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 1/43 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill Cem.
Location Towsons, Balto. Co. Md
18 (a) Funeral director Stewart & Mowen Co
(b) Address 108 W. North Ave.
(c) NOV 30 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-30 1943, at 9 00 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from 11-10 1943, to 11-30 1943, and that I last saw h[illegible] alive on 11-30 1943.

	Duration
Immediate cause of death Respiratory failure	
Due to Premature of Newborn	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Thomas B. Dimmick M. D.
Address Univ. Hosp. Date signed 11-30-43

VS 150

G444660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55e

G 10719 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto X
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 109 Fusting Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gilbert Tyler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 - 3 - 43

8. AGE: Years - | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Gilbert Tyler
13. Birthplace Md

MOTHER
14. Maiden Name Helen Lumpkins
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/43 (month) (day) (year)
(c) Cemetery or crematory West Libert
Location Aloha - MD

18 (a) Funeral director H C Higinbotham
(b) Address Ellicott City MD

19 (a) NOV 30 1943 (Registrar) (b) Registrar Washington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30 1943, at 430 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 16 1943, to Nov 30 1943 and that I last saw HIM alive on Nov 30 1943

Immediate cause of death: Tracheal obstruction — Duration

Due to Sarcoma, rt axilla

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation August 1943

Major findings of operation: Sarcoma

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John W. Chambers M. D.
Address Johns Hopkins Hosp. Date signed 11/30/43

G 10720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193d

G 10720 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3717 6th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3717 6th Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gertrude M. Praeger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Harry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20 1887

8. AGE: Years 56 | Months 6 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace Brooklyn Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Louis Miller
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Schlime
15. Birthplace Md

16 (a) Informant Mrs. Emma Ardis
(b) Address 3717 6th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/43 (mo.) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M. Marech
(b) Address 715 Light St

19 (a) 12-1-1943 (Date received by registrar) (b) Hunting for Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 28 1943, at 3:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb-10 1940, to Nov-28 1943, and that I last saw h[illegible] alive on Nov 23 1943.

Immediate cause of death Coronary Occlusion — Duration 20 min.
Due to Arterio-sclerotic Cardio Vascular Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Carl Latrem M. D.
Address 320 Catapsco Ave Date signed 11/29/43

0721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

G 10721 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
University Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 204 N. Greene Street - Roomer
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HERBERT WATTS

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Portsmouth Ohio
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace ,

MOTHER
14. Maiden Name ,
15. Birthplace ,

16 (a) Informant Wendel Howland F.D.
(b) Address Portsmouth Ohio

17 (a) Removal (b) Date thereof 12/1/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Portsmouth Ohio
Location Portsmouth Ohio

18 (a) Funeral director Wilhoyte & Corbin
(b) Address 1217 4th Ave. Ft

DEC 1 - 1943 (Date rec'd by Registrar) (b) Huntington, West Virginia, M.D.
Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29, 1943 at 12:05 A. M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Pneumonia lobular

Due to Fracture of skull.

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury November 28, 1943 at 3 A.M. 4-2
(b) Where did injury occur? 204 N. Greene Street
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury. Fell from the window of his room, 3rd floor. Frac. sku

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner.
Date signed 11-29-43

G 10722
444220

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
556

G 10722
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
Baltimore City, Maryland

(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 S. Payson (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lottie Blackwell
3 (b) If veteran, name war N
3 (c) Social Security Account No. None
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 10-12-27
8. AGE: Years 16 Months 1 Days 18 If less than one day hr. min.
9. Birthplace VA (Town, county, and state)
10. Usual Occupation School Girl
11. Industry or business

FATHER
12. Name Eugene Blackwell
13. Birthplace VA

MOTHER
14. Maiden Name Nora Davis
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Funeral (Burial, cremation, or removal) (b) Date thereof 12/1/43 (month) (day) (year)
(c) Cemetery or crematory Rock Hall
Location Cropsey & Gay
18 (a) Funeral director Wilson Cook Inc
(b) Address 127 E. Lombard St.
DEC 1 - 1943 (Date rec'd by registrar)
(b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 1943, at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 8 1943, to Nov 30 1943, and that I last saw h.e.R alive on Nov 30 1943

Immediate cause of death: Respiratory failure — Duration: 1/2 hr.
Due to Pulmonary metastatic osteogenic sarcoma — 5 months
Due to Osteogenic sarcoma of left tibia — 9 months
Other Conditions amputation left leg remote
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul O. Clatherd
Address Johns Hopkins Hospital Date signed 11/30/43 M. D.

G 10723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. G 10723

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Jewish Sanitarium - Addl

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4025 Reisterstown Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie Leonson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Louis Robbi Abraham
6 (c) If alive, give age: yrs.

7. Birth date of deceased (mo., day, yr.): 1853

8. AGE: Years: 90 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia
(Town, county, and state)

10. Usual Occupation: housewife
11. Industry or business: —

FATHER
12. Name: Woman abramson
13. Birthplace: Russia

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Russia

16 (a) Informant: Dr. Frank Levinson
(b) Address: 4004 Liberty Heights Ave, Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/1/43 (month) (day) (year)
(c) Cemetery or crematory: Bnai Israel Cemetery
Location: Southern ave

18 (a) Funeral director: Sol. Levinson BROS
(b) Address: 1124-26 W North ave

19 (a) DEC 1 - 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 29 1943, at 11:59 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 3 1943, to Nov. 29 1943, and that I last saw her alive on Nov. 29 1943.

	Duration
Immediate cause of death: cardiac failure + shock	12 hours
Due to: acute indigestion	24 hrs.
Due to: hypertension + arteriosclerosis	years
Other Conditions: senility	about 3 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Rachel K. Tundy M. D.
Address: The Tundy Sanitarium Date signed: Nov 29 1943

G 10724

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107 G 10724 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 219 Forrest St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 219 Forrest St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Joseph, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1942

8. AGE: Years	Months	Days	If less than one day
1	3	22	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Walter Joseph. Sr.
13. Birthplace Md

MOTHER
14. Maiden Name Minnie Hardy
15. Birthplace N. C

16 (a) Informant Walter Joseph, Sr.
(b) Address 219 Forrest St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County, Md.

18 (a) Funeral director Joseph B. Locke & Sons
(b) Address 1364 N. Central Ave

DEC 1 - 1943 Hattie Williams, M.D. Registrar
(Date rec'd by Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 1943 at 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h alive on 19

Immediate cause of death
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
6 hours

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature
Address Date signed Nov 30 43

Please write the causes of death clearly and legibly.

4444356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

456 Registered No. G 10725

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1441 E Eager (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph LAWRENCE A HENRY

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-12-3175

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife GRACE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-19-22

8. AGE: Years	Months	Days	If less than one day
21	3	10	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation LABORER

11. Industry or business

FATHER 12. Name HENSON HENRY
13. Birthplace Md

MOTHER 14. Maiden Name Myrtle Covell
15. Birthplace Md

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem-
Location B. C. County, Md.

18 (a) Funeral director Joseph L. Locke, Jr.
(b) Address 1304 N. Central Ave

DEC 1 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 29 1943, at 5:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 10 1943, to Nov 29 1943, and that I last saw HIM alive on Nov 29 1943.

Immediate cause of death Multiple Embolisms — Duration 15 hrs.
Central, Mesenteric, Splenic, Renal, Hepatic
Due to Mitral Thrombus in Left Auricle ?
Due to Rheumatic Hrt. Disease 13 yrs. ?
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: Multiple Emboli

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I B Gelwicks M. D.
Address Date signed

G 10726 #45200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

15 G 10726 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Nyc (b) County
(c) City or town New York (If outside city or town limits, write RURAL and give town)
(d) Street No. 370 Lexington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME David Hoff Stevenson

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 321-03-4465

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine Metcalf

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-22-80

8. AGE: Years	Months	Days	If less than one day
63	10	7	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Food Distributor

11. Industry or business

FATHER
12. Name Geo. Stevenson
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Synder
15. Birthplace Md

16 (a) Informant Records Dept. JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3601 Frederick ave

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

DEC 1 1943 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 19 43 at 12:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 26 19 43 to Nov. 29 19 43, and that I last saw him alive on Nov. 29 19 43

Immediate cause of death Cardiac failure — Duration

Due to Arterio-sclerotic Heart Disease (coronary)

Due to

Other Conditions Bronchopneumonia

(If female pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. S. Crosse M. D.
Address J.H.H. Date signed 11-29-43

0727 YA-80602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 87d

G 10727 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 23
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mos. 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 218 W. West Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Hill

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Separated

6 (b) Name of husband or wife Mattie Hill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 13, 1901

8. AGE: Years	Months	Days	If less than one day
42	0	15	hr. min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Jim Hill
13. Birthplace Ga.

MOTHER
14. Maiden Name Mary Copland
15. Birthplace Ga.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a a Co. Md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St
(c) DEC 1 - 1943 (Date rec'd by registrar) Hunting for Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/28 19 43 at 6:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 19 43 to 11/28 19 43 and that I last saw h alive on 11/28 19 43.

Immediate cause of death: Multiple sclerosis — Duration: 3

Due to

Due to

Other Conditions. Lymphopathia venerea — 2
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No a None — 1

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. L. Jerpman M.D.
Address BCH Date signed 11/28

0728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

600 G 10728 Registered No.

Every item of information should be carefully supplied; write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK. Even correct age is especially important. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 wks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 N. Belnord Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Andrea Dent - ~~Dent~~ (SRB)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6 1943.

8. AGE: Years	Months	Days	If less than one day
0	1	24	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Anton Dent. (Deceased)
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Georgina Cepl.
15. Birthplace Balto. Md.

16 (a) Informant Anton Dent
(b) Address 709 N. Belnord Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/43 (month) (day) (year)
(c) Cemetery or crematory Dark Hill Cem.
Location Hornell, Penna.

18 (a) Funeral director Chas. E. Schwaigert
(b) Address 2621 E. Madison St.

19 (a) DEC 1 - 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/30 1943 at 10:53 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from 11/27 1943 to 11/30 1943 and that I last saw her alive on 11/30 1943
Immediate cause of death Respiratory Failure — Duration
Due to Cerebral Hemorrhage
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature D. B. Gray M. D.
Address Mercy Hosp. Date signed 11/30/43

10729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 16 Registered No. C 10729

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be careful... Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2015 Madison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Cleaon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years about 60 yrs | Months | Days | If less than one day hr. min.

9. Birthplace Prince George Co. Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Paul Harris
13. Birthplace Virginia

MOTHER
14. Maiden Name Virginia Harrison
15. Birthplace Virginia

16 (a) Informant Ceasar Jackson
(b) Address 2015 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1, 1943 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem.
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George A. Hayland
(b) Address 1619 Linfield Ave Baltimore, Md.

DEC 1 - 1943 (Date rec'd by registrar)

Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 1943, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1942 to Nov 27 1943, and that I last saw her alive on Nov 26 1943.

Immediate cause of death Acute Coronary Occlusion — Duration 1 hr

Due to Arteriosclerosis

Due to

Other Conditions Chronic Pelvic Inflammation Myomata and Arteriosclerosis and Hypertension and Myocardial Enlargement — Duration 1 yr

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph Young M. D.

Address 1729 E. Monument Date signed 11/27/43

G 10730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G 10730 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Woodbourne St. & Loudon Ave
(c) Hospital or institution:
Maryland General
(d) Length of stay in hospital or inst. [illegible] days 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3122 Kenyon Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Anna M. Smith (Anna Margaret Smith)

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 219-18-3213

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frederick Raymond Smith

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) July 11, 1902

8. AGE: Years 41 | Months 4 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Upholsterer- Fin. Dept.

11. Industry or business Glenn L. Martin Co.

FATHER
12. Name Frank Peter Martin
13. Birthplace Germany

MOTHER
14. Maiden Name Agnes Reisig
15. Birthplace Germany

16 (a) Informant Frederick R. Smith
(b) Address 3122 Kenyon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/43 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Baltimore, Maryland

18 (a) Funeral director Henry Sander & Sons, Inc.
(b) Address North Ave. & Broadway

DEC 1 - 1943 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/29 1943, at 5:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/12 1943 to 11/29 1943, and that I last saw her alive on 11/29 1943.

	Duration
Immediate cause of death Carcinomatosis of abdomen	
Due to Carcinoma of breast	10 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 11/17/43

Major findings of operation: Metastatic cancer in lymph nodes.

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work?
(Specify type of place)
(e) Means of injury

23. Signature John D. Young Jr. M. D.
Address 3122 Kenyon Ave. Date signed 11/29/43

G 10731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 f

Registered No. G 10731

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2030 N. Washington St.
(c) Hospital or institution:

8 - 5

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2030 N. Washington St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME NAOMI DONALDSON

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Walter T. Donaldson
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) April 28, 1890

8. AGE: Years 53 | Months 8 7 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Robert Gleasner
13. Birthplace Hanover, Pa.

MOTHER
14. Maiden Name Jennie Gantz
15. Birthplace Glen Rock, Pa.

16 (a) Informant Walter T. Donaldson
(b) Address 2030 N. Washington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Baltimore, Md.

18 (a) Funeral director Henry Sander & Sons, Inc
(b) Address North Ave. & Broadway

19 DEC 1 - 1943 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION P

20. DATE OF DEATH November 28 1943, 21.40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 30 1940 to Nov 28 1943, and that I last saw h[illegible] alive on Nov 28 1943.

Immediate cause of death: Carcinoma of Liver — Myocardial Insufficiency — Cachexia and Metastases — Duration: 4 Years, 2 Months

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Diguenberg M. D.
Address 2025 E North Ave Date signed 11/29/43

G 10732

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 10732

CERTIFICATE OF DEATH 87E

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2714 Southern Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2714 Southern Ave. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME ADOLPH MILLER

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anna Julianna Burger Miller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 22, 1883

8. AGE: Years 60 | Months 3 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Furniture Store owner

11. Industry or business Retired 1931

FATHER
12. Name Arnold Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Betz
15. Birthplace Germany

16 (a) Informant Anna J. Miller
(b) Address 2714 Southern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/43 (month) (day) (year)
(c) Cemetery or crematory St. Matthews Cem.
Location Baltimore, Maryland

18 (a) Funeral director Henry Sander & Sons, Inc.
(b) Address North Ave. & Broadway

19 (d) Rec'd by registrar DEC 1 1943 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29 1943 at 6.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941 to Nov 29 1943, and that I last saw HIM alive on Nov 27 1943.

	Duration
Immediate cause of death Bronchopneumonia	1 week
Due to Huntington's Chorea	11 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Dawyer, M.D.
Address 4808 Harford Rd. M.D. Date signed 11/29/43

G 10788 Georgia

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

169 ✓ Registered No. G 10733

write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4142 Falls Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Albert E. Walters

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emma D.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 16, 1881

8. AGE: Years	Months	Days	If less than one day
62	6	13	..... hr. ..... min.

9. Birthplace Baltimore County (Town, county, and state)
10. Usual Occupation Supervisor Pa. R. R.
11. Industry or business

FATHER
12. Name Robert H. Walters
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma V. Gregg
15. Birthplace Maryland

16 (a) Informant Emma D. Walters
(b) Address 4142 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2-1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director Burgee Funeral Home
(b) Address 3619 Falls Road

19 (a) (Date rec'd by local registrar) (b) Hunting for Williamsport

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29 1943, at 10:45 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to Late death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Crushing of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 11/29/43 9:30 A.M. 9-9
(b) Where did injury occur? Tunnel at Hoffman St.
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? no
(d) Means of injury Struck by Pa. R.R. train

23. Signature W. L. Wollenweber Coroner & Medical Examiner. M.D.
Date signed 11-29-43

10734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122a

G 10734 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens
(c) Hospital or institution St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 M.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DEACESED:
(a) State Md. (b) County Baltimore
(c) City or town Stevenson (If outside city or town limits, write RURAL and give town)
(d) Street No. Stevenson & Falcon Roads (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Clifton Naylor

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Gertrude M. Agner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13-1876

8. AGE: Years 67 | Months 9 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore Co. Maryland (Town, county and state)

10. Usual Occupation Blacksmith

11. Industry or business

FATHER
12. Name John T. Naylor
13. Birthplace Baltimore Co. Md.

MOTHER
14. Maiden Name Sarah Johnson
15. Birthplace Baltimore Co. Md.

16 (a) Informant Mrs. Gertrude M. Naylor
(b) Address Stevenson, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 3-1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

(c) DEC 1 - 1943 (Date received by registrar) Hunting for Williams M.D. (Local Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30 1943 at 10 12 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 26 1943 to Nov 30 1943 and that I last saw h[illegible] alive on Nov 30 1943

Immediate cause of death — Duration

Intestinal obstruction

Due to strangulation of small bowel

Due to Following mi test.

Other Conditions arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation Nov 26-43

Major findings of operation: Necrosis of small bowel

Incarcerated inguinal hernia

of autopsy: Confirmed by

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alfred L. Garner M. D.

Address St. Agnes Hosp. Date signed 11-30-43

G 10735

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

47d

G 16735 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hosp. 16

(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1379 Harlem Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME (Mrs) James Gross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/22/1900

8. AGE: Years	Months	Days	If less than one day
43	10	5	hr. min.

9. Birthplace md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Lewis Gross
13. Birthplace md

MOTHER 14. Maiden Name Hattie Green
15. Birthplace md

16 (a) Informant Sarah Gross
(b) Address 1313 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location md

18 (a) Funeral director Lee H. Kelson
(b) Address 1303 Pleasant

DEC 1 1943

19 (a) (b) Whittington for Whittington Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27 1943, at 9:15 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Hemorrhage from lungs

Due to Carcinoma of right lung

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Fralster M.D.
Medical Examiner.
Date signed Nov. 28 1943

VS 151

TURNER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

926 Registered No. G 10736

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1842 Eagle St
(c) Hospital or institution:

19-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1842 Eagle St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Walker Turner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 45 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Griffin
13. Birthplace Va

MOTHER
14. Maiden Name Mildred ?
15. Birthplace Va

16 (a) Informant Geneva Walker
(b) Address 1842 Eagle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.A. Co Md

18 (a) Funeral director Isaiah L Brown Son
(b) Address 1080 Montgomery Street

DEC 1 - 1943 (Date rec'd by local registrar) Huntingtown Williamsville

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27 1943 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1943 to 11-27 1943 and that I last saw h— alive on 11/26 1943

Immediate cause of death
(a) Mitral Stenosis — Duration 27

Due to
(b)

Due to
(c)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address [illegible] Date signed 11-30-43

0737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 10737 ✓ Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 714 Druid Hill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 814 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Horace Minor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col.

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Mildred minor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 57 | Months | Days | If less than one day hr. min.

9. Birthplace Virginia (Town, county and state)

10. Usual Occupation Preacher

11. Industry or business

FATHER
12. Name Horace minor
13. Birthplace Va.

MOTHER
14. Maiden Name Angy Minor
15. Birthplace Va.

16 (a) Informant James E. Minor
(b) Address 515 Maine St. Turners Sta.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

DEC 1 1943 (Date rec'd) Hunting for Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27, 1943, at 2 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1943 to Nov. 27 1943 and that I last saw h[illegible] alive on Nov 27 1943

Immediate cause of death Cardiac Renal Disease — Duration 2 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis A. Johnson M.D.

Address 2329 Greenmount Ave Date signed Nov 29 1943

G 10738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 10738 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 23 N. Decker Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 23 N. Decker Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank J. Buttner

3 (b) If veteran, name war –

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Emma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 11 – 1870

8. AGE: Years 73 | Months 3 | Days 18 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Brush Maker

11. Industry or business Retired

FATHER 12. Name John Buttner

13. Birthplace Germany

MOTHER 14. Maiden Name Kath. Riles

15. Birthplace Germany

16 (a) Informant Mrs. Gath. Fowler

(b) Address 23 N. Decker Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 3-43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director John A. Morgan

(b) Address 300 E. Baltimore St.

19 (a) Dec 1 1943 (b) Registrar for Hunting for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 1943, at 11-28 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-7-39 19 , to 11-26 1943, and that I last saw h– alive on 11-28 1943.

Immediate cause of death Coronary Thrombosis
Chronic Gastritis
Due to Emphysema.
& Emaciation.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Kurtz Tansey M. D.

Address 2726 E 3rd Date signed 11-30

J. Kurtz Tansey

A 6 10739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓

Registered No. 6 10739

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5518 Wayne Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5518 Wayne Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ESTELLE WARFIELD

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/27/1873

8. AGE: Years	Months	Days	If less than one day
70	5	2	..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired School Teacher
11. Industry or business Dept. Education, Balto.City

FATHER
12. Name Joseph Warfield
13. Birthplace A. A. Co., Md.

MOTHER
14. Maiden Name Margaret Garrett
15. Birthplace Balto., Md.

16 (a) Informant Miss Irene Warfield
(b) Address 5518 Wayne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 DEC 1 1943 (c) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

28. DATE OF DEATH 11/29/43 19..., at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/10 1941 to 11/29 1943, and that I last saw h.. alive on 11/27 1943.

Immediate cause of death Coronary occlusion? — Duration 10 min.
Due to Angina pectoris — Duration 1wk +
Due to — Duration
Other Conditions — Duration
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Reiter M. D.
Address 3408 Windsor Ave. Date signed 11/30/43

0740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 Registered No. G 10740

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. J. (b) County Somerville
(c) City or town Somerville (If outside city or town write "Maryland" and town)
(d) Street No. 132 W. Main St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. John L. Stillwell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1859

8. AGE: Years 83 | Months 10 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace N. J. (Town, county, and state)

10. Usual Occupation Minister (retired)

11. Industry or business

FATHER
12. Name A. Longstreet Stillwell
13. Birthplace New Jersey, N. J.

MOTHER
14. Maiden Name Rosina Johnson
15. Birthplace Whitehouse, N. J.

16 (a) Informant Mr. Elting C. Stillwell
(b) Address 3606 Grantley Rd.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/1/43 (month) (day) (year)
(c) Cemetery or crematory
Location Somerville, N. J.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (Date rec'd by registrar) DEC 1 - 1943 (Signature of Registrar) Huntington for Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 28 1943 to Nov. 30 1943, and that I last saw h[illegible] alive on Nov. 30 1943.

Immediate cause of death Acute bronchopneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Herman Williams M. D.
Address Med. Gen. Hosp. Date signed Nov. 30, 1943

(over)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33a

Registered No. G 10741

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1021 Linwood St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1021 Linwood St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katherine Hoffhausen

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W.

6 (b) Name of husband or wife [illegible] Carl
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 18, 1874

8. AGE: Years	Months	Days	If less than one day
69	10	12	hr. min.

9. Birthplace Ger. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Family
(b) Address 1021 Linwood St.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 12-3-43 (month) (day) (year)
(c) Cemetery or crematory Lodge Hill
Location Baltimore-Highway

18 (a) Funeral director Jos. H. Greely
(b) Address 130 E. Fort Ave.

DEC 1 - 1943 (Date rec'd by Registrar) (b) Huntingtown Williamsport Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30 1943 at 7.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 23 1943, to Nov 30 1943 and that I last saw h[illegible] alive on Nov 30 1943.

Immediate cause of death Bronchial Pneumonia — Duration 2 days
Due to — Influenza — 7 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 1279 Milliam N Date signed 12/4/43 M. D.

~~C~~ 0742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43d

Registered No. C 10742

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 425 E. Chase St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 425 E. Chase St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth A. Dempsey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife James J. Dempsey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 13,

8. AGE: Years	Months	Days	If less than one day
76	0	16	hr. min.

9. Birthplace New Jersey (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Peter Dempsey
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret McDermott
15. Birthplace Ireland

16 (a) Informant Miss Nellie Dempsey
(b) Address 425 E. Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedereld
(b) Address 914 Greenmount Ave

19 (a) Dec 1 1943 (Date received by registrar) Per Hattie for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27, 1943, at 6.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1, 1943, to Nov. 27, 1943, and that I last saw her alive on Nov. 27, 1943.

Immediate cause of death	Duration
Chronic Myocarditis	3 years
Myocardial Failure	Immediate
Due to —	
Due to —	
Other Conditions Generalized Arteria-sclerosis	3 years

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Francis M. Opdyke, M. D.
Address 2701 N. Calvert Date signed Nov. 30, '43

10743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. C 10743

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2834 Calvert Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2834 Calvert St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ann E. Phillips

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: James P. Phillips

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1865

8. AGE: Years 78 | Months 3 | Days 14 | If less than one day hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: At Home

11. Industry or business

FATHER
12. Name: Edward Keerns
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Ann Brian
15. Birthplace: Ireland

16 (a) Informant: Miss Alma Phillips
(b) Address: 2834 Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 1, 1943 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Baltimore

18 (a) Funeral director: Rita Wiedefeld
(b) Address: 914 Greenmount Ave

19 (a) DEC 1 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Mon - Nov 29 1943 at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1943 to Nov 29 1943 and that I last saw h[er] alive on Nov. 27 1943.

Immediate cause of death: Coronary Thrombosis

Due to: Coronary Thrombosis

Due to: Generalized Arteriosclerosis

Other Conditions: Senile Changes

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.

Address [illegible] Date signed Nov 30, 1943

G 10744 ✓ G 10744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 S. Washington St
(c) Hospital or institution: Home 2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 41 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 31 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 618 S. Washington Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Rozalia Novak

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-6633

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~XXX~~ James Stanislaw Novak
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4th, 1882

8. AGE: Years	Months	Days	If less than one day
61	2	26 27	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Tomczewski
13. Birthplace Poland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Poland

16 (a) Informant James Stanislaw Novak
(b) Address 618 S. Washington Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-43 (month) (day) (year)
(c) Cemetery or crematory ST. STANISLAUS
Location Baltimore, Md.

18 (a) Funeral director George A Weber
(b) Address 705 S. Eden street

DEC 1 1943 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1st 1943 at 1 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 29 1943 to Dec 1 1943. and that I last saw he alive on Nov 30 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	10 days
Due to Chr. arteris-sclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. L. Dawson M. D.
Address 3218 Eastern Ave Date signed 12-1-43

G 10745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47d

G 10745 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard + Madison
(c) Hospital or institution:
Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2716 Louisa Av
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Holloway Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 5 1908

8. AGE: Years	Months	Days	If less than one day
35	8	26	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Lead Burner
11. Industry or business

FATHER
12. Name William Holloway Sr.
13. Birthplace Baltimore

MOTHER
14. Maiden Name Eva Schmidt
15. Birthplace Balto

16 (a) Informant Anna M. Holloway
(b) Address 2716 Louisa Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 - 4 - 43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location London Park

18 (a) Funeral director Leonard J Rueck
(b) Address 5305 Harford Road.

19a (a) 1943 Filed by registrar Hunterton Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1 1943 at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 29 1943 to Dec 1 1943, and that I last saw h[illegible] alive on Dec 1 1943.

Immediate cause of death Carcinoma of right lung — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Herman Williams M. D.
Address Med. Gen. Hosp. Date signed 12-1-43

G 10746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

✓ G 10746 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St.
(c) Hospital or institution Sinai Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2526 Kenyon Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** PEARL SNYDER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Morris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Abraham

13. Birthplace Russia

MOTHER 14. Maiden Name Bessie

15. Birthplace Russia

16 (a) Informant Husband

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-43 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location Bonnet St.

18 (a) Funeral director Jack Lewis Inc.

(b) Address 1439 E. Balt St

DEC 1 - 1943 (Date received by registrar) (b) Funeral for William Mills

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-30 1943 at 7:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-19 1943 to 11-30 1943 and that I last saw h. alive on 11-30 1943

Immediate cause of death Pulmonary Edema, Toxicity from Sulfathiazole

Due to Ischemia - Rectal Abscess

Due to

Other Conditions Arter. Hypt., Hypertensive Cardiovascular C.V. Disease, Coronary Sclerosis

(Include pregnancy within 3 months of death)

Date of operation 11-24-43

Major findings of operation: Ischio - Rectal Abscess

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Raymond B. Stillberg M. D.

Address Sinai Hosp. Date signed 11-30-43

G 10747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

G 10747 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 23rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2206 - Callow Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Sadie (Jacob) Rothschild

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Jacob Rothschild
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1903

8. AGE: Years	Months	Days	If less than one day
40	3	8	hr. min.

9. Birthplace Europe (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Benj.
13. Birthplace Russia

MOTHER
14. Maiden Name Lena
15. Birthplace Russia.

16 (a) Informant Husband.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-43 (month) (day) (year)
(c) Cemetery or crematory Greenlawn
Location Park Pl. & Hamilton Ave.

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Baltimore St.

19 (a) 1943 Filed by registrar (b) Huntington Williams, M.D. Registrar

VS 180 Approved: 12/1/43 Robert Lee Graham M.D. Chief Bureau of Vital Statistics

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1 1943, at 1:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 29 1943, to Dec. 1 1943, and that I last saw her alive on Dec. 1 1943

Immediate cause of death Cardio-resp. failure — Duration

Due to Extensive burns (2nd. + 3rd degree)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident - Burns
(b) Date of occurrence Nov. [redacted] -1943 at 11:30 P.M.
(c) Where did injury occur? Balto. Md. 13-2 (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Was heating alcohol on stove

23. Signature John A. Nalbert, Jr. M. D.
Address Union Memorial Hosp. Date signed 12-1-43

G 10748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10748 Registered No. 1108

Please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please answer all questions as carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1043 W. Fayette St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1043 W. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lourcenia Edith Sharp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	Married

6 (b) Name of husband or wife Albert Sharp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 13, 1897

8. AGE: Years	Months	Days	If less than one day
46	10	16	hr. min.

9. Birthplace Eldridge Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Waters
13. Birthplace Eldridge Md.

MOTHER
14. Maiden Name Lourenia Barnes
15. Birthplace Eldridge Md.

16 (a) Informant Mary Waters
(b) Address 1612 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2-1943 (month) (day) (year)
(c) Cemetery or crematory Davis Mem.
Location Eldridge Md.

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

DEC 1 - 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29, 1943, at 4.10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-25-1943, to 11-29-1943, and that I last saw her alive on 11-29-1943.

Immediate cause of death Lobar Pneumonia — Duration 3 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Donald Bando M. D.
Address 2445 Hill Ave. Date signed 12-1-43

G 10749

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 10749 193d Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 818 W. Calhoun St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 818 W. Calhoun St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hester Jackson

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Thomas Jackson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1899

8. AGE: Years 44 | Months 8 | Days 27 | If less than one day ... hr. ... min.

9. Birthplace Stevensville Md. (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Isaiah Merdeth
13. Birthplace Stevensville Md

MOTHER 14. Maiden Name Laura Green
15. Birthplace Md

16 (a) Informant Thomas Jackson
(b) Address 818 W. Calhoun St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 2, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem.
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

DEC 1 1943 (Date received by local registrar) Huntington Williams, M.D. (Signature of local registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 28 1943, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 19 1943 to Nov. 28 1943 and that I last saw her alive on Nov. 28 1943

Immediate cause of death
(a) Uremia Catarrhal
(b) Pyelitis
Due to (c) Diabetes

Due to

Other Conditions Chr. Val. H. D.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
10 days
2 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. J. Taylor

Address 1522 Harlem Ave, Date signed 12/1/43 M.D.

Please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

G 10750 Dischar G 10750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 926 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4301 Resterstown Rd
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town 4301 Resterstown Rd
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME George Melville Dischar

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-07-7929

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Katie Miles Dischar
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) July 12-1888

8. AGE: Years	Months	Days	If less than one day
55	4	17	hr. ... min.

9. Birthplace Maryland - Baltimore
(Town, county, and state)
10. Usual Occupation Engineer (Stationary)
11. Industry or business B. C. A. Co.

FATHER
12. Name Fredrick W Dischar
13. Birthplace Germany

MOTHER
14. Maiden Name Dorthea Baumann
15. Birthplace Baltimore Md

16 (a) Informant Mrs. Katie Miles Dischar
(b) Address 4301 Resterstown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/43 (month) (day) (year)
(c) Cemetery or crematory Woodsgrove Memorial
Location Baltimore County, Md

18 (a) Funeral director F. O. WIPPERT & SON
(b) Address 300 Eastern Ave

19 (a) 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV 29 1943, at 1P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 7 1943, to Nov 29 1943, and that I last saw h... alive on Nov 29 1943

Immediate cause of death: Valvular heart disease - mitral insufficiency — Duration: about 2 Months
Due to: —
Other Conditions: —
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: Valvular heart disease

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Walter S Hebbell M. D.
Address 9220 Harrison Date signed Nov 29/43

VS 3

G 10751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10751 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1801 St. Paul st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Y
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 St. Paul St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Betty L. Rozabough

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 18th 1929

8. AGE: Years 14 | Months 8 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Johnstown Pa.
(Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Blaine Rozabough
13. Birthplace Pa

MOTHER
14. Maiden Name Fran Katherine Theys
15. Birthplace Pa.

16 (a) Informant Joseph Fitz
(b) Address 1801 St. Paul St

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 12/3/43 (month) (day) (year)
(c) Cemetery Moreland Park
Location Parkville Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

DEC 1 — 1943 (b)
(Date rec'd by Registrar) Registrar
Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 29th 1943, 6 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1943, to Nov 29 1943, and that I last saw h.w. alive on Nov 29 1943

Immediate cause of death

Due to Endocarditis — Duration 2 mos.

Due to Rheumatic Fever — Duration 6 mos.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carol Lushas M. D.

Address 1823 N. Broadway Date signed 11/30/43

34946 10752 BALTIMORE CITY HEALTH DEPARTMENT G 10752

CERTIFICATE OF DEATH 13b Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1820 E. Eager St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Jones (Rosa Jones) (Rosie Jones)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	C	Widowed

6 (b) Name of husband or wife Samuel Jones (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 5, 1896

8. AGE: Years	Months	Days	If less than one day
47	2	24	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Samuel Banks (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Rose Banks (d)
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 3 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location
18 (a) Funeral director Robert L. Conway
(b) Address 804 N. Caroline St.
19 (a) (Date received by registrar) (b) Registrar Huntington Williams M.D.

1 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29, 1943 at 5:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-12 1943 to 11/29 1943 and that I last saw h-r alive on 11/29 1943.

Immediate cause of death: Miliary Tuberculosis — Duration: ?
Due to
Due to
Other Conditions Amyloidosis — 2
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Mathman M.D.
Address B-C.H. Date signed 11-29-43

G 10753 G 10753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2110 Ramsay Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2110 Ramsay Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary M. Stall

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Henry F. Stoll
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 17, 1866

8. AGE: Years 77 | Months 10 | Days 13 | If less than one day hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Henry Graff
13. Birthplace: Germany

MOTHER
14. Maiden Name: Katherine Herman
15. Birthplace: Germany

16 (a) Informant: Lula Katherine King
(b) Address: 2110 Ramsay Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-43 (month) (day) (year)
(c) Cemetery or crematory: Western Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: Geo. W. Sehwab
(b) Address: 211 Frederick Ave.

19 (a) Dec 1943 (Date rec'd by Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30 1943, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1939 to Nov. 30 1943 and that I last saw her alive on 11/30 1943

Immediate cause of death: Arteriosclerotic cardiovascular disease — Duration: 24 yrs

Due to:

Due to:

Other Conditions: Coronary occlusion — Duration: 1 day
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Benjamin Walker M.D.

Address: 2030 Wilkens Date signed: 12/4/43

VS 8

G 10754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

578

Registered No. G 10754

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2527 Brookfield Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Myer Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: late Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-31-1876

8. AGE: Years 67 | Months 8 | Days 0 | If less than one day hr. min.

9. Birthplace Russia. (Town, county, and state)

10. Usual Occupation Salesman.

11. Industry or business

FATHER
12. Name Solomon Smith.
13. Birthplace Russia

MOTHER
14. Maiden Name Ethel Zavolovitz
15. Birthplace Russia

16 (a) Informant Dr Sol Smith.
(b) Address 2527 Brookfield ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 2/43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rivadale
Location Hamilton ave

18 (a) Funeral director Sol Kurzman & Bro
(b) Address 1424-26 W North ave

19 DEC 2 - 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-1-1943, at 2.25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-20-1943, to 12-1-1943, and that I last saw him alive on 12-1-1943.

Immediate cause of death: Uremia & Cardio vascular failure — Duration: 48 hrs.

Due to: Postoperative complications

Due to:

Other Conditions: Duo denal fistula

(Include pregnancy within 3 months of death)

Date of operation 11-24-43

Major findings of operation: Tumor mass along lesser curvature of stomach

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Patrick C Phelan M.D.
Address Mercy Hospital Date signed 12-1-43

VS 180

G 10755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. G 10755

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd & Calvert.

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town Baltimore

(If outside city of town limits, write RURAL and give town)

(d) Street No. 1527 Bolton St.

(If rural give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3 (a) FULL NAME William Gordon LaFeore

3 (b) If veteran, name war ..... 3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
M	W	Widowed

6 (b) Name of ~~husband or~~ wife Grace L. LaFeore

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1874.

8. AGE: Years	Months	Days	If less than one day
69	1	21	..... hr. ..... min.

9. Birthplace Baltimore, Md. (town, county, and state)

10. Usual Occupation Retired

11. Industry or business Salesman

FATHER 12. Name Charles Lafarre

13. Birthplace Maryland

MOTHER 14. Maiden Name Haydee Gordon

15. Birthplace Maryland

16 (a) Informant Mrs Evelyn Bo[illegible]

(b) Address 1527 Bolton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/43 (month) (day) (year)

(c) Cemetery or crematory Presbyterian

Location Govans

18 (a) Funeral director William Cook Inc

(b) Address 1217 St. Paul St.

19 (a) 12-1-1943 (Date rec'd by registrar) (b) Huntington Hill Registrar

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1, 1943, at 8:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 28 1943, to Dec. 1 1943, and that I last saw him alive on Nov. 30 1943.

	Duration
Immediate cause of death Bronchopneumonia	
Due to Arteriosclerotic Heart Disease	2 yrs.
Due to Bilateral Hydronephrosis and renal failure	
Other Conditions Prostatism, benign? distension of bladder	

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)

(e) Means of injury .....

23. Signature George W. Mumpower Jr. M. D.

Address 332 E. University Pkwy. Date signed 12-1-43

G 10756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

G 10756 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Lanvale
(c) Hospital or institution: West Balto Gen Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto MD (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2030 W Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wayne M. Frank

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 20, 1939

8. AGE: Years 4 yr | Months 3 | Days 11 | If less than one day hr. min.

9. Birthplace Balto - Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Robert L Frank
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Edith Moon
15. Birthplace Balto - Md

16 (a) Informant Edith L Frank
(b) Address 2030 W Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

DEC 2 - 1943 (Date rec'd by registrar)
(b) Hunting for Williams, N.J. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1st 1943, at 5:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27 1943 to Dec 1 1943, and that I last saw h alive on Dec 1 1943.

Immediate cause of death Uremia
due to renal shut down — Duration
Due to Severe 2nd & 3rd degree burns of lower extremity
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 16-d
(b) Date of occurrence Nov. 21 at 11:30 M
(c) Where did injury occur? 2030 W. Lanvale (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place ~~Street~~ home While at work? No
(Specify type of place)
(e) Means of injury Burning clothes fire while burning leaves

23. Signature Isadore Shrift MD
Address Med Bldg Key Hosp Date signed 12/1/43

Approved: 12/1/43 Robert Lee Graham M.D. Asst. Med. Examiner

0757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. 0757

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6417 Rosemont Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6417 Rosemont Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN S. GOLDERMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Augusta F.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1872

8. AGE: Years	Months	Days	If less than one day
71	2	19	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business City of Balto.

FATHER
12. Name Jacob Golderman
13. Birthplace Unknown

MOTHER
14. Maiden Name Frances Heigel
15. Birthplace Unknown

16 (a) Informant Mrs. Augusta F. Golderman
(b) Address 6417 Rosemont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

DEC 2 - 1943 (Date rec'd by Registrar)

(b) Thurlington for Williams, M.D. Address

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/29/43 19 , at 9:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/27 1943 to 11/29 1943 and that I last saw h alive on 11/25 1943

Immediate cause of death Coronary Thrombosis — Duration 6 hrs

Due to Arteriosclerosis — 10 yrs

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. L. Gray D Address 6111 N. Charles Date signed 12/2/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

VS 150

~~10758~~ G 10758

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93d

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison
(c) Hospital or institution:
Md. Gen. Hosp
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4028 Hickory Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3 (a) FULL NAME Mrs. Lydia M. Edelman

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced. ?
F	W	Widow

6 (b) Name of husband or wife Elmer E.
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 16,

8. AGE: Years	Months	Days	If less than one day
68	2	25	..... hr. ..... min.

9. Birthplace Md (Carroll Co.)
(Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Wm. H. Cook
13. Birthplace Md

MOTHER
14. Maiden Name Adele L. Cook (nee Bortell)
15. Birthplace Md.

16 (a) Informant Mrs. Ruth Iley
(b) Address 4028 Hickory Ave.

17 (a) Burial (b) Date thereof 12/5/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 2 1943 (b) Emily Jon Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1 1943, at 4:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 30 1943, to Dec 1 1943, and that I last saw h~~e~~r alive on Nov. 30 1943.

Immediate cause of death Hypertension C.V.D. — Duration .....
Due to ..... — .....
Due to ..... — .....
Other Conditions ..... — .....
(Include pregnancy within 3 months of death)
Date of operation ..... — .....
Major findings of operation: ..... — .....
of autopsy: ..... — .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature E. Herman Williams M. D.
Address Md. Gen Hosp Date signed 12-1-43

10759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

G 10759 Registered No.

Please write the causes of death clearly and legibly. Physicians: please see that the information about the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 Ellena Ave
(c) Hospital or institution:
Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
or City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1324 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

3 (a) FULL NAME Grace Ransom Harrington

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 31, 1868

8. AGE: Years 75 | Months 3 | Days 1 | If less than one day ... hr. ... min.

9. Birthplace Baltimore City Md.
(Town, county, and state)

10. Usual Occupation Boarding House Keeper

11. Industry or business

FATHER
12. Name Elisha Harrington
13. Birthplace Hartford Conn. U.S.A.

MOTHER
14. Maiden Name Sarah Graham Hagany
15. Birthplace Wilmington, Delaware

16 (a) Informant Adelaide F. Harrington
(b) Address 1324 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/43 (month) (day) (year)

(c) Cemetery or crematory Greenmount Cem.
Location Balto. Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 2 - 1943 (Date rec'd by Registrar) (b) Filed for Baltimore, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1, 1943, at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1943, to Dec 1 1943, and that I last saw h alive on 11-30- 1940.

Immediate cause of death Coronary Thrombosis — Duration 8 Days

Due to Arterio-Sclerosis - Generalized Myocardial arterio-sclerosis — Duration Years

Due to — Duration

Other Conditions Cerebral Hemorrhage — Duration 21 days
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas Cleveland M. D.
Address 222 Wendover Rd Baltimore 18, Md Date signed 12-1-43

VS 3

C 10760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. C 10760

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3206 Prestman St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3206 Prestman
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL ROMANSKY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widow

6 (b) Name of husband or wife Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/26/~~75~~ 1875

8. AGE: Years	Months	Days	If less than one day
68 ~~69~~	0	5	hr. min.

9. Birthplace Lithuania
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Andrew Romanskas
13. Birthplace Lithuania

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Sisters Funeral Home
(b) Address Pittston Pa.

17 (a) Burial (b) Date thereof 12/6/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Casmirs Cem.
Location Pittston, Pa.

18 (a) Funeral director Wm J Dukes & Sons
(b) Address Baltimore, Md.

DEC 2 - 1943
(Date rec'd by registrar)

(b) by Williams M.D.
Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1st 1943, at 4 40 P.M.

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. L. Wallenmeyer M.D.
Medical Examiner
Date signed 12-2-43 (Over)

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1936

G 10761 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2209 Mayfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2209 Mayfield (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise Dawson Schmidt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Edward Dawson Schmidt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 30, 1887

8. AGE: Years 56 | Months 01 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Henry Hooper
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Catherine Seitzler
15. Birthplace Baltimore Md.

16 (a) Informant Edw. Dawson Schmidt
(b) Address 2209 Mayfield

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 2 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E. Oliver St

19 (a) Date received (month) (day) (year) (b) Filed

VS 8

MEDICAL CERTIFICATION

28. DATE OF DEATH January 29th 1943, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1942 to Jan 29 1943, and that I last saw h alive on Jan 29th 1943.

Immediate cause of death

Cerebral Hemorrhage

Due to Hypertension Cardio-

Due to Vascular disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert L. Schmidt

Address 9 W. 29th St Date signed Jan 30, 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193d

G 10762 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1018 Roland Heights Ave.
(c) Hospital or institution:
—
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 7 14
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 Roland Heights Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) **FULL NAME** Bettie Maria Berryman.

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex F

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 1, 1865

8. AGE: Years 78 | Months 4 | Days 0 | If less than one day hr. min.

9. Birthplace Reisterstown, Balto. Md.
(Town, county, and state)

10. Usual Occupation House Keeper

11. Industry or business —

FATHER 12. Name James H. Berryman
13. Birthplace Reisterstown, Md.

MOTHER 14. Maiden Name Maria Schwat.
15. Birthplace Reisterstown, Md.

16 (a) Informant Mrs. Ada Dorsey
(b) Address 1018 Roland Heights Ave Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4, 1943 (month) (day) (year)
(c) Cemetery or crematory Reisterstown Lutheran
Location Reisterstown, Md.

18 (a) Funeral director Wm. Berryman & Sons
(b) Address Reisterstown, Md

DEC 2 - 1943 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1 1943, at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1943, to Dec 1 1943, and that I last saw her alive on Nov 29 1943.

Immediate cause of death Myocardial failure — Duration

Due to Chr. Myocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edw. L. Berman M. D.

Address 4037 Falls Rd. Date signed 12/2/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 B Registered No. G 10763

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 915 Bevan St.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 915 Bevan Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lonzy Jones Louise Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name unknown
13. Birthplace —

MOTHER
14. Maiden Name unknown
15. Birthplace —

16 (a) Informant Fo D. A. P.
(b) Address

17 (a) Burial (b) Date thereof 12/2/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. C. Md

18 (a) Funeral director Isaiah L Brewington
(b) Address 1086 Montgomery Street

DEC 2 - 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/28 1943, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/27 1943, to 11/28 1943, and that I last saw him alive on 11/28 1943.

Immediate cause of death

Due to Uremia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B W Roberts M. D.
Address 213 Druid Hill Ave Date signed 12/1/43

Correct age is especially important. Physicians: please write

G 10764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G 10764

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Greenway Apartments

(c) Hospital or institution: none

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County none

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Greenway Apts. (If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME Gertrude Cassard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 1883

8. AGE: Years	Months	Days	If less than one day
60	1	28	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Frank W. Cassard

13. Birthplace Md.

MOTHER 14. Maiden Name Almira A. Stonebraker

15. Birthplace Md.

16 (a) Informant Stella Cassard

(b) Address Greenway Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/43 (month) (day) (year)

(c) Cemetery ~~crematory~~ Greenmount

Location North & Greenmount Aves.

18 (a) Funeral director John S. Mitchell & Sons, Inc.

(b) Address 1900 Eutaw Place

19 DEC 2 - 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30 1943, at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 28 1943 to Nov 30 1943, and that I last saw h alive on Nov 25 1943

Immediate cause of death

Due to Pulmonary Embolism

Due to Chronic Endocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration
2 days
Life
60 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. Williams M.D.

Address 8 E. 39th St. Date signed 12/2/43

G 10765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10765

File 84886

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4240 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1548 Pennsylvania Ave.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Cornish

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Samuel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 2, 1891

8. AGE: Years	Months	Days	If less than one day
52	8	28	hr. min.

9. Birthplace Maryland (town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Marshall
13. Birthplace Md.

MOTHER
14. Maiden Name Lydia ?
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4240 Eastern Ave

17 (a) Burial (b) Date thereof 12/4/43
(burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md.

18 (a) Funeral director Geo. A. Kelson
(b) Address 1303 Presstman St

19 DEC 2 - 1943 (b) Huntington Williamson, M.D.
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 1943, at 7:54 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1943, to Nov. 30 1943, and that I last saw her alive on Nov. 29 1943.

Immediate cause of death	Duration
Carcinoma of cervix with metastases	3 mo.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy: Confirming carcinoma with metastases

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Pierpont M. D.
Address Balto. City Hosp. Date signed Dec. 1, 1943

G 766

HEALTH DEPARTMENT—CITY OF BALTIMORE 10766

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Woodyear St., Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Harvey

(a) Residence: No. 1708 Woodyear Pl St., Ward.
(Usual place of abode)

Registered No. 15541
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widower

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Alice

6. DATE OF BIRTH (month, day, year): June 22, 1890

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
53	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md. Balto.

FATHER

13. NAME: James W. Harvey

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Priscella Johnson

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Sarah Dare

(Address): 2434 Etting St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Arbutus Date: 12/3 1943

19. UNDERTAKER: Geo. H. Kelbourn

(Address): 1303 Pennsylvania Ave

20. FILED: DEC 2 - 1943 Registrar.

Huntington Williams

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/30, 1943

22. I HEREBY CERTIFY, That I attended deceased from 7.30, 1943 to 11.30, 1943

I last saw him alive on 11.24, 1943 Death is said to have occurred on the date stated above, at 9.45 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Hypertensive cardio-vascular disease	unk
chronic myocarditis	unk

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 1131 Madison Ave

state CAUSE OF DEATH in plain terms. AGE should be stated EXACTLY. PHYSICIANS should OCCUPATION is very important. See instructions on back of certificate. Exact statement of terms, so that it may be properly classified.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G 10767

~~28-85083~~

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4240 Eastern Ave.

(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hrs

(e) Length of stay in Baltimore (yrs., mos., or days) 1 1/2yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 826 N. Carey St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME George Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Between 40 & 50 Yr.

8. AGE: Years —; Months ?; Days ?; If less than one day ... hr. ... min.
Between 40 & 50 ?

9. Birthplace ?
(Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Pennsylvania Ave
Penalty for Baltimore, Md

DEC 2 - 1943 (Date rec'd by Registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/26 1943, at 11:22 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/26 1943 to 11/26 1943, and that I last saw h/— alive on 11/26 1943.

Immediate cause of death ? Cerebral hemorrhage

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Paul Hall M. D.

Address B. C. H. Date signed 12/2/43

VS 180

10768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G 10768

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1431 Laurens st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1431 Laurens st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: William A. Hawkins

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: M
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mamie K. Hawkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 29, 1882
8. AGE: Years 61 | Months 5 | Days 2 | If less than one day hr. min.
9. Birthplace: Balto, Md (Town, county, and state)
10. Usual Occupation: Mechanic
11. Industry or business

FATHER
12. Name: Elijah Hawkins
13. Birthplace: Balto, Md

MOTHER
14. Maiden Name: Rebecca Sterrett
15. Birthplace: Balto, Md

16 (a) Informant: Mamie K. Hawkins
(b) Address: 1431 Laurens st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/2/43 (month) (day) (year)
(c) Cemetery or crematory: Mt. Auburn
Location: Baltimore, Md.

18 (a) Funeral director: Mrs. Geo. W. Stallings
(b) Address: 1613 Druid Hill Ave

19 (a) DEC 2 - 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 27th 1943, at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 22 1943, to Nov 27 1943, and that I last saw h[illegible] alive on Nov 27 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day
Due to: acute Cerebral Hemorrhage. 6 days
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Harry F. Brown M. D.
Address: 1835 Madison Ave Date signed: 12-1-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G 10769

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3539 Falls Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 - 10
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3539 Falls Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Armistead Steuart Marshall

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Ida W. Marshall

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) May 28, 1870

8. AGE: Years 73 | Months 6 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace Sparks, Md.
(Town, county, and state)

10. Usual Occupation Funeral Director

11. Industry or business Funeral Director

FATHER
12. Name Hugh Marshall
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Matilda Osborn
15. Birthplace Baltimore County

16 (a) Informant Ruth Marshall Mugford
(b) Address 106 W. University Pky.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 3, -43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director E. Marriott Armacost
(b) Address 3911 Liberty Hghts. Ave.

19 DEC 2 - 1943 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1 1943, at 10:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 19 1943 to Dec 1 1943 and that I last saw h[illegible] alive on Dec 1 1943.

Immediate cause of death: Coronary Thrombosis — Duration: 1 day

Due to: Cardio-renal Vascular Disease — 9 yrs

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J M Nelson

Address 617 W. 40th St Date signed 12/1/43

G 10770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1836 G 10770 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Genl. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2908 Louden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carle Delano Boynton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27 - 1875

8. AGE: Years 68 | Months 10 | Days 4 | If less than one day hr. min.

9. Birthplace Franklin Ohio (Town, county, and state)

10. Usual Occupation Minister of Gospel

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace Ohio

16 (a) Informant Mrs. Elizabeth Dennis
(b) Address 2908 Louden Ave

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Dec. 3-1943 (month) (day) (year)
(c) Cemetery or crematory Louden Park
Location Baltimore

18 (a) Funeral director Jeannie B. Lyfer
(b) Address 1000 W. North Ave

19 DEC 2 - 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-1 19 43, at 4:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-30 19 43, to 12-1 19 43, and that I last saw h[illegible] alive on 12-1 19 43.

Immediate cause of death Cerebral Hemorrhage — Duration 24 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore J. Grayson M.D. M. D.
Address 20 Balto Rio Date signed 12/1/43

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 - G 10771 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 19xx Wilkens Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Leroy Applegarth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Mrs Eva Applegarth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 52 | Months 5 | Days | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation manager
11. Industry or business Balto. Rigging Co.

FATHER
12. Name Edward Applegarth
13. Birthplace Balto.

MOTHER
14. Maiden Name Blanche Roberts
15. Birthplace Balto.

16 (a) Informant Miss Frances Applegarth
(b) Address 19xx Wilkens Ave.

17 (a) Buried (b) Date thereof 12-3-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Western
Location Edmondson Ave & Longwood St

18 (a) Funeral director Harry H. Wilkes
(b) Address 1016 Edmondson Ave

19 (Date received) DEC 2 1943 Huntington Williams Hall

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 30 1943 at 11 55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/29 1943 to 11/30 1943, and that I last saw h[illegible] alive on 11/30 1943

Immediate cause of death Respiratory Failure — Duration

Due to Bronchial Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. Bonay M.D.
Address Mercy Hosp. Date signed 11/30/43

G 10772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. G 10772

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1811 W Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V S
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 333 Marydell Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas J. Spicer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Late Ada Mae Dickinson | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1872

8. AGE: Years 71 | Months 6 | Days 22 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business Retired

FATHER 12. Name — Spicer

13. Birthplace Virginia

MOTHER 14. Maiden Name — Smith

15. Birthplace Virginia

16 (a) Informant Mrs. Pigey Spicer

(b) Address 333 Marydell Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-43 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md

18 (a) Funeral director Harry H Hitzke

(b) Address 4101 E Monument Ave

19 DEC 2 - 1943 (Date rec'd by Registrar) by Huntington for Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30 1943, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/27 1943 to 11/30 1943, and that I last saw him alive on 11/29 1943

Immediate cause of death: Congestive heart failure — Duration 4 days

Due to: Arteriosclerotic cardiovascular disease — 10 yrs

Due to:

Other Conditions: Generalized arteriosclerosis & senility — 10 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Thos E Spicer M.D.

Address 3629 E Monument Date signed 12/6/43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10773

Registered No. 192a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 416 W. Camden St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harriet Frances Duvall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 26 - 1943

8. AGE: Years | Months: 3 | Days: 65 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Harry F. Duvall
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Vivian Ellard
15. Birthplace Baltimore Md.

16 (a) Informant H. F. Duvall
(b) Address 416 W. Camden St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2-43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location A. A. Co.

18 (a) Funeral director Elizabeth Harle Sons
(b) Address 115 E. West St.

19 (a) DEC 2 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-1 19 43, at 4 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15 19 43, to 12-1 19 43, and that I last saw h[illegible] alive on 12-1 19 43.

Immediate cause of death	Duration
Acute Gastroenteritis	15 days
Due to Marasmus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul H. Lukato M. D.
Address 1213 Light St. Date signed 12/1/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943 d

Registered No. G 10774

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 575 Oxford St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 575 Oxford St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Winnie Gilmore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	married

6 (b) Name of husband or wife Edward Gilmore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace Stokes, Va. Goosland Co.
(Town, county, and state)

10. Usual Occupation Laundress
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Edward Gilmore
(b) Address 575 Oxford St

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec 4 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location

18 (a) Funeral director Dolphus Hall
(b) Address

19 (a) DEC 2 - 1943 (Date rec'd by registrar) (b) Huntington-Hilton Funeral Home

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-1 1943 at 1:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-26 1943 to 12-1 1943 and that I last saw h alive on 11-30 1943

Immediate cause of death Hypertension
Cardio Vascular
Disease — Duration 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Atwell Jones M. D.
Address 23-4 Dolphin St Date signed 12-2-43

G 10775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

168

Registered No. G 10775

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 692 Sarah Ann Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 692 Sarah Ann Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY E. BOGUES (Elizabeth)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months: 9 | Days | If less than one day: hr. min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Richard L. Bogues
13. Birthplace Va.

MOTHER
14. Maiden Name Foskey
15. Birthplace Md.

16 (a) Informant Mary E. Bogues
(b) Address 692 Sarah Ann

17 (a) burial (b) Date thereof 11 4 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore, Md.

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill ave.

19 (a) DEC 2 - 1943 (b)
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30, 1943, at 3:15 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Acute interstitial pneumonia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature M.D.
Medical Examiner.
Date signed 12-1-43

Dr. Robt. See Embalmer by Howard J. Masters M.D.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10776

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6931 Harford Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6931 Harford Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jennie Rose

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5 - 1867

8. AGE: Years 76 | Months 7 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name John Dorrmour
13. Birthplace Ireland

MOTHER
14. Maiden Name Harriet Cullum
15. Birthplace Baltimore

16 (a) Informant H. E. Rose
(b) Address 2219 N Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3 - 1943 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location

18 (a) Funeral director George Schilling & Son
(b) Address 3624 Greenmount Ave
DEC 2 - 1943 (Date rec'd by local reg.) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30 1943 at 12 noon

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 7 1943 to Nov 30 1943 and that I last saw h[illegible] alive on Nov 29 1943

Immediate cause of death: Cardiac decompensation — Duration: Nov 29/43

Due to:

Due to:

Other Condition: Chronic Nephritis — Duration: a number of years

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature Morris B. Green M.D.

Address 3009 Evergreen Ave Date signed 12/1/43

Baltimore 14 Maryland.

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT IN INK. NO PENCIL. WRITE UNFADING INK.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 Registered No. G 10777

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D.O.A. Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 Linden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Fred. D. Medley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/7/43

8. AGE: Years	Months	Days	If less than one day
	4	23	hr. min.

9. Birthplace Balto md. (Town, county, and state)

10. Usual Occupation home

11. Industry or business

FATHER
12. Name Fred. D Medley
13. Birthplace md.

MOTHER
14. Maiden Name Laura Dunlap
15. Birthplace S. C.

16 (a) Informant Laura Dunlap
(b) Address 1015 Lindenave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Pennsylvania Ave

DEC 9 - 1943 (Date received by Registrar) (Signature of Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/30 1943, at 12:55 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH: Broncho - pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 11/30/43.

VS 151

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 10778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9 Ha C 10778 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4016 Hillen Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9+
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4016 Hillen Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edwin N. Shingleton

3 (b) If veteran, name war: 1st World War
3 (c) Social Security Account No. 216-05-3801

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Christine Branning
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1895

8. AGE: Years	Months	Days	If less than one day
48	10	24	hr. min.

9. Birthplace Barbour, W. Va.
(Town, county, and state)
10. Usual Occupation Prop. Drug Store
11. Industry or business 891 W. Fayette St.

FATHER
12. Name Anderson Shingleton
13. Birthplace West Va.

MOTHER
14. Maiden Name Nancy Johnson
15. Birthplace W. Va.

16 (a) Informant Christine Shingleton
(b) Address 4016 Hillen Road

17 (a) Burial (b) Date thereof 12/3/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director H. C. Brauning & Son
(b) Address 2924 Edmondson Ave

DEC 2 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/30/43, at 6:35 A.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Thrombosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 11/30/43.

VS 151

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 169

Registered No. G 10779

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Baltimore General Hosp 18

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1130 W. Mulberry St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Solomon A. Franks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~. Married

6 (b) Name of husband ~~or wife~~: Claudine H. Franks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 16 - 1915

8. AGE: Years 28 | Months 7 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Lawrence S. C.
(Town, county, and state)

10. Usual Occupation Long shoreman

11. Industry or business

FATHER
12. Name John Franks
13. Birthplace S C

MOTHER
14. Maiden Name Carrie Grasey
15. Birthplace S. C

16 (a) Informant Claudine H. Franks
(b) Address S. C

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4-43 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Baltimore Co

18 (a) Funeral director Sam'l W. Crase Inc
(b) Address 658 N. Pulmor

(a) (Date received) DEC 2 1943 (Registrar) Huntington Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1, 1943, at 9:00 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
(Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Shock
Compound fracture of pelvis
Lacerated rectum

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury November 30 3:30 P.M. 24-4
(b) Where did injury occur? Pier #1 Pat Lamington
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? Yes
(d) Means of injury Crushed between freight cars

23. Signature Robert C. Fraher M.D.
Medical Examiner.
Date signed Dec. 1, 1943

C 10780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 ¢

Registered No. C 10780

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Md.
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 340 E. 23½ Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: MYRTLE HUGHES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15/1915

8. AGE: Years 28 | Months 1 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Md

MOTHER
14. Maiden Name Mary Dare
15. Birthplace Md

16 (a) Informant Mary Taylor
(b) Address 1832 N. Spring St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co

18 (a) Funeral director Paynter Sanders
(b) Address 1442 E. Preston St

19 DEC 2 – 1943 (Date rec'd by Registrar) (b) Huntington Williams, Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29, 1943, at 2:55 A. M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH: Syphilis cardiovascular.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature N Z Wollenweber M.D.
Medical Examiner.
Date signed 11-29-43

PRINT WITH PEN AND INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 10781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133a

Registered No. C 10781

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 6 da
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 815 Dukeland Street (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marilyn Horseman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1943

8. AGE: Years | Months 2 | Days 2 | If less than one day ____hr. ____min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name David E. Horseman
13. Birthplace Taylors Island, Md.

MOTHER
14. Maiden Name Dora Gilden
15. Birthplace Baltimore, Maryland

16 (a) Informant David E. Horseman
(b) Address 815 Dukeland Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 3, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Robert L. Little
(b) Address 2700 Edmondson Ave.

DEC 2 - 1943 (Date rec'd by Registrar) Reporting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1, 1943 at 3 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Pneumonia, Lobular, Bilateral

Due to Chronic Nephritis PYELITIS

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ____ at ____ M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 12-2-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

G 10782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. G 10782

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 915 Robinson Way
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HOWARD WM. CHRISTIAN

3 (b) If veteran, name war

3 (c) Social Security Account No. 276-10-0385

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Opal

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) June 1, 1902

8. AGE: Years 39 | Months 6 | Days 1 | If less than one day = hr. min.

9. Birthplace Mingo Junct., Ohio
(Town, county, and state)

10. Usual Occupation Electrician

11. Industry or business Bethlehem, Sp. Pt.

FATHER
12. Name Wm. Christian
13. Birthplace Ohio

MOTHER
14. Maiden Name Sarah Patton
15. Birthplace Ohio

16 (a) Informant Opal Christian Sister
(b) Address 915 Robinson Way Govans

17 (a) Removal (b) Date thereof 12-4-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mingo
Location Mingo Junct. Ohio

18 (a) Funeral director William Cook & Son
(b) Address 1700 E. Lombard St.

19 (a) DEC 2 1943 (b) Director of Public Health, Md.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1943, at 5:50 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature T. F. Wallenmeyer M.D.
Medical Examiner.
Date signed 12-3-43

G 10783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47d Registered No. G 10783

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3012 Hudson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3012 Hudson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George E. Croucher

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-22-4068

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Annie

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) 11/3 1891

8. AGE: Years 52 | Months | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Fire Marshall

11. Industry or business Eastern Air-Craft

FATHER
12. Name John Croucher
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Augusta Ahrens
15. Birthplace Baltimore, Md.

16 (a) Informant Annie Croucher
(b) Address 3012 Hudson ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern ave

18 (a) Funeral director John J. Duda
(b) Address 2829 Hudson St.

19 (a) DEC 2 - 1943 (Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1 1943, at 5 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1943, to Dec. 1 1943, and that I last saw him alive on Dec. 1 1943.

Immediate cause of death	Duration
Rt Lt Pulmonary Carcinoma with	5/29/43
Due to metastasis to the Brain	12/1/43
Due to	
Other Conditions Angina Pectoris	Unknown

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation: —
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. A. Rosenblatt M. D.
Address 3018 O'Donnell St. Date signed 12/2/43

Huntington Williams, M.D.

G 10784 G 10784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d.

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 34

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1245 E Eager
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Kapela

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Joseph Kapela

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 57 | Months | Days | If less than one day hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation

11. Industry or business House wife

FATHER
12. Name Rubald
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Joseph Kapela
(b) Address 1245 E Eager av

17 (a) B (Burial, cremation, or removal) (b) Date thereof 12-4-43. (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location German Hill Rd

18 (a) Funeral director John Duda
(b) Address 2829 Hudson St

19 DEC 2 - 1943 Huntingtown Maryland
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/1 1943, at 11:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/24 1943 to 12/1 1943 and that I last saw h[illegible] alive on 12/1 1943

Immediate cause of death Uremia — Duration

Due to Cerebral Vascular accident

Due to Hypertensive Ht. Disease

Other Conditions 1° & 2° toxemia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leonard J. Meiselas M. D.
Address Sinai Hosp Date signed 12/1

Correct use of Capitals, Punctuation, Paragraphs, Spelling, Penmanship, Typewriting, Etc., Especially Important.

VS 180

G 10785 G 10785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2816 Kentucky Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town, write RURAL and give town)
(d) Street No. 2816 Kentucky ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary J. Fritsch

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife George J.

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Oct. 25-1878

8. AGE: Years 65 Months 1 Days 4 If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business "

FATHER
12. Name Charles Hunt
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Jane Moore
15. Birthplace Balto. Md.

16 (a) Informant George J. Fritsch
(b) Address 2816 Kentucky Ave.

17 (a) Burial (b) Date thereof Dec. 3-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Lorraine
Location Wigman Mill Rd.

18 (a) Funeral director John A. McCann
(b) Address 3000 E. Balto. St.

19 (a) (Date received by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29, 1943, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1943 to Nov. 29 1943 and that I last saw her alive on Nov. 29 1943

Immediate cause of death Chronic Hypertensive Cardio-Vascular Renal Disease — Duration 6 mo.

Due to

Due to

Other Conditions Hemiplegia — 14 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel A. Wolfe

Address 1331 E. North Ave Date signed 12-1-43 M. D.

Please write the causes of death clearly and legibly. Physicians: please note are especially important.

G 10786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

127a

G 10786 Registered No.

PLEASE WRITE PLAINLY with unfading ink. Physicians: please write the causes of death clearly and legibly. Give the information required on all lines; if none, write none. Do not abbreviate. Write out the full name of the cause of death, not the mode of dying, such as shock, hemorrhage, or heart failure. Operations should be stated only when they were performed for the disease causing death. Indefinite statements, such as cancer, tumor, stroke, should be avoided. Causes of childbirth, state whether single or twin, and whether before, during, or after labor. Causes peculiar to females should be clearly indicated. If the deceased was a married woman, the husband's name should be given. If a child, the name of father or mother. The information is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hosp
(c) Hospital or institution: Baltimore Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10d.
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 N. Milton Av
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Musil

3 (b) If veteran, name war No
3 (c) Social Security Account No. No

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married.
6 (b) Name of husband or wife Joseph Musil
6 (c) If alive, give age 56 years
7. Birth date of deceased (mo., day, yr.) Nov. 11, 1890
8. AGE: Years 53 | Months 0 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Jacob Haselzahl
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Boeck
15. Birthplace Germany

16 (a) Informant Joseph Musil
(b) Address 1215 N. Milton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudan Pk
Location Balto

18 (a) Funeral director A. Howard Evans
(b) Address 1400 Ab Lombard St

DEC 2 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1 1943, at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/21 1943 to 12/1 1943 and that I last saw her alive on 12/1 1943

Immediate cause of death Bronchopneumonia — Duration

Due to Post Operative

Due to

Other Conditions Chronic Cholecystitis Cholecystectomy, Gastro Enterostomy
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Cholecystitis Pyloric Obstruction due to adhesions

of autopsy: Refused

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jos Stupik M. D.
Address St Joseph Hosp Date signed 12/1/43

10787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. 6 10787

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3320 E. Cathedral St.
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 266 E. 25th St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

12-3

3 (a) FULL NAME Eliza Virginia Davis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Sep.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1865

8. AGE: Years	Months	Days	If less than one day
78	2	25	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William J. Davis
13. Birthplace ?

MOTHER
14. Maiden Name Melvina Watkins
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4 1943 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Co.

18 (a) Funeral director Geo. G. Barbisch
(b) Address Baltimore Md.

DEC 3 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 2, 1943, at 9.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 27 1943 to Dec. 2 1943 and that I last saw h alive on Dec. 2 1943.

Immediate cause of death	Duration
Cardiac respiratory failure	
Due to Coronary Thrombosis	?
Due to Arteriosclerotic heart disease	
Other Conditions Prostate hypertrophy	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11-27-43 at 7.23 P.M.
(c) Where did injury occur? Baltimore 266 E. 25th St.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall.

23. Signature Geo. W. Winegardner Jr. M.D.
Address 332 E. University Pkwy. Date signed 12/2/43

VS 250

Affirmed by Howard J. Andersen, M.D.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in items 20 to 22 is complete and correct age is especially important.

G 10788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 10788 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3806 Glenayle Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3806 Glenayle Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura M. Day 24-20

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	widowed

6 (b) Name of husband or wife Alexander M. Day
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
91	5	6	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Michael O'Keefe
13. Birthplace Cork, Ireland

MOTHER
14. Maiden Name Catherine Agnes Sullivan
15. Birthplace Cork, Ireland.

16 (a) Informant Joseph B. Kemp.
(b) Address 3806 Glenayle Ave

17 (a) Burial (b) Date thereof 12-3-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Baltimore Md.

18 (a) Funeral director Loring Byers.
(b) Address 5005 Park Heights Ave

19 DEC 3 - 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30, 1943, at 2.50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 14 1943, to Nov 30 1943 and that I last saw he alive on Nov 30 1943.

Immediate cause of death Arterio Sclerosis — Duration
Due to Senility
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature E E Nichols M. D.
Address Pikesville Md Date signed 12-2-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

C 10789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1944 Registered No. C 10789

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4717 Park Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4717 Park Heights Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Vincent Finn Sr. 77-16

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Edith Hotte Finn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1888

8. AGE: Years 55 | Months 9 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Linotype Operator.

11. Industry or business Newspaper

FATHER
12. Name Michael Vincent Finn
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Arnold Smith
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Ruth Bundell
(b) Address 4717 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-43 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Maryland

18 (a) Funeral director Lorman Bigham
(b) Address 5605 Park Heights Ave

19 (a) DEC 3 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 2, 1943, at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 6 1943, to DEC 2 1943 and that I last saw h. alive on DEC 2 1943

Immediate cause of death Angina Pectoris — Duration Nov 6/43

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lewis D. Barbat M. D.
Address 4603 Park Heights Date signed 12/2/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3a Registered No. G 10790

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2940 W. North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2940 W. North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louisa C. Schluckbier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband: Geo. P. Schluckbier

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct 10th 1855

8. AGE: Years 88 | Months 1 | Days 22 | If less than one day: hr. min.

9. Birthplace: Carroll Co. Md. (Town, county, and state)

10. Usual Occupation: At Home

11. Industry or business: Self

FATHER
12. Name: Samuel Pfaltz
13. Birthplace: Carroll Co. Md.

MOTHER
14. Maiden Name: Louisa Kelly
15. Birthplace: Carroll Co. Md.

16 (a) Informant: Mrs Frank Eyler
(b) Address: 2940 W. North Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof: 12/6/43 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Pikesville Md.

18 (a) Funeral director: William Cook Inc
(b) Address: 1217 St. Paul St

DEC 3 - 1943 (Date rec'd by registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 2nd 1943, at 9A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15th 1943, to Dec 2nd 1943, and that I last saw h[illegible] alive on Nov 30th 1943

Immediate cause of death
Cadiac Asthenia — Duration: 2 days
Due to: Cerebral Hemorrage — 2 months
May 1943
Due to: Arteriosclerosis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature: Hubert E. Zepp M. D.
Address: 3048 W. North Ave Date signed: 12/2/43

C 10791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193d

C 10791 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4029 Bellwood Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 4029 Bellwood Ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME William J Wheat 29-1

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Male

5 Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30, 1877

8. AGE: Years 66 | Months 8 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Standard Asphalt Co

FATHER

12. Name James L Wheat

13. Birthplace Baltimore Md

MOTHER

14. Maiden Name Margaret Doe

15. Birthplace Talbot Co Md

16 (a) Informant Morgan Wheat Emmis

(b) Address 4012 Raymond Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/43 (month) (day) (year)

(c) Cemetery or crematory London Town

Location Baltimore Md

18 (a) Funeral director Wilson & Son

(b) Address 1217 E Lombard St

19 DEC 3 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1943 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1943 Dec 1, 1943, and that I last saw him alive on Dec 1 1943.

Immediate cause of death

(a) Cerebral Hemorrhage

(b) Hypertension

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation

of autopsy: None

Duration: (a) 3 yrs. (b) 5 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Geo. Lehman M. D.

Address 4930 Belair Rd Date signed Dec 3/43

VS 180

10792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 132

G 10792 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1524 W.FAYETTE ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE CITY
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1524 WEBYETTE ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

19-2

3 (a) FULL NAME GRACE GORDON BELL

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5.1881

8. AGE: Years 62 | Months 5 | Days 26 | If less than one day hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

MOTHER / FATHER

12. Name DOUGLASS BELL
13. Birthplace Va.

14. Maiden Name ALICE MORRIS
15. Birthplace BALTO. MD.

16 (a) Informant ALICE BELL
(b) Address 1524 W.FAYETTE ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3.1943 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location 3801 FREDERICK AVE.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 EUTAW PLACE

DEC 3 - 1943 (Date rec'd by registrar)
(b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 1. 1943, at 3 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 17 1943 to Nov 25 1943 and that I last saw h[illegible] alive on Nov 25 1943

Immediate cause of death: Acute Myocarditis
Due to: Nephritis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration: unknown / unknown

Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter Bowers M.D.
Address 4012 Edmondson ave Date signed 12/1/43

SOWERS 1/143

0793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a G 10793 Registered No.

4-1

1. PLACE OF DEATH

(a) Baltimore City, Maryland

(b) Street address Howard & Madison

(c) Hospital or institution: Maryland General

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 11 W. Franklin St (If rural give location)

(e) Citizen of foreign country? yes (Yes or No) If yes, name country England

3 (a) FULL NAME Rev. Henry N. Greene

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
83			hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Minister

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Records, Md. General Hospital

(b) Burial, cremation [illegible] Madison Sts.

17 (a) Medical School. (b) Date thereof 12/1/43 (Burial, cremation, or removal) (day) (year)

(c) Cemetery or crematory Medical School- Johns Hopkins Hospital 709 N. WOLF ST.

Location Broadway, Baltimore

18 (a) Funeral director John C. Mitchell & Sons, Inc.

(b) Address 1900 Eutaw Place

19 DEC 2 - 1943 H. Huntington Williams M.D. (Date received by Local Registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1 1943, at 4:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 30 1943, to Dec 1 1943, and that I last saw him alive on Nov 30 1943

Immediate cause of death Coronary thrombosis — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. Herman Williams M. D.

Address Md. Gen. Hosp Date signed 12-1-43

G 10794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33-B

Registered No. G 10794

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County 26-4
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 914 Amistead Way (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Ellis COREY

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: M. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 9, 1943

8. AGE: Years | Months: 4 | Days: 21 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Charles D. Corey
13. Birthplace W. Va

MOTHER
14. Maiden Name Mildred Hankins
15. Birthplace W. Va.

16 (a) Informant Chas. D. Corey
(b) Address 914 Amistead Way

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Ulman Funeral Home
(b) Address 2004 Pulaski St.

19 DEC 3 - 1943 (Date Rec'd by Registrar) Certificate for Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-2-1943 at 1.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-1-1943 to 12-7-1943, and that I last saw h. alive on 12-2-1943.

Immediate cause of death: Tuberculosis meningitis — Duration: 2 d.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles D. Miller M. D.
Address 1213 Light St. Date signed 12-2-43

C 10795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6

C 10795 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County 26-8
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3507 E. Lombard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME OSTERMAN, Doris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1933

8. AGE: Years	Months	Days	If less than one day hr.	min.
10	4	27		

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation child

11. Industry or business

FATHER
12. Name Frederick Osterman
13. Birthplace Baltimore

MOTHER
14. Maiden Name Bessie Hughes
15. Birthplace Baltimore

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate Md

18 (a) Funeral director Millard Funeral Home
(b) Address 2006 Eutaw St.

19 DEC 3 - 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 1943 at 9:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 30 1943, to Nov. 30 1943, and that I last saw her alive on Nov. 30 1943.

Immediate cause of death	Duration
respiratory failure	
Due to Meningitis	2 days
Due to meningococcus	
Other Conditions otitis media	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation;

of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret H. D. Smith M. D.
Address Sydenham Hosp Date signed 12-1-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly

G 10796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d G 10796 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2209 Roslyn Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County 15-8
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2209 Roslyn Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Hannah C. King

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife H. Scott King

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 7- 1874

8. AGE: Years 69 | Months 9 | Days 24 | If less than one day hr. min.

9. Birthplace Harford Co. Maryland
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name Luther Fitchcock

13. Birthplace Maryland

MOTHER 14. Maiden Name Ellen C. Clark

15. Birthplace Maryland

16 (a) Informant Mrs. Portia Miller

(b) Address 3306 E. Belvedere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4-1943 (month) (day) (year)

(c) Cemetery or crematory New Freedom

Location New Freedom Pennsylvania

18 (a) Funeral director Burgee Funeral Home

(b) Address 3631 Falls Road

19 (a) (Date received by Registrar) (b)

DEC 3 1943

VS 150

Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1- 1943, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 26 1943, to Dec 1 1943, and that I last saw her alive on Dec 1 1943

Immediate cause of death	Duration
Bronchs pneumonia	6 days
Due to Bronchs pneumonia	
Due to	
Other Conditions Cardiovascular disease	9

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter E. Hurlock M. D.

Address 220 Harrison Blvd Date signed

Dec 2/43

Please write the causes of death clearly and legibly. Physicians: please report age is especially important.

10797 G 10797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43d

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 252 S Ann St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County 2-2
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 252 S. Ann St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wincenty Grynkiewicz

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Zofia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
74	—	—	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Martin Grynkiewicz
13. Birthplace Poland

MOTHER 14. Maiden Name Unk
15. Birthplace Poland

16 (a) Informant Zofia Grynkiewicz
(b) Address 252 S Ann St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozazewski
(b) Address 1930 Eastern Ave.

19 DEC 3 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1 1943 at 4:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1942, to Dec 1 1943, and that I last saw h— alive on Dec 1 1943.

Immediate cause of death Acute Cardiac Dilatation — Duration Instant
Due to Chronic Myocarditis — 2 yrs.
Due to Hypertension — 3 yrs.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John V. Szczurek M. D.
Address 802 Eastern Ave. Date signed 12-7-43

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10798

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108 Registered No. G 10798

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 633 Cumberland St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 633 Cumberland St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adelaide Baker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife William Baker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 75 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs B. Hackett
(b) Address 633 Cumberland St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director George L. Kelson
(b) Address 1303 Presstman St

19 (a) (Date rec'd by registrar) DEC 3 - 1943 (b) Huntington Pittsville Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/1 1943, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-27 1943 to 12/1 1943 and that I last saw h alive on 19

Immediate cause of death Lobar Pneumonia — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 12-3-43 M. D.

correct age is especially important. Physicians, please write the cause of death clearly and legibly.

G 10799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 10799

Registered No.

please write the causes of death clearly and legibly. Physicians: please see that the age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County 15-3
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 Appleton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Simon Solovay

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-07-4275

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Jennie
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 21, 1884

8. AGE: Years	Months	Days	If less than one day
59	10	11	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Polishing Cutter
11. Industry or business

FATHER
12. Name Edward
13. Birthplace Russia

MOTHER
14. Maiden Name Not known
15. Birthplace Russia

16 (a) Informant Hyatt Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mem. Park
Location Wrgleys Mill Rd

18 (a) Funeral director Jas. C. Levinson
(b) Address 1439 E. Balto St.

19 (a) (Date received by Local Registrar) 1943 (b) Huntington Willis Funeral Home

DEC 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2 1943, at 11.50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1, 1943, to Dec. 2 1943, and that I last saw h[illegible] alive on Dec 2, 1943.

Immediate cause of death Coronary Thrombosis — Duration 13 hrs
Due to Arteriosclerosis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip F. Lerner
Address 2401 W. North Ave. Date signed 12/2/43

G 10850 G 10850

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107 Registered No. 1

please write the causes of death clearly and legibly. Physicians: please give correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 906 Peach St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 906 Peach St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

23-V

3 (a) FULL NAME Lucille Jenkins

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 7, 1939

8. AGE: Years 4 | Months 9 8 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace LaPlata Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Henry Jenkins
13. Birthplace N. C.

MOTHER 14. Maiden Name Jennie Merryman
15. Birthplace Balto Md

16 (a) Informant Jennie Jenkins (M)
(b) Address 906 Peach St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co Md

18 (a) Funeral director Isaiah L Brown Son
(b) Address 1084 Montgomery

19 DEC 3 - 1943 (b) (Date rec'd by Local Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/1 1943 at 11 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/30 1943, to 12/1 1943, and that I last saw h alive on 11/30 1943

Immediate cause of death Acute Bronchitis

Due to Pneumonia

Due to Primary

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration Between Onset and Death

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Trageser

Address Lyon Lea Date signed 12/4/43

C 10801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92E Registered No. C 10801

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 224 W Hamburg St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 224 W Hamburg (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ida E ~~Brandley~~ Boardley 23-1
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25 [illegible]

8. AGE: Years 64 | Months 3 | Days 6 | If less than one day hr. min.

9. Birthplace St Louis Mo (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name alfred Killum
13. Birthplace va

MOTHER
14. Maiden Name Rosie
15. Birthplace va

16 (a) Informant Charles Brandley
(b) Address 224 W Hamburg St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.A.Co. Md

18 (a) Funeral director Sarah C Bowlsbey
Address 40 SW Montgomery St

19 (a) DEC 3 - 1943 (Date rec'd by registrar) Huntington for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 1 - 1943, at 1P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 29 1943, to Dec 1 1943, and that I last saw [illegible] alive on Nov 30 1943.

Immediate cause of death Endocarditis & Nephritis — Duration

Due to

Due to

Other Conditions Age

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Carper M. D.
Address 2016 E. Preap St Date signed 12-2-43

CARPER

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry of information which is unknown or not applicable should be indicated by a dash. Be sure to give correct age in each case. Information is especially important. Physicians: please write the causes of death clearly and legibly.

C 10802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

C 10802 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1510 W Mulberry
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 W Mulberry
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

19-V

3 (a) FULL NAME George David

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lorraine —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2, 1910

8. AGE: Years 33 | Months 9 | Days 28 | If less than one day hr. min.

9. Birthplace Manning S. C
(Town, county, and state)

10. Usual Occupation Crane Operator

11. Industry or business Steel

FATHER 12. Name Desmond

13. Birthplace Manning S. C

MOTHER 14. Maiden Name Louisa McCray

15. Birthplace Manning S C

16 (a) Informant Samson David (B)

(b) Address 66 W Hamburg St

17 (a) Removal (b) Date thereof 12/3/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory

Location Manning S. C

18 (a) Funeral director Joseph L Brunson

(b) Address 1056 Montgomery St

DEC 3 — 1943 (b) Huntington Williams Registrar
(Date rec'd by Local Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30 1943 at 10 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 29 1943, to Nov 30 1943, and that I last saw alive on Nov 30 1943

Immediate cause of death Acute Coronary Occlusion — Duration 4 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Swerdlow M. D.

Address 1111 Fell Date signed 12/2/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. In reporting causes of death please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

10803 HEALTH DEPARTMENT—CITY OF BALTIMORE 10803

CERTIFICATE OF DEATH

1. PLACE OF DEATH — 486 Registered No.

CITY OF BALTIMORE: (No. 1812 Druid Hill Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or town) where death occurred 34 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Maria Parker

If U. S. Veteran specify WAR

(a) Residence: No. 1812 Druid Hill Ave St., Ward. 14-3

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe | 4. COLOR or RACE: Bl | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. Parker

6. DATE OF BIRTH (month, day, year): 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Reisterstown Md

FATHER

13. NAME: Geo. W. Bennett

14. BIRTHPLACE (city or town) (State or country): Reisterstown Maryland

MOTHER

15. MAIDEN NAME: Ruth A. Bramson

16. BIRTHPLACE (city or town) (State or country): Reisterstown Maryland

17. INFORMANT: Randolph Brenton

(Address) 434 Brown St

18. BURIAL, CREMATION, OR REMOVAL: Place Reisterstown Md. Date 12-3 1943

19. UNDERTAKER: Wm. Geo. H. Holland

(Address) 1643 Druid Hill Ave

DEC 3 - 1943

M. FILED: Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-29, 1943

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1943, to Nov 29, 1943

I last saw her alive on Nov 29 1943 Death is said to have occurred on the date stated above, at 11:55 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus — Duration of disease Months

Other contributory causes of importance:

Was an operation performed? No — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Phys. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. Randolph Schaeffer M. D.

(Address) 1534 Druid Hill Ave

State CAUSE OF DEATH so that the medical OCCUPATION is very important. See instructions on back of certificate.

VS 3

0804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121 Registered No. G 10804

Please write the causes of death clearly and legibly. Correct age is especially important. Physicians: please w

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2611 Robb St.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME James Timothy Driscoll JAMES TIMOTHY DRISCOLL

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 215-10-0758

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Helen Driscoll

6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) March 30, 1907

8. AGE: Years 36 | Months 8 | Days 1 | If less than one day ____hr. ____min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Lithographer

11. Industry or business Crown Cork & Seal Co.

FATHER
12. Name William J. Driscoll
13. Birthplace Taunton, Mass.

MOTHER
14. Maiden Name Barbra E. Batzer
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Helen Driscoll
(b) Address 2611 Robb St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/43 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Henry Sander & Sons, Inc.
(b) Address North Ave. & Broadway

19 DEC 4 - 1943 (Date rec'd by registrar) (b) Huntington for Baltimore, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 1 1943, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-29 1943 to 12-1 1943 and that I last saw h. l. alive on 12-1 1943

Immediate cause of death: Delirium Tremens — Duration 2 da.

Due to Chronic Alcoholism.

Other Conditions Acute Appendicitis Post Operative Evisceration & Shock.
(Include pregnancy within 3 months of death)

Date of operation Appendectomy 11-29-43

Major findings of operation Acute Appendicitis

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stanley B. Klymowicz M.D.

Address St. Joseph Hosp. Date signed 12-1-43

VS 150

0805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

G 10805 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Eglantz 83 ads x
(b) Street address ~~2512 Lanetta Ave~~
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 68
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2512 Lanetta Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Edith Virginia Schaffer Schaffer 20-2

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Louis Phillips Schaffer
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) May 9, 1900

8. AGE: Years	Months	Days	If less than one day
43	6	24	..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Arthur McElroy
13. Birthplace ?

MOTHER
14. Maiden Name Edith ?
15. Birthplace Balto. Md

16 (a) Informant Mrs. Louis P. Schaffer
(b) Address 2512 Lanetta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 | 4 | 43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md

18 (a) Funeral director Hess. Wilson & Son
(b) Address 2513 Edmondson Ave

19 (a) Dec 4 1943 (Date received by registrar) (Huntington Williams M.D.)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2nd 1943 at 5:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 25 1943 to Dec 2 1943 and that I last saw h alive on Dec 2nd 1943

Immediate cause of death cardio-respiratory failure — Duration 68 d

Due to Coronary heart disease — Duration or about

Due to Arteriosclerosis + Hypertension Cardiovascular — Duration ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Faulkner Jr. M. D.
Address Union Memorial Hosp. Date signed 12-2-43

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0806

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 10806

CERTIFICATE OF DEATH 131a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 671 Sarah Ann St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County 4-2
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 671 Sarah Ann
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Chapman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4 Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Bert Chapman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 18, 1889

8. AGE: Years 53 | Months 11 | Days 12 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Frank Leevers
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Md

16 (a) Informant Mabel Evans
(b) Address 671 Sarah Ann St

17 (a) Burial (b) Date thereof Dec 3, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs Katie A Williams
(b) Address 322 N. Schroeder St

19 (a) Dec 3 1943 Katie A Williams, M.D.
(Date rec'd by Registrar) Registrar

UE

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30, 1943, at 4-10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3 1943, to Nov 30 1943 and that I last saw her alive on Nov 30 1943

Immediate cause of death: Cardio Vascular Renal Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. F. Haggett M. D.

Address 600 N Carrollton Ave Date signed 12/7/43

WILBECK NOVILLE

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10807

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94B Registered No. G 10807

1-3

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Usual address
(c) Hospital or institution: D.O.A. Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford.
(c) City or town Emmerton RURAL
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Beulah C. Hoffecker.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Frank R

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Oct. 7 - 1896

8. AGE: Years about 47 | Months 1 | Days 25 | If less than one day ____hr. ____min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name Louis Cross
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Sarah Cross.
15. Birthplace Balto-Md.

16 (a) Informant Frank R Hoffecker
(b) Address Belair Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/43 (month) (day) (year)
(c) Cemetery or crematory Met. Church Cem.
Location Albinston, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

DEC 3 - 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

V8 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/2 1943, at 9.20 P M

21. I certify that I took charge of the remains described above, held an Inquiry Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Angina Pectoris.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 12/3/43.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55e

Registered No. G 10808

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Be sure to write the causes of death clearly and legibly. Be sure that the age is correctly stated. Be sure that the date of birth is correct. Be sure that the cause of death is correctly stated. Be sure that the date of death is correctly stated. Be sure that the place of death is correctly stated. Be sure that the name of the deceased is correctly stated. Be sure that the name of the informant is correctly stated. Be sure that the address of the informant is correctly stated. Be sure that the date of burial is correctly stated. Be sure that the name of the undertaker is correctly stated. Be sure that the address of the undertaker is correctly stated. Be sure that the date of registration is correctly stated. Be sure that the name of the registrar is correctly stated. Be sure that the address of the registrar is correctly stated. Be sure that the date of the certificate is correctly stated. Be sure that the name of the physician is correctly stated. Be sure that the address of the physician is correctly stated. Be sure that the date of the physician's signature is correctly stated. Be sure that the physician's signature is correctly stated. Be sure that the physician's address is correctly stated. Be sure that the physician's date of signature is correctly stated. Be sure that the physician's name is correctly stated. Be sure that the physician's address is correctly stated. Be sure that the physician's date of signature is correctly stated. Be sure that the physician's signature

G-10809

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

26-4 G 10809

13 1a Reg. Dist. No.

PLACE OF DEATH:

1. Town: Balto. (If outside city or town limits, write RURAL and give nearest town)

Ward in above place of death?

Name of hospital, institution, or street address where death occurred: 1814 Woodruff Ave.

If dying in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: 26-4

City or town: Balto (If outside city or town limits, write RURAL and give nearest town)

Street No.: 1814 Woodruff Ave. (If rural, give LOCATION)

2.(a) If veteran, name war: World War

1. FULL NAME: Thomas James Drumgool

3. (b) Social Security Number

4. Sex: Male | 5. Color or race: White | 6.(a) Single, married, widowed, or divorced: ~~Married~~ Single

Name of husband or wife:

6.(c) If alive, give age: years

7. Date of death (mo., day, yr.): Mar. 20 - 1888

AGE: Years: 55 | Months: 8 | Days: 13 | If less than one day: hrs. min.

8. Birthplace: Balto. Md. (Town, county, and state)

Usual occupation: None

Industry or business:

12. Name: Thomas J. Drumgool

13. Birthplace: Balto. Md.

14. Maiden name: Mary Dang

15. Birthplace: Balto. Md.

Informant: Edward Drumgool

Address: 1814 Woodruff Ave

Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 6-43 (month) (day) (year)

Cemetery or crematory: New National Cem.

Location: Frederick Rd.

Funeral director: John A. Miller

Address: 2234 Jefferson St.

12-3-1943 (Date rec'd by registrar) 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 2 19 43, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 25/43 19 43, to Dec 2 19 43 and that I last saw h[illegible] alive on Dec 2 19 43

Immediate cause of death: Chronic Myocarditis failure — DURATION

Due to: Arteriosclerotic cardio vascular Renal disease

Due to:

Other conditions: Pneumonia inferior Month. 15 yrs

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Geo W. Drumgoole M. D. or other

Address: Balto 6 Date signed 12/2/43

10810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 10810

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 North Longwood Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 517 North Longwood Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine E. Sellman

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife: George W. Sellman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1866

8. AGE: Years	Months	Days	If less than one day
77	3	10	hr. min.

9. Birthplace Howard County (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Thos. E. Thompson
13. Birthplace Howard County

MOTHER
14. Maiden Name Sarah
15. Birthplace Howard County

16 (a) Informant Mrs. Bertha V. Harp
(b) Address 1838 Ramsey Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Avenue

18 (a) Funeral director Thos. J. Kenny
(b) Address Hollins & Gilmor Streets

DEC 2 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16, 1943, to Nov. 30, 1943, and that I last saw her alive on Nov. 29 1943

Immediate cause of death: Arteriosclerotic Cardiovascular Disease.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene A. Kenny
Address 3030 Edmondson Ave. Date signed 12/2/43

Physicians: please write the causes of death clearly and legibly. Accuracy, correct age is especially important.

G 10811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 82a

Registered No. G 10811

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2716 Huntingdon Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul H. Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married.

6 (b) Name of husband or wife Jane L. Coleman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28 1898

8. AGE: Years	Months	Days	If less than one day
45	1	3	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business Balto City Fire Dept.

FATHER
12. Name Paul Coleman
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie Coleman
15. Birthplace Maryland.

16 (a) Informant Jane L. Coleman.
(b) Address 2716 Huntingdon Ave

17 (a) Burial (b) Date thereof Dec 4/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Thomas F. Donovan
(b) Address 3615-17 Eastern Ave.

19 DEC 3 - 1943 Huntington Williams M.D.
(Date received by registrar) (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 1 1943, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-26 1943, to 12-1 1943, and that I last saw him alive on 12-1 1943

Immediate cause of death Bilbar palsy — Duration 5 Day

Due to Cerebral Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul A. Lukats M. D.
Address 1213 Light St. Date signed 12/1/43

G 10812 ✓ G 10812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2313 W Lombard Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2313 W. Lombard Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GERTRUDE GOLDMAN

3 (b) If veteran, name war ✓

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Philip

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER
12. Name Nathali
13. Birthplace Russia

MOTHER
14. Maiden Name Fannie
15. Birthplace Russia

16 (a) Informant Husband
(b) Address

17 (a) Burial (b) Date thereof 12-3-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Park Rd & Hamilton Ave

18 (a) Funeral director Jack Levin Inc
(b) Address 1424 Eutaw Pl

12-3-1943 (b)
(Date received by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1943, at 9 a M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H L Wallenmeyer M.D.
Medical Examiner.

Date signed 12-3-43

G 10813 — G 10813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 930

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt. -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 18 N. Bond St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Florence White

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 3 1896

8. AGE: Years	Months	Days	If less than one day
47	8	29	— hr. — min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Nurse
11. Industry or business —

FATHER
12. Name H. Emory White
13. Birthplace Virginia

MOTHER
14. Maiden Name Lucy Carter
15. Birthplace Virginia

16 (a) Informant Record Room, Mercy Hospital
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery
Location

18 (a) Funeral director Elroy C. Wilson
(b) Address 1000 Brantley Ave.

DEC 3 — 1943 (Registrar) Interment for Williamsport, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1943, at 5 — P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 22, 1943, to Dec 2 1943, and that I last saw h[illegible] alive on Dec 2 1943.

Immediate cause of death	Duration
Cardiac failure	[illegible]
Due to Hypertensive Cardio-Vascular Disease	many years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund Wayne Lee M. D.
Address Mercy Hospital Date signed 12/2/43

445348
G 10814

BALTIMORE CITY HEALTH DEPARTMENT G 10814
Registered No. 108

CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1149 May St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Thomas

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Whitemore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-30-15

8. AGE: Years 28 | Months 4 | Days - | If less than one day hr. min.

9. Birthplace S.C.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Bob Brown
13. Birthplace ?

MOTHER
14. Maiden Name Mary Brown
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/5/43 (month) (day) (year)
(c) Cemetery or crematory
Location Darlington, S.C.

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley Ave

19 (a) Date received by registrar DEC 9 1943 Huntington Williams M.D.

V8 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 1943, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 29 1943 to Nov 30 1943, and that I last saw her alive on Nov. 30 1943.

Immediate cause of death Labor Premature — Duration 5 days

Due to

Due to

Other Conditions Pregnancy 20 weeks
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R B Schwartz M. D.
Address Date signed

G 10815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

G 10815 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 411 S. Washington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM H MUELLER JR.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Elizabeth Mueller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25-1913

8. AGE: Years	Months	Days	If less than one day
30	5	6	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Shipping Clerk

11. Industry or business Hyde & Master Co.

FATHER
12. Name Wm H. Mueller Sr.
13. Birthplace Baltimore

MOTHER
14. Maiden Name Clara Crawford
15. Birthplace Baltimore

16 (a) Informant Mrs. Elizabeth Mueller
(b) Address 411 S. Washington st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 6 43 (month) (day) (year)

(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans st

19 (a) DEC 3 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1 1943, at 9 20 M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7:20 P.M. 12-1-43 (Month) (day) (year)
(b) Where did injury occur? Monument & Chester Sts.
(c) Did injury occur at home, on farm, industrial place, in public place? Yes While at work? No
(d) Means of injury fell backwards down stairs

23. Signature H. H. Wallenmeyer M.D.
Asst. Medical Examiner.
Date signed 12-2-43

10816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 10816

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3045 W. North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3045 W. North Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gertrude Unger.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Jacob
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/4/1864

8. AGE: Years	Months	Days	If less than one day
79	8	29	hr. min.

9. Birthplace Coblenz, Germany
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Gompel Baer
13. Birthplace Germany

MOTHER
14. Maiden Name Henrietta Stamm
15. Birthplace Germany

16 (a) Informant Mrs. Wm. Unger
(b) Address 3045 W. North ave.

17 (a) Removal (b) Date thereof 12/4/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Staten Island N.Y.

18 (a) Funeral director Wm. J. Tuckey & Son
(b) Address Bel Air, Md.

19 (a) DEC 3 - 1943 Hunter for Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/3/43, at 6.30 A.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arterio sclerotic Cardio vascular disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 12/3/43.

VS 151

0817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. C 10817

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2900 Boarman Ave.

(c) Hospital or institution:

15 P

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2900 Boarman Ave.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Corsa

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	Female	White	Married

6 (b) Name of husband or wife Fred A. Corsa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/14/1880

8. AGE: Years	Months	Days	If less than one day
63	3	17	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name James Sloain

13. Birthplace unknown

MOTHER 14. Maiden Name Mary ?

15. Birthplace Unknown

16 (a) Informant Mr. Fred O. Corsa

(b) Address 2900 Boarman Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem.

Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md.

DEC 3 - 1943 Huntington Williams, Mgr.
(Date rec'd by local registrar) (Signature of local registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/1/ 1943, at 1:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 5 1943 to Dec 1 1943 and that I last saw h alive on Nov 30 1943

Immediate cause of death	Duration
Myocardial Insufficiency	
Due to	
Due to	
Other Conditions Hypertension Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence at M

(c) Where did injury occur? —
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature John A. Schenuit

Address 1337 S. Charles St Date signed 12/4/43

(1) DG 10818

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 10818

CERTIFICATE OF DEATH 93D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5217 York Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5217 York Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Agnes Griffin

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Thomas P.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1 — 1884

8. AGE: Years 59 | Months 7 | Days | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Patrick Murphy
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Coleman
15. Birthplace Ireland

16 (a) Informant Edna Carozza
(b) Address 5217 York Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 4 43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director Martin W. E. Dippel's Sons
(b) Address 2110 Baldt Rd

DEC 3 1943 (Date rec'd by Registrar) (b) Hartsville Pa

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1 1943 at 11 18 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1941, to Dec 1 1943 and that I last saw alive on Dec 1 1943

Immediate cause of death: Hypertensive Cardio-vascular disease — Duration 2 yrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify kind of place) While at work?
(e) Means of injury

23. Signature Edward Thomas Corrigan M. D.
Address 5217 York Rd Date signed Dec 3 1943

C 10819

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131a

Registered No. C 10819

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 N. Decker Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 610 N. Decker Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Albert Weiss

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-1089

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Christina F. Weiss
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) June 21st, 1875

8. AGE: Years	Months	Days	If less than one day
68	5	10	..... hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Cooper
11. Industry or business

FATHER
12. Name William Weiss
13. Birthplace Germany

MOTHER
14. Maiden Name Christina Mueller
15. Birthplace Germany

16 (a) Informant Oscar Weiss
(b) Address

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 12 4 1943 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Harford Road & Taylor Avenue

18 (a) Funeral director Frederick D. Mullinix Inc
(b) Address 3019 E. Monument Street

19 DEC 3 - 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/1/1943 at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/2 1943 to 12/1 1943, and that I last saw h[illegible] alive on 12/1 1943.

Immediate cause of death	Duration
Arteriosclerotic cardiac vascular renal disease	2
Due to	1
Due to Nephritis	4 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Allan F. Liberthal M. D.
Address 939 Dr. Eden St. Date signed 12/2/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190

G 10820

Registered No. 100

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2116 W. Fairmount Av
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Andrew Wallace

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2-43

8. AGE: Years: 1 mos. Months: 1 Days: - If less than one day hr. min.

9. Birthplace: Balto Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Andrew Wallace
13. Birthplace Md

MOTHER
14. Maiden Name Coletta Sleigh
15. Birthplace Md

16 (a) Informant Andrew Wallace
(b) Address 2116 Fairmount Av

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12-3-43 (month) (day) (year)
(c) Cemetery or crematory Holy Red
Location Balto

18 (a) Funeral director Leonard J. Lynch
(b) Address 2305 Madison Av

DEC 9 - 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-1 1943, at 7:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-20 1943, to 12-1 1943, and that I last saw him alive on 12-1 1943

Immediate cause of death Cyanosis
duration of few hours

Due to

Due to

Other Conditions Dehydration
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Gaetan E. Cheek M. D.
Address St. Joseph Hospital Date signed 12-1-43

Pa. 1-24-43 1-2-43 ✓ G 10821

G 10821 10-10:30

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. 2074

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3024 Mayfield Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3024 Mayfield Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Barbara J. Stallmann ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Frank H.

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1885

8. AGE: Years	Months	Days	If less than one day
58	10	29	hr. min.

9. Birthplace Baltimore, Maryland
(Town, County, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Matthew Stilmas
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Schenken
15. Birthplace Germany

16 (a) Informant Marie B Langhirt
(b) Address 3024 Mayfield Ave.

17 (a) Buried (b) Date of burial 12-5-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Baltimore Maryland

18 (a) Funeral director Leonard J. Kluck
Address 5405 Harford Road

19 (a) DEC 3 - 1943 (Hunting for Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/15 1940 to 12/1 1943 and that I last saw h[illegible] alive on 12/1 1943.

Immediate cause of death Cerebellar Tumor — Duration 3 yrs.

Due to — Duration over

Due to — Duration 2 days

Other Conditions Colon Jaundice

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert L. Sekunda, M.D.
Address 1502 Lakeside Date signed 12/4/43

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10822 ✓ 117N Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address West end Md Gen'l Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County balt
(c) City or town Parkville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3031 Arizona Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME OTHO MOORES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Frances E. Voight
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) July 14, 1883

8. AGE: Years	Months	Days	If less than one day
60	4	18	hr. min.

9. Birthplace Baltimore Co Maryland
(Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Edwin D. Moores
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma Griffith
15. Birthplace Maryland

16 (a) Informant Francis E. Moores
(b) Address 3031 Arizona Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-43 (month) (day) (year)
(c) Cemetery or crematory Mayfield
Location Baltimore County

18 (a) Funeral director Leonard J. Kukla
(b) Address 5305 Harford Rd.

19 DEC 3-1943 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/2/43 19 at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1/43 19 to 12/2/43 19, and that I last saw him alive on 12/2/43 19

Immediate cause of death Respiratory Failure
Due to Peptic ulcer - Bleeding
Due to
Other Conditions Shock
General arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isadore L. Shorofsky M.D.
Address West Balto Gen Hosp Date signed 12/5/43

VS 250

G 10823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3922 Reisterstown Road.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3922 Reisterstown Road.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Katherine M. Lochner,

3 (b) If veteran, name war: --
3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Joseph A. Lochner
6 (c) If alive, give age --years

7. Birth date of deceased (mo., day, yr.) May 15, 1887

8. AGE: Years	Months	Days	If less than one day
56	6	15	hr. min.

9. Birthplace Baltimore City.
(Town, county, and state)
10. Usual Occupation Housewife,
11. Industry or business at home.

FATHER
12. Name Edwin B. Bullock,
13. Birthplace Baltimore City.

MOTHER
14. Maiden Name Mary E. Gollery,
15. Birthplace Baltimore City.

16 (a) Informant Joseph B. Lochner,
(b) Address 3922 Reisterstown Road.

17 (a) Burial (b) Date thereof 12/3/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Baltimore City.

18 (a) Funeral director La Vernon Lemmon.
(b) Address 4611 Park Heights Ave.

DEC 3 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30, 1943 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1935, to Nov. 30 1943
and that I last saw her alive on Nov. 30 1943

Immediate cause of death: Acute myocardial failure
Due to: Cardiovascular disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration
1 day
5 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robt F. Chenowith M. D.
Address 1127 St. Paul St. Date signed

G 10824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

Registered No. G 10824

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3934 Reisterstown Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME URBAN F. BOWES

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	divorced

6 (b) Name of husband or wife Delta Bowes
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1900

8. AGE: Years	Months	Days	If less than one day
43	10	4	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Pipe Fitter Helper
11. Industry or business B. & O. R.R.

FATHER
12. Name Patrick Bowes
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Manning
15. Birthplace Baltimore

16 (a) Informant Mrs. Rose S. Bowes
(b) Address 3934 Reisterstown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore City.

18 (a) Funeral director Vernon Lemmon
(b) Address 4611 Park Heights

DEC 3 - 1943 (Date rec'd by registrar)
Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2, 1943, at 3a M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 15-12
(a) Date of injury 12-2-43 at 12:10 a M.
(b) Where did injury occur? Reisterstown Rd & Shirley Ave
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? no
(d) Means of injury pedestrian struck by auto

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 12-2-43

G 10825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a G 10825

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital Balto
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 507 Greenwillow St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Woodyard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-97

8. AGE: Years 46 | Months | Days | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Clem Woodyard
13. Birthplace Pa.

MOTHER
14. Maiden Name Agnes Brown
15. Birthplace Md

16 (a) Informant Mary Hawkins, sister
(b) Address 1236 N. Eutaw St

17 (a) Burial (b) Date thereof 12-6-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 518 W. Biddle St Huntington Pharmacy, MD

DEC 3 - 1943 (a) (b)
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/1 1943, at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/1 1943, to 12/1 1943, and that I last saw h[illegible] alive on 12/1 1943

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: Malignant hypertension	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Richards M.D.
Address Univ Hosp. Date signed 12-1-43

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 112

G 10826 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1210 N. Eden St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1210 N Eden (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma Brown Hughes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Clarence Hughes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1910

8. AGE: Years 33 | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace Dorchester County Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Adam Browne
13. Birthplace Md

MOTHER 14. Maiden Name Annie Jones
15. Birthplace Md

16 (a) Informant Clarence Hughes
(b) Address 1210 N. Eden St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 4, 1943 (month) (day) (year)

(c) Cemetery or crematory
Location Dorchester County Md

18 (a) Funeral director Mrs. Robert A. Elliott Jr.
(b) Address 129 N. Carlton St.

19 (a) DEC 3 1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1 19 43, at 1:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 17 19 43 to Dec 1 19 43 and that I last saw h[illegible] alive on Nov 30 19 43.

Immediate cause of death: Bronchial Asthma — Duration: 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. K. Adams M. D.
Address 1222½ Caroline Date signed

VS 150

12-3-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

The Tuf. 3 G 10827

G 10827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10827 115a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1824 E. Chase St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1824 E Chase St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Seth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: J Rue

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1892

8. AGE: Years: 51 | Months: 9 | Days: 29 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Bennett
13. Birthplace Md

MOTHER
14. Maiden Name Amanda Gough
15. Birthplace Md

16 (a) Informant Nellie Ipell
(b) Address 1824 E Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 5, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A.A. County Md.

18 (a) Funeral director Mrs. Robert A. Elliott & Daughter
(b) Address 1129 N. Caroline Street.

DEC 3 1943 (Registrar) (b) Huntington Williams M.D. (Physician)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1 1943, at 8:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 30 1943, to Dec 1 1943, and that I last saw h[illegible] alive on Dec 1 1943.

Immediate cause of death: Hem Thrombosis cerebral a possible embolism — Duration: over 1 yr

Due to: Malnutrition

Due to: Due arteriosclerosis

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Julian M. D.
Address 434 E. 23rd Date signed Dec 3 1943

G 10828 ✓ G 10828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1210

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd St
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16d.
(e) Length of stay in Baltimore (yrs., mos., or days) 90yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6235 Bellona ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Frederica Sheppard

3 (b) If veteran, name war: no
3 (c) Social Security Account No. no

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Wid.

6 (b) Name of husband or wife durand
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 28 1853

8. AGE: Years 90 | Months 9 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name ? Schwantz
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia ?
15. Birthplace Maryland? Germany?

16 (a) Informant Hospital Record
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Stewart Mortuary.
(b) Address 1021 Mosher Ave.

19 (a) (Signature of registrar) Huntington Williams M.D. Registrar
(b) DEC 7 1943

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1943 19 , at 1.25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 16 1943 to Dec 2 1943 and that I last saw h[illegible] alive on Dec 2 1943

Immediate cause of death Cardio-resp failure

Due to Uremia

Due to Chronic nephritis

Other Conditions hypostatic pneumonia

(Include pregnancy within three months of death)

Date of operation N.C. V.U.

Major findings of operations

of autopsy:

Duration: 16 days | ? | 3d

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Trabbett Jr. M.D.
Address Union Memorial Hosp Date signed 12-2-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10829 ✓ G 10829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 104

Registered No. 19

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs. 50 min.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1428 W. Lexington Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HAINES, Forman Taylor

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No. -

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Pauline Catherine Pear (deceased)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1890

8. AGE: Years 53 | Months 1 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Shipyard Worker-2 wks. ago
11. Industry or business Fairfield

FATHER
12. Name Taylor Haines
13. Birthplace ?

MOTHER
14. Maiden Name Eliza ?
15. Birthplace ?

16 (a) Informant Records, U. S. Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-43. (month) (day) (year)
(c) Cemetery or crematory
Location Romney Wte.

18 (a) Funeral director A. Lee Oder
(b) Address 4644 York Rd.

DEC 9 1943 (a) (Date received) (b)
Registrar
Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30, 1943, at 8:00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 30, 1943 to Nov. 30, 1943 and that I last saw him alive on Nov. 30, 1943

Immediate cause of death: Interstitial pneumonia, bilateral — Duration: Unk.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specific type of place) While at work?
(e) Means of injury

23. Signature J C Dalton M. D.
Address Baltimore, Md. Date signed 12/1/43

Va-14086

G 10830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 F

Registered No. G 10830

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland BALTIMORE CITY.
(b) Street address 730 BELGAN AVE
(c) Hospital or institution: NONE
(d) Length of stay in hospital or inst. (yrs., mos., or days) NONE
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town CITY OF BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 730 BELGAN AVE (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME PATRICK JOSEPH KAVANAUGH.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 6-259-8734

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Margaret.

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) MAR. 17 1880

8. AGE: Years 63 | Months 8 | Days 13 | If less than one day — hr. — min.

9. Birthplace Ireland. (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business

FATHER
12. Name Dennis Kavanaugh
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Kath. Gay
(b) Address 730 Belgian Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4-43 (month) (day) (year)
(c) Cemetery or crematory Mon-Bath
Location Old Frederick Rd.

18 (a) Funeral director John. O. Hagan
(b) Address 3010 E. Balto-St.

19 (a) DEC 3 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION P.

20. DATE OF DEATH DECEMBER 1 1943, at 3.20 M

21. I certify that death occurred on the date above stated; that I attended deceased from JUNE 28 1943 to DEC. 1 1943, and that I last saw h. IM alive on DEC. 1 1943.

Immediate cause of death	Duration
CARCINOMIA OF LIVER JUNE 28	1943
Due to METASTASIS. (GENERAL)	1943
Due to	
Other Conditions NONE	

(Include pregnancy within 3 months of death)
Date of operation NONE
Major findings of operation: NONE
of autopsy NO

PHYSICIAN — Underline the cause to which death should be charged (statistically).

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. P. Claudice M.D.
Address 3013 SAINT PAUL STREET Date signed DEC. 1. 43

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C-10831 X 816 G 10836 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green and Redwood St
(c) Hospital or institution:
University Hospital. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Md.~~ W. Va (b) County Tanna, W. Va
(c) City or town ~~Baltimore~~
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Lee ~~Stalnaker~~ Stalnaker
3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 4, 1917

8. AGE: Years	Months	Days	If less than one day
25	11	28	— hr. — min.

9. Birthplace Hardman, W. Va
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Father's farm

FATHER
12. Name Cratt Stalnaker
13. Birthplace Hardman, W. Va.

MOTHER
14. Maiden Name Gay Knotts
15. Birthplace Eudidy, W. Va.

16 (a) Informant Gerald Stalnaker
(b) Address 2209 Eastern Ave.

17 (a) Removal (b) Date thereof 12-3-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Clarksburg W. Virginia

18 (a) Funeral director Harry H. Wiltse
(b) Address 4101 Edmondson Ave.

19 (a) Filed by Washington Williams, M.D. Registrar
(Date rec'd by registrar) DEC 3 1943

VS 1M

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 2 1943 at 11:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 26 1943 to Dec 2 1943, and that I last saw h[illegible] alive on Dec 2 1943

Immediate cause of death Interval Hydrocephalus — Duration

Due to Chronic adhesive Arachnoiditis

Due to Meningitis

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation Dec 1, 1943

Major findings of operation: Ventriculogram

of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. K. [illegible]
Address University Hosp. Date signed 12/3/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10832

Registered No. 105

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison and Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2112 Maryland Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Robert L. Mitchell Annie I. Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Dr. Robert L. Mitchell Robert L. M.D. (deceased)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-16-82

8. AGE: Years 61 | Months - | Days 17 | If less than one day hr. min.

9. Birthplace Elkton Md. (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name William B. Smith
13. Birthplace Philadelphia, Pa.

MOTHER
14. Maiden Name Anna A. Foster
15. Birthplace North East, Md.

16 (a) Informant Dr. William Mitchell
(b) Address 2112 Maryland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4, 1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.

18 (a) Funeral director Miller Lamotrax
(b) Address 4510 Liberty Heights Ave.

19 (a) (Date received by registrar) (b) Registrar

DEC 2 1943

VS 180

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-3-43 19 at 2:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15-43 19 to 12-3-43 19, and that I last saw her alive on 12-3-43 19

Immediate cause of death Cardiac Failure — Duration

Due to — Duration

Due to — Duration

Other Conditions Patient had a Tonsilectomy — Duration over

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas Clyde Webster M. D.

Address Md. Gen. Hosp. Date signed 12-3-43

G 10833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 11

G 10833 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lyden Lane Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) X

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 419 S. Poppleton St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William H Adams

3 (b) If veteran, name war —

3 (c) Social Security Account No. 211-03-9703

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24 1883

8. AGE: Years	Months	Days	If less than one day: hr.	min.
69	11	8		873

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Night watchman

11. Industry or business

FATHER 12. Name Harry adams

13. Birthplace Balto Md

MOTHER 14. Maiden Name Jennie

15. Birthplace Balto Md

16 (a) Informant hospital records.

(b) Address

17 (a) Burial (b) Date thereof 12/4/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Western Cemetery
Location Edmondson Ave & Bonnywood

18 (a) Funeral director Hollis & Gorsuch

(b) Address Hollis & Glenn

DEC 3 1943 Huntington Williams, M.D.
(Date received) Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 2 1943 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1943 to Dec. 2 1943 and that I last saw h. alive on Dec. 2 1943

Immediate cause of death Cardiac failure — Duration —

Due to Erysipelas — Duration 2 weeks

Due to —

Other Conditions Streptococcal Septicemia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Margaret H.D. Smith M. D.

Address Lyden Lane Hosp. Date signed 12-2-43

Margaret H.D. Smith, M.D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAURER

10834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1119a

G 10834 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1730 Harley ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Carroll Maurer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Baby

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/21/43

8. AGE: Years | Months | Days: 13 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Pilding Maurer
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Helen Pogford
15. Birthplace Baltimore, Md.

16 (a) Informant Fielding Maurer
(b) Address 1730 Harley ave

17 (a) Burial (b) Date thereof 12/4/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North & Milton Aves

18 (a) Funeral director Howard N. Blight, Jr.
(b) Address 4914 Belair Road
DEC 4 - 1943 Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3 1943, at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2. 1943, to Dec 3 1943, and that I last saw h[illegible] alive on Dec 3 1943

Immediate cause of death	Duration
Epidemic Disorder of Newborn.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature William H. Fleeting M. D.
Address St Joseph's Hosp Date signed 12-3-43

VS 150

G 10835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1310

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4000 Ridgecroft Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4000 Ridgecroft Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME August Frankel

3 (b) If veteran, name war
3 (c) Social Security Account No. 215-03-5562

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Widowered

6 (b) Name of husband or wife Florence
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 1 - 1885

8. AGE: Years	Months	Days	If less than one day
58	4	1	hr. min.

9. Birthplace Brooklyn N.Y.
(Town, county, and state)
10. Usual Occupation Tool Maker
11. Industry or business

FATHER
12. Name
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Earl L. Frankel
(b) Address 4000 Ridgecroft Rd.

17 (a) Burial (b) Date thereof 12/6/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood.
Location Tayla Ave

18 (a) Funeral director Howard N. Hyatt Jr
(b) Address 4914 Belair Rd.

DEC 4 - 1943 Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1 1943 at 6P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940, to Dec 1 1943, and that I last saw deceased alive on Dec 1 1943.

Immediate cause of death	Duration
Coronary occlusion	15-20 min.
Due to Hypertension Cardio-Vascular Renal disease	4 yrs
Due to	
Other Conditions Senile Bronchitis.	1 week

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature George F Bayly M.D.
Address Reisterstown Md Date signed 12/4/43

VS 150

C 10836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

C 10836 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1125 Forrest St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1125 Forrest St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lee Raymond Howell

3 (b) If veteran, name war: W W
3 (c) Social Security Account No.: none
4 Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 24. 1891
8. AGE: Years 52 | Months 3 | Days 8 | If less than one day: hr. min.
9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Night Clerk
11. Industry or business Filton & Smith
FATHER 12. Name Charles F Howell
13. Birthplace Va
MOTHER 14. Maiden Name Mattie Bloney
15. Birthplace Baltimore Md
16 (a) Informant Mrs Mattie Howell
(b) Address 1125 Forrest St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md
18 (a) Funeral director Milburn Lyddane
(b) Address 1217 Park Ave
DEC 4 - 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1943 at 5 29 M
21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1943 to Dec 2 1943 and that I last saw h. alive on Dec 2 1943
Immediate cause of death Acute Lobar Pneumonia
Due to Fulminating infection
Due to —
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations: —
of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —
23. Signature A. A. Hornstein M.D.
Address 733 Argyle St Date signed 12/3/43

VS 150

S 10837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. S 10837

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3004 Weaver Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3004 Weaver Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William F.C. Weber

3 (b) If veteran, name war: no

3 (c) Social Security Account No.

4. Sex: W | 5. Color or race: M | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louise R.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1885

8. AGE: Years 58 | Months 10 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Chocolate maker

11. Industry or business Von Lipp + Brown

FATHER
12. Name Unknown Weber
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Carl J. Weber
(b) Address 3126 Pembelview Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 7-43 (month) (day) (year)
(c) Cemetery or crematory Oakleaven
Location Eastern Ave Ext

18 (a) Funeral director Williams Leavock Inc
(b) Address 1217 St. Paul St Elliott Huntington-Williams, Inc.

19 DEC 4 1943 (b) Registrar
(Date rec'd by Local Reg.)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/3 1943 4:20 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Dwight B. McNally M.D. Medical Examiner.
Date signed 12/5/43.

VS 151

G 10838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. G 10838

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 446 E. Cross St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 446 E. Cross St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William F. English

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Emma V.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April-1884

8. AGE: Years 59 | Months 8 | Days 2 | If less than one day hr. min.

9. Birthplace Balto Co. Md.
(Town, county, and state)

10. Usual Occupation Carpenter
11. Industry or business Self

FATHER
12. Name English
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant Emma F. English
(b) Address 446 E. Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn, A.A.C.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St Paul St.

19 (a) DEC 4 1943 (Date received by Registrar) (b) Hunterton Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3. 1943, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 5 1943 to Dec 3 1943 and that I last saw h[er] alive on Dec 2 1943

Immediate cause of death Pulmonary Tuberculosis — Duration 1 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. D. Wheatley M. D.
Address 1229 Fulton N Date signed 12/3/43

WHEATLE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 5402

Registered No. G-10839

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital. 8-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 North Collington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur L. Primrose

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:

4. Sex: M | 5. Color or race: W | 6 (a) ~~Single, married, widowed, or~~ divorced: Divorced

6 (b) Name of ~~husband or~~ wife: Mildred

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 13th 1907

8. AGE: Years: 36 | Months: 0 | Days: 20 | If less than one day: hr. min.

9. Birthplace: Balto. Md.
(Town, county, and state)

10. Usual Occupation: Supervisor

11. Industry or business: Western Electric Co

FATHER — 12. Name: Harry P. Primrose
13. Birthplace: Boston Mass

MOTHER — 14. Maiden Name: Viola Forrace
15. Birthplace: Newark Del

16 (a) Informant: Harry J. Primrose
(b) Address: 3319 Parkham Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/6/43 (month) (day) (year)
(c) Cemetery or crematory: Balto.
Location: " Md.

18 (a) Funeral director: William Cook Inc
(b) Address: 1217 St. Paul St

19 (Date received by registrar) DEC 4 - 1943 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12-3 1943, at 1140 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1943, to Dec 3 1943 and that I last saw h alive on Dec 3 1943.

Immediate cause of death	Duration
Glioblastoma	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation: 12-27-43
Major findings of operation: Tumor as above.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Robert J. Kendle M. D.
Address: University Hospitals Date signed: 12-3-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

G 10840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10840 Registered No. 830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1432 N. Mount St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1432 N. Mount St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ada C. Talbe

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Fem. | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Washington Talbe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-1-78

8. AGE: Years 60 | Months 9 | Days 1 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Robert Diggs
13. Birthplace Virginia

MOTHER
14. Maiden Name Robinson
15. Birthplace Virginia

16 (a) Informant Ernie Talbe
(b) Address 1432 N. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location md

18 (a) Funeral director George L. Wilson
(b) Address 1303 Pennsylvania Ave

19 DEC 4 - 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-2- 1943, at 8:4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-12 1944, to 12-2-1943 and that I last saw h. alive on 12-1- 1943

Immediate cause of death Cerebral Hemorrhage — Duration 1 day

Due to

Due to

Other Conditions Hemiplegia — 2 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1432 N. Mount St (17) Date signed 12-6-43

VS 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0841 JL- 85179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 10841 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 14

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 13
(If outside city or town limits, write RURAL and give town)
(d) Street No. 422 Laurens St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Thomas

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Sallie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1881

8. AGE: Years	Months	Days	If less than one day
61	11	7	hr. min.

9. Birthplace S. C.
(Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name Green Thomas
13. Birthplace S. C.

MOTHER
14. Maiden Name Lizzie ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 12-4-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Pennsylvania Ave
Tentative for Williams, M.D.

DEC 4 1943
(Date rec'd by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/2 1943, at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1 1943, to 12/2 1943, and that I last saw him alive on 12/2 1943.

Immediate cause of death LOBAR PNEUMONIA — Duration 5 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Hattem M. D.
Address B.C.H. Date signed 12/3/43

10842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 10842 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3010 Guilford Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore Co.
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3010 Guilford Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Attwood Blunt

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	None	M	W.	Married

6 (b) Name of husband or wife Emily X Blunt
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Nov 12-1867

8. AGE: Years	Months	Days	If less than one day: hr.	min.
76	6	21		

9. Birthplace Harriet Md (Town, county and state)
10. Usual Occupation Retired
11. Industry or business Farmer

FATHER
12. Name Attwood Blunt Jr
13. Birthplace Washington D C

MOTHER
14. Maiden Name Amanda J. Elliott
15. Birthplace Md.

16 (a) Informant A. Pitcher Blunt
(b) Address 3010 Guilford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-7-1943 (month) (day) (year)
(c) Cemetery or cremetory Family Burying Ground
Location Harriet Md

18 (a) Funeral director Burgunder Bros
(b) Address 2334 N Charles St

19 DEC 4 - 1943 Huntington Williams M.D.
(Date rec'd by Registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3 1943 at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1943, to Dec. 3 1943, and that I last saw him alive on Nov 29 1943.

Immediate cause of death	Duration
Coronary occlusion	
Due to Arteric-sclerosis	
Myocardial degeneration	5 yrs.
Due to Age.	
Other Conditions Previous attack in August 1943 (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles A Bagwell M. D.
Address 3812 Greenmount Ave Date signed Dec 7, 1943

10843 BALTIMORE CITY HEALTH DEPARTMENT G 10843

CERTIFICATE OF DEATH 12 10 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1230 Argyle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1230 Argyle Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellen Bolling

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1878

8. AGE: Years 65 | Months 8 | Days 29 | If less than one day hr. min.

9. Birthplace Tappahannock Va. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Thomas Baynham
13. Birthplace Va.

MOTHER
14. Maiden Name Ellen ?
15. Birthplace Va.

16 (a) Informant Ellen Jones
(b) Address 1230 Argyle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location G. C. County Md.

18 (a) Funeral director Mrs. Robt A. Elliott & Douglas
(b) Address 429 N. Carey
Huntington Williams, Mgr.

DEC 4 1943 (Date received) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2 1943, at 7:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1943 to Dec 2 1943 and that I last saw h alive on Dec 2 1943

Immediate cause of death: Cardio-Vascular Renal Disease — Duration: Estimate

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles Wallace M. D.

Address 911 Harlem Ave Date signed 12/4/43

Every item of information should be carefully supplied; write the causes of death clearly and legibly.

~~0844~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 145F

G 10844 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 108 N. Patterson P'k Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 108 N. Patterson P'k Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edwin H. Orwig

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine Orwig
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Nov. 9, 1868

8. AGE: Years	Months	Days	If less than one day
75	0	23	....hr. ....min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation City Employee
11. Industry or business

FATHER
12. Name John A. Orwig
13. Birthplace Penna.

MOTHER
14. Maiden Name Mary Baker
15. Birthplace Don't Know

16 (a) Informant Mrs. Catherine Orwig
(b) Address 108 N. Patterson Park Ave.

17 (a) Burial (b) Date thereof 12/6/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate Md

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2006 Eutaw St

DEC 4 - 1943 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/2/1943, at M

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Coronary Thrombosis

Due to

Other Conditions Carcinoma Throat

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Dwight B. McNally M.D.
Medical Examiner.
Date signed 12/3/43.

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 10845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

C 10845 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 405 Gwynn Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 Gwynn Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Brown

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 12/8/56
8. AGE: Years 86 | Months 11 | Days 24 | If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Wm. G. Brown
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Mary Seider
15. Birthplace Balto. Co. Md.

16 (a) Informant Mrs. Edith M. Rice
(b) Address 405 Gwynn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemy.
Location Fred. Ave. Balto. Md.

18 (a) Funeral director Chas. O. Mitchell Funeral Inc
(b) Address 1900 Eutaw Place

DEC 4 - 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 2, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1943 to Dec 2 1943 and that I last saw h. alive on Dec 1 1943

Immediate cause of death: Intestinal Obstruction — Duration: 4 days
Due to: Carcinoma of Colon (Sigmoid) — Duration: 4 months
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elliot W. Johnson M. D.
Address 3432 Frederick Ave. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 10846

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 + Calvert
(c) Hospital or institution: Union Memorial 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore 7
(If outside city or town limits, write RURAL and give town)
(d) Street No. 556 Univ Parkway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marshall Pleasants Howard

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Mrs Marshall Howard
6 (c) If alive, give age 7 years

7. Birth date of deceased (mo., day, yr.) Oct 3 1865

8. AGE: Years	Months	Days	If less than one day
85	2	0	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business —

FATHER
12. Name Marshall Howard
13. Birthplace ~~Virginia~~ Md.

MOTHER
14. Maiden Name Annie McCeeney
15. Birthplace Maryland U.S.A.

16 (a) Informant Mrs Elizabeth R. Howard
(b) Address 556 W Hamilton Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6. 43 (month) (day) (year)
(c) Cemetery or crematory Mt Johns
Location Oliver Mount Co. Md

18 (a) Funeral director Robert O. Mitchell Sons
(b) Address 1200 Eutaw Place

19 (a) DEC 4 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 · 3 · 43 19 , at 6 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 29 1943 to Dec 3 1943, and that I last saw him alive on Dec 3 1943.

Immediate cause of death Cardiorespiratory failure — Duration —
Due to Arteriosclerotic Heart disease — Duration 7
Due to — Duration —
Other Conditions Generalized arteriosclerosis — Duration —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Warfield Jr. M. D.
Address 20 West Mon. Ave. Date signed 12-5-43

10847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. C 10847

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4702 Harford Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1539 N. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME NELLIE G. WARD

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: John T. Ward
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): March 8, 1864
8. AGE: Years 79 | Months 8 | Days 25 | If less than one day hr. min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: none
11. Industry or business

FATHER
12. Name -- Donohue
13. Birthplace Ireland

MOTHER
14. Maiden Name: Anna Owens
15. Birthplace: Ireland

16 (a) Informant: Mrs. Helen I. Ward
(b) Address: 1321 N. Troy St., Arlington, Va.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/43 (month) (day) (year)
(c) Cemetery or crematory: Cathedral Cem.
Location: Balto., Md.
18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.
19 (a) DEC 4 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/3/ 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 20 1943, to Dec 3 1943, and that I last saw her alive on Dec 2 1943.

Immediate cause of death: Terminal uremia — Duration: 3 days
Due to: Chronic myocarditis — Duration: ?
Due to: Generalized arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. V. Harbold, M.D.
Address 4206 Harford Road Date signed 12/4/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10848

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5310 Edmondson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2916 Walbrook Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LILLY HOGG

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John H. Hogg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1867

8. AGE: Years	Months	Days	If less than one day
75	11	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business --

FATHER
12. Name James Armstrong
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Elisa Ann Griffith
15. Birthplace A. A. Co., Md.

16 (a) Informant Mrs. Banjamin Dowell, Sister
(b) Address Halethorpe, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 DEC 4 1943 (b) Huntington Williams (Registrar)

VS 180

MEDICAL CERTIFICATION A.

20. DATE OF DEATH Dec. 2, 19 43 at 3:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1943 to Dec 2 1943; and that I last saw h[illegible] alive on Dec 1 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Arteriosclerosis	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Armstrong M. D.
Address [illegible] Date signed 12/3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10849

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4023 Kathland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4023 Kathland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT F. WOOTEN

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1868

8. AGE: Years	Months	Days	If less than one day
75	2	0	hr. min.

9. Birthplace N. Carolina
(Town, county, and state)
10. Usual Occupation reitred merchant
11. Industry or business

FATHER
12. Name John W. Wooten
13. Birthplace Fayetteville, N. C.

MOTHER
14. Maiden Name Elvira Foscue
15. Birthplace N. C.

16 (a) Informant Mrs. Constance Cromwell
(b) Address 4023 Kathland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

DEC 4 - 1943 (Date rec'd by Registrar) Huntington Williams Registrar

VB 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/3/43 19 , at 5A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15th 1942 to Dec 3rd 1943.
and that I last saw h me alive on Dec 2 19
Immediate cause of death Heart Failure
a
Due to arteriosclerosis & Hypertrophied Heart
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
1 year
3

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. E Poulton
Address 3904 Gamewell Blvd Date signed 12/3/43 M. D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 10850 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1302 Myrtle Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1302 Myrtle Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Pratt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race Col.

6 (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 53 Months Days If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name William Pratt
13. Birthplace Prince Georges Co.

MOTHER
14. Maiden Name Jones
15. Birthplace Prince Georges Co.

16 (a) Informant Ada Pratt
(b) Address 707 Harlem Ave,

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec 7 1943 (month) (day) (year)
(c) Cemetery or crematory Mt - Calvary Cem
Location Balto - Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

DEC 4 - 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3, 1943, at 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1943 to Dec 2 1943, and that I last saw him alive on Dec 2 1943.

Immediate cause of death: Lobar Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. Woolridge M. D.

Address 703 W. Lafayette Ave. Date signed 12-3-43

10851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170c

C 10851

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Henry Hospital 11-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D. 0 H.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 322 W. Preston St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Herbert Franklin

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER — 12. Name	Luellen Franklin
FATHER — 13. Birthplace	Va.
MOTHER — 14. Maiden Name	Polly Bibbs
MOTHER — 15. Birthplace	Va.

16 (a) Informant Lucy Timm
(b) Address Glasgow Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Md.

18 (a) Funeral director A. Boynton Hobbs
(b) Address 2 E. Lanvale St.

19 (a) DEC 4 - 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 1943, at 1:25 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Crushed pelvis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 10-1 P.
(a) Date of injury Nov. 30 1943 1110 A.M.
(b) Where did injury occur? Preston + Cameron Bldg. Industrial
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? Yes
(d) Means of injury Crushed between truck + platform

23. Signature Robert Lee Frahase M.D. Medical Examiner.
Date signed 11/30/43

10852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183w

Registered No. G 10852

Every item of information should be carefully supplied. Please write plainly, with unfading ink. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 710 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dorothea Le Gates

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Clayton Le Gated

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29, 1907

8. AGE: Years 36 | Months 8 | Days 4 | If less than one day hr. min.

9. Birthplace Easton, Md. (Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER
12. Name Charles Korte
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothea Awlhusen
15. Birthplace Germany

16 (a) Informant Mrs. Charles Korte
(b) Address Easton, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6, 1943 (month) (day) (year)
(c) Cemetery or crematory Springhill Cemetery
Location Easton, Md.

18 (a) Funeral director Stewart & Mowen Co.
(b) Address 108 W. North Ave, (W. P.) Baltimore, Md.

19 DEC 4 - 1943 (Date rec'd by Local Reg.) (b) Hunting for Haddaway, MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3 1943, at 1 15 P M

21. I certify that I took charge of the remains described above, held an partial autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Intra Cranial Hemorrhage, spontaneous

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert L. Gutman M.D. Medical Examiner.
Date signed Dec 4 1943

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10853

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4505 WALTHER AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 4505 WALTHER AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNA RITTER

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT. 12 1863

8. AGE: Years 80 | Months 1 | Days 20 | If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name John Ritter
13. Birthplace Germany

MOTHER
14. Maiden Name Adline Hotze
15. Birthplace Germany

16 (a) Informant HOWARD BURGERDING (NEPHEW)
(b) Address 4505 WALTHER AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 6/43 (month) (day) (year)
(c) Cemetery or crematory BALTIMORE
Location END OF EAST NORTH AVE.

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 DEC 1 - 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

AM.

20. DATE OF DEATH DEC. 2 1943, at 8/30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26 1943 to Dec 2 1943, and that I last saw HER alive on Dec 1 1943

Immediate cause of death: Hypertension Heart Disease — Duration: Indefinite

Due to:

Due to:

Other Conditions: Chronic nephritis

(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Dawson M.D.
Address 4808 Harford Rd. Date signed 12/4/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10854 Registered No. 469

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore-18 (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 South Robinson St. #24 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Anna PILACHOWSKI

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife JOHN J. PILACHOWSKI
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 2 1887

8. AGE: Years	Months	Days	If less than one day
56	2	29	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name GEORGE STADTER
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GERMANY

16 (a) Informant JOHN J. PILACHOWSKI (HUS.)
(b) Address 17 S. ROBINSON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 6/43 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilyard Giles INC.
(b) Address 403 S. WOLFE ST.

19 (a) DEC 4 1943 (Date received by city registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/1 1943, at 11 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1 1943 to 12/1 1943, and that I last saw h.er alive on 12/1 1943.

Immediate cause of death — Duration

Debabilation due to
Due to Cancer of the head of the panoreas.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr Hugit
Address 41 Jas Hop Date signed 12/4/43

10855 BALTIMORE CITY HEALTH DEPARTMENT C 10855

CERTIFICATE OF DEATH 94a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1456 Riverside Ave.
(c) Hospital or institution:

24

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1456 Riverside Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martin J. Ryan

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Adaline Ryan
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Jan. 14 1886

8. AGE: Years 57 | Months 10 | Days 17 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Police Officer
11. Industry or business

FATHER
12. Name Martin J. Ryan
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Flynn
15. Birthplace Balto. Md.

16 (a) Informant Mrs. M. J. Ryan
(b) Address 1456 Riverside Ave.

17 (a) Burial (b) Date thereof Dec. 6 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Adam Hill Cem.
Location Patuxent Highway

18 (a) Funeral director Fred A. Brandt Son
(b) Address 216 N. Charles St.

19 (a) Huntington Williams M.D.
(Date received by registrar) Registrar

DEC 4 1943
FB 181

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1, 1943, at 7 A. M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained
(Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Thrombosis

Due to Angina pectoris

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert L. Forbes M.D.
Medical Examiner.
Date signed Dec. 1 1943

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 107

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Provident Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1143 Fremont Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Doris Shelton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fe

5. Color or race Negro

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months 2 mo | Days | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Louis Williams
13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Odessa Mackey
15. Birthplace Deep Neck Md.

16 (a) Informant Odessa Mackey
(b) Address 1143 Fremont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4-43 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (Date received) DEC 4 1943 (b) Huntington Williams, M.D.

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-2 1943, at 7:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-2 1943, to 12-2 1943, and that I last saw h[illegible] alive on 12-2-1943.

Immediate cause of death	Duration
Pneumonia	
Due to (Bronchs)	(area)
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gilbert L. Banfield M. D.
Address Provident Hospital Date signed 12-4-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 a

G 10857 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2129 Hyltons Ave
(c) Hospital or institution: West Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2129 Hilton (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM SIGWART

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-03-6980

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Nancy E. Sigwart

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) 10/28/1878

8. AGE: Years	Months	Days	If less than 1 day, hr.	min.
65	01	3		

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Buffer finisher

11. Industry or business R. R. Co.

FATHER 12. Name Mary Sigwart

13. Birthplace Germany

MOTHER 14. Maiden Name Lena L

15. Birthplace Germany

16 (a) Informant Mary E. Sigwart

(b) Address 2129 Hilton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/43 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Location Baltimore Md

18 (a) Funeral director F. J. Kloppenheft Son

(b) Address 320 Eastern Ave

19 (a) DEC 4 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/1/43 19 at 2:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/18/43 19 to 12/1/43 19 and that I last saw him alive on 12/1/43 19

Immediate cause of death Cardiac failure — Duration

Due to Myocardial insufficiency Coronary occlusion

Due to Arteriosclerotic Cardio vascular renal disease

Other Conditions Pneumonia - broncho - secondary

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isadore Shrofsky M.D

Address 1 West Mount Vernon Place Date signed 12/2/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49a

Registered No. C 10858

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:
Greene - Lombard, 11 N
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 59 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 Westwood Apts (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME McKenna, Miss Elizabeth F. McKenna

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 6-1884

8. AGE: Years 59 | Months 7 | Days 27 | If less than one day hr. min.

9. Birthplace Mt. Clare N. J. (Town, county, and state)

10. Usual Occupation Stenographer

11. Industry or business Y. M. C. A.

FATHER
12. Name Frank J. McKenna
13. Birthplace New York

MOTHER
14. Maiden Name Anna E. Beckham
15. Birthplace Va

16 (a) Informant Mrs Lindsay A. McKenna
(b) Address 4195 Massachusetts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md

18 (a) Funeral director J. B. Wagner Son
(b) Address 1300 Eutaw Place

19 (a) DEC 1 1943 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3 1943, at 2.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1943 to Dec 3 1943, and that I last saw h.e alive on 12/3 1943

Immediate cause of death Cardiac failure — Duration

Due to Generalized carcinoma

Due to Carcinoma of ovary & metastasis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6/12/43

Major findings of operation Carcinoma of ovary & metastasis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Irvin H. Haugen M. D.
Address University Hospital Date signed 12/3/43

VS 180

Every item of information should be carefully supplied. Do not write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK. Even correct age is especially important. Physicians: please write

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 6-10859

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Lombard
(c) Hospital or institution:
DoA University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2526 Mc Henry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Scheller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Chas. Scheller

6 (c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) May 26, 1866

8. AGE: Years 77 | Months 6 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name alford H. Kroeger
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Chas Scheller
(b) Address 2526 Mc Henry, Stret

17 (a) Burial (b) Date thereof 12-6-43 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Towson

18 (a) Funeral director H. B. Wippert & Son
(b) Address 1300 Eutaw Place

19 (a) DEC 4 - 1943 (b) Huntington Williams M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/3 1943, at 12 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-vascular Disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McCaldin M.D. Medical Examiner.
Date signed 12/3/43.

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 192a

Registered No. G 10860

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 722 Ausquith St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 718 Ausquith St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Aurelia Moore

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race C. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Leroy Moore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10th 1883

8. AGE: Years 60 | Months - | Days 21 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Richard Washington

13. Birthplace Md

MOTHER 14. Maiden Name Josephine Simpson

15. Birthplace Md

16 (a) Informant Lillie Ellis

(b) Address 1429 E. Monument St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 4th 1943 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A. A. Co. Md.

18 (a) Funeral director Bufton Thomas K. Wright

(b) Address 720 Ausquith St

DEC 4 - 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-1 1943 at 2 00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5 1938 to 12-1 1943 and that I last saw her alive on 11-24 1943

Immediate cause of death: Hypertensive cardio-vascular disease

Due to: aortic insufficiency

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration
04 m
5 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rayner Browne

Address 150 E. Madison St Date signed 12/3/43 M.D.

C 10861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. C 10861

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3506 Auchentoroly Terr. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME THEODORE K. REMICK, Jr.

3 (b) If veteran, name war: --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife: --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 3, 1943

8. AGE: Years	Months	Days	If less than one day
--	3	1	hr. min.

9. Birthplace Framingham, Mass. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Theodore K. Remick, Sr.
13. Birthplace Mass.

MOTHER
14. Maiden Name Norma Shanghnessy
15. Birthplace Mass.

16 (a) Informant Mr. Theodore K. Remick, Sr.
(b) Address 3506 Auchentoroly Terr.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/4/43 (month) (day) (year)
(c) Cemetery or crematory St. Stephens
Location Farmingham, Mass.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

DEC 4 1943 (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4, 1943, at 5:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 3, 1943, to Dec 4 1943, and that I last saw h[illegible] alive on Dec. 4, 1943.

Immediate cause of death	Duration
Respiratory Failure	
Due to Pneumonia	6 hrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the followings
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Muennich M. D.
Address Sinai Hosp Date signed 12/4/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 10862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83B

Registered No. C 10862

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 N. Longwood St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 N.Longwood St., (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles William Townsend

3 (b) If veteran, name war
3 (c) Social Security Account No. 212-05-7121

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lulu A. Townsend
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1872

8. AGE: Years 71 | Months 4 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Clerk (Retired)
11. Industry or business Gas & Elec. Co.

FATHER
12. Name Charles W.Townsend
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary McCardell
15. Birthplace Ireland

16 (a) Informant Mrs. Lulu A. Townsend
(b) Address 2101 N.Longwood St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec.6,1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave. Balto., Md.

18 (a) Funeral director J. Howard Strong
(b) Address 3207 W.North Ave.,

DEC 4 - 1943
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 2, 1943, at 11.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 18th 1943 to Dec 2nd 1943 and that I last saw him alive on Dec 2nd 1943

Immediate cause of death: Heart Failure — Duration: 24 hrs

Due to: Congestion of Lungs — 1 week

Due to: Cerebral Embolism — 19 days

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. E. Poulton, M.D.
Address 3904 Garrison Blvd Date signed 12/4/43

VS 150

G 10863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G 10863

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 122 N. Castle St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 122 N. Castle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Black

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mable

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1915

8. AGE: Years 28 | Months | Days | If less than one day hr. min.

9. Birthplace Orangeburg, S.C.
(Town, county and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Black
13. Birthplace S. C.

MOTHER
14. Maiden Name Daisey Thompson
15. Birthplace S.C.

16 (a) Informant Hoyt. Black
(b) Address 122 n. Castle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/43 (month) (day) (year)

(c) Cemetery or crematory
Location Orangeburg, S. C.

18 (a) Funeral director Elbert W. Wilson
(b) Address 1000 Brad[illegible] Ave.

19 DEC 5 - 1943 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-3-43 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-29-1943 to 12-3-1943 and that I last saw he alive on 12/3 1943

Immediate cause of death Lobar Pneumonia — Duration 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jas. R. Blake

Address 1327-2 Central Date signed 12/4/43 M.D.

10864 BALTIMORE CITY HEALTH DEPARTMENT 10864

CERTIFICATE OF DEATH

1192a Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Balt.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3823 Callaway ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margery Dee Kappelman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1943

8. AGE: Years	Months	Days	If less than one day
		8 9	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Melvin Kappelman M.D.
13. Birthplace Balt.

MOTHER 14. Maiden Name Marie Bettler
15. Birthplace Balt

16 (a) Informant Dr. M. Kappelman
(b) Address 3823 Callaway Ave.

17 (a) Burial (b) Date thereof Dec 5/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Harlem Rosedale
Location Hamilton ave

18 (a) Funeral director SOL LEVINSON
(b) Address 1624-26 W North ave

Dec 5 1943
(Date rec'd by registrar) (b) Registrar

Huntington Williams, M.D.

VS 284

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4 1943, at 3 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 3 1943, to Nov. 4 1943, and that I last saw h[illegible] alive on Nov. 4 1943.

Immediate cause of death	Duration
Cardio-Respiratory Failure	
Due to Diarrhea Dehydration	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. R. Boyd M. D.
Address Mercy Hosp. Date signed 12/4/43

G 10865 — BALTIMORE CITY HEALTH DEPARTMENT — G 10865

CERTIFICATE OF DEATH 520

Registered No. _____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Rutland Ave.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) Gwynn Oak
(d) Street No. 6011 Gwynn Oak Ave. (If rural give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3 (a) FULL NAME Charles T. Kaiss

3 (b) If veteran, name war _____
3 (c) Social Security Account No. _____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Florence E. Kaiss
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) November 11, 1878

8. AGE: Years	Months	Days	If less than one day
65	-	22	____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Realtor- Builder
11. Industry or business Self

FATHER
12. Name John E. Kaiss
13. Birthplace Louisana

MOTHER
14. Maiden Name Mary Koehler
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Florence E. Kaiss
(b) Address 6011 Gwynn Oak Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6, 1943 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Essex, Md.

18 (a) Funeral director E. Wallis Lawrence
(b) Address 4510 Liberty Heights Ave.

19 (a) DEC 5 - 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/3/1943, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/20/1943 to 12/3/1943 and that I last saw h[illegible] alive on 12/3/1943.

Immediate cause of death	Duration
Pneumonia	
Due to Metastatic Carcinoma	
Due to Infiltrating Ca of Bladder	
Other Conditions Metastatic to Lungs, Bone, Liver, Spinal Cord	

(Include pregnancy within 3 months of death)
Date of operation Oct 19, 1943
Major findings of operation: Infiltrating Ca of Bladder
of autopsy: Ca of Bladder + Metastases

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____
(e) Means of injury _____

23. Signature J. H. Washington M. D.
Address Lewis Hosp. Date signed 12/3/43

G 10866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 10866

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2228 E Jefferson st

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2228 Jefferson St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs Fannie Ford

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife James T Ford

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15 1872

8. AGE: Years	Months	Days	If less than one day
71	6	19	hr. min.

9. Birthplace Fairmount Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Thomas Walston

13. Birthplace Fairmount Md

MOTHER

14. Maiden Name

15. Birthplace Fairmount Md

16 (a) Informant Eleanor Ford

(b) Address 2019 Ashland ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7 - 43 (month) (day) (year)

(c) Cemetery or crematory

Location Upper Fairmount Md

18 (a) Funeral director Frank H. Ripstone

(b) Address 2818 E. Balto St

DEC 5 - 1943 (Date received by Registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1943 at 12 M

21. I certify that death occurred on the date above, from the cause (s) stated, and attended deceased from Jan - 1943 to Dec 4 1943

and that I last saw her alive on Dec 4 1943

	Duration
Immediate cause of death Coronary Thrombosis	death
Due to Coronary atherosclerosis & chronic hypertension	10 Yrs. 6 Mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Mae L Stevens M.D.

Address 2007 E. Fath Date signed Dec 4/43

G 10857 — BALTIMORE CITY HEALTH DEPARTMENT — G 10857 Registered No.

CERTIFICATE OF DEATH 1937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 829 S. Paca Street
(c) Hospital or institution: 21
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 829 S. Paca Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICK MARTIN WAGNER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Annie Sophia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/31/69

8. AGE: Years	Months	Days	If less than one day
74	1	1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Baker
11. Industry or business Koester's Bakery

FATHER
12. Name Frederick Martin Wagner
13. Birthplace Germany

MOTHER
14. Maiden Name Hittle
15. Birthplace Germany

16 (a) Informant Joseph Frederick Wagner
(b) Address 829 S. Paca Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd., Baltimore Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) 1943 (Date received by registrar) (b) at Washington Hill Manor

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 2, 1943, at 10:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1943 to Dec. 2, 1943 and that I last saw him alive on Dec. 1, 1943

Immediate cause of death Myocarditis (chronic) — Duration 6 mos.
Due to Arteriosclerosis — 2
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene S. Pessagno M. D.
Address 514 DRURY LANE Dec. 4, 1943 Date signed

G 10868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 10868 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2117 Denison St.

(c) Hospital or institution: Crawford Retreat 4 4

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1247 Riverside Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Thomas Todd.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Anna Gertrude

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 24th 1882

8. AGE: Years	Months	Days	If less than one day
61	10	10	hr. min.

9. Birthplace Cecil County, Md. (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business Railroad (B+O)

FATHER
12. Name Louis Todd
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Abrams
15. Birthplace Maryland

16 (a) Informant Mrs. Anna G. Todd

(b) Address 1247 Riverside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/43 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Frederick Ave.

18 (a) Funeral director William M. Mareck

(b) Address 715 Light St.

(c) 5 DEC 1943 Huntington Williams (Date rec'd by registrar) (Signature of registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4th 1943, at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/14/1940 to Dec. 4, 1943, and that I last saw h.i.m. alive on 12/4/1943.

Immediate cause of death Hypertension Cardiac renal Disease.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. C. Friedman M.D.

Address 1319 Light St. Date signed 12/9/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 10869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1312

C 10869 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 343 S. Macon St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 343 S. Macon St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John P. McGrath

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Emma McGrath

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13-1865

8. AGE: Years 78 | Months 7 | Days 21 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Bar Tender

11. Industry or business

FATHER
12. Name McGrath
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Emma McGrath
(b) Address 343 S. Macon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6-43 (month) (day) (year)
(c) Cemetery or crematory Near Balto. National
Location Frederick Rd.

18 (a) Funeral director John L. Miller
(b) Address 2334 Jefferson St.

19 (a) DEC 5 1943 (Date received by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/3 1943, at 8:30 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 11/11 1943, to 12/3 1943, and that I last saw h[illegible] alive on 12/3 1943.

Immediate cause of death: Uraemia

Duration 10 hrs.

Due to Acute Dilitation of Heart

Due to Chronic Myocarditis

Other Conditions Nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh D. Leader

Address 332 S. Ballo St. Date signed 12/4/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55c

G 10870 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. - Rutland Ave
(c) Hospital or institution: Lemuel Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 16
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3406 Royce Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isaac Goldstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name —
13. Birthplace Russia

MOTHER
14. Maiden Name —
15. Birthplace Russia

16 (a) Informant Jennie Greenberg
(b) Address 2918 Wilman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-43 (month) (day) (year)
(c) Cemetery or crematory Adath Israel Sec
Location

18 (a) Funeral director Jos Levine Inc
(b) Address 1434 E. Balto St

DEC 5 - 1943 (Date rec'd by registrar)

(b) Huntington Williams Burial Co

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/28/ 1943 to 12/4/ 1943, and that I last saw h alive on 12/4/ 1943.

Immediate cause of death	Duration
Terminal Emphysema Cardiac Failure	
Due to Arteriosclerosis Cerebral Thrombosis	
Due to Ca of thyroid?	
Other Conditions Metastatic Ca Synovial cell, lung	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Washaman M.D.
Address Sinai Hospital Date signed 12/7/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 10871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 10871

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 968 N. Washington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 968 N. Washington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Irene Kiperts

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Harry Kiperts

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation At home wife

11. Industry or business

MOTHER / FATHER
12. Name Isaac Greenfeld
13. Birthplace Russia
14. Maiden Name Gertrude —
15. Birthplace Russia

16 (a) Informant David Kiperts
(b) Address 968 N. Washington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-43 (month) (day) (year)

(c) Cemetery or crematory Loudale
Location Phila. Rd - Franklyn Aves

18 (a) Funeral director Isaac Levine Inc
(b) Address 1439 E. Balto St

19 (a) Dec 5 1943 (Date received by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-5-43 19 45, at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1943 to Dec. 5 1943 and that I last saw h[illegible] alive on Dec. 4 1943

Immediate cause of death: Acute apnea bronchitis — Duration: 4 days

Due to:

Due to:

Other Conditions: Chronic myocarditis Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Linard Brill M. D.
Address 921 N. Washington St Date signed Dec. 6, 1943

G 10872 G 10872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No.

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31 Baker Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 T
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 31 Baker Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Scherr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years 41 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Seamstress

11. Industry or business

FATHER
12. Name Harris
13. Birthplace Russia

MOTHER
14. Maiden Name Mamie
15. Birthplace Russia

16 (a) Informant Henry Scherr
(b) Address

17 (a) Burial (b) Date thereof 12-5-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Rom
Location Phila Rd & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St.

19 (a) 12-4-1943 (b) Huntington Williamsport Pa.
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 1943, at 12:30 A.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute pulmonary edema

Due to Chronic myocardial degeneration

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert A. Gerhardt M.D.
Medical Examiner.
Date signed Dec 4 1943 (Med)

G 10873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10873

Registered No. 107

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. No. ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5 W. 25th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1943

8. AGE: Years | Months | Days: 9 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name W. Herbert White
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Grace T. Valliant
15. Birthplace Salisbury Md.

16 (a) Informant W. Herbert White
(b) Address 5 W. 25th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12.6.43. (month) (day) (year)
(c) Cemetery or crematory Springhill
Location Easton Md.

18 (a) Funeral director H. Howard Strong
(b) Address 3207 W. North Ave

DEC 5 - 1943
(Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5 1943, at 8:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 3 1943, to Dec. 5, 1943, and that I last saw her alive on dec. 5 1943

Immediate cause of death	Duration
Bronchopneumonia	3 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan E. Church M. D.
Address St. Joseph's Hospital signed 12-5-43.

C-10874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117a

Registered No. C-10874

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Fayette
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Y
(e) Length of stay in Baltimore (yrs., mos., or days) 73

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 22 Mallow Hill
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles William YENTNER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Marr

6 (b) Name of husband or wife Katharine V. Yentner
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) June 12-1870

8. AGE: Years	Months	Days	If less than one day
73	5	21	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Retired stevedore
11. Industry or business

FATHER
12. Name Wm Kuhn
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Kuhn
15. Birthplace Germany

16 (a) Informant Catherine Yentner
(b) Address 22 Mallow Hill Rd

17 (a) Burn (Burial, cremation, or removal) (b) Date thereof 12/6/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave

18 (a) Funeral director Geo. H. Kemptruch
(b) Address 1725 N. Eutaw St

19 Dec - 1943 (Date received by registrar) H. Hampton Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3 1943, at 11 45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/30 1943, to 12/3 1943, and that I last saw h alive on 12/3 1943.

Immediate cause of death: Perforated gastric ulcer with peritonitis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 11/30/43

Major findings of operation: Perforated gastric ulcer & peritonitis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. J. McKenrick
Address Md. Gen. Hosp. Date signed 12/3/43 (M/D)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 10875 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1503 Aisquith Street
(c) Hospital or institution: 9

(d) Length of stay in hospital or inst. (yrs., mos., or days) ####
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1503 Aisquith Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Estella M. Wilson

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: George F. Wilson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Sept. 30, 1880

8. AGE: Years	Months	Days	If less than one day
63	2	2	######## min.

9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Lawrence O'Brien
13. Birthplace: Baltimore Md.

MOTHER
14. Maiden Name: Amelia Potee
15. Birthplace: Baltimore Md.

16 (a) Informant: Mrs. Margaret Norwood (Daughter)
(b) Address: 1503 Aisquith Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 6, 1943 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cemetery
Location: Frederick Rd. Balto; Md.

18 (a) Funeral director: George J. Ruth, Inc.
(b) Address: 1755 Harford Avenue

19. Dec 5 1943 (Date received by registrar) Huntington Williams M.D.

V3 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 2nd 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/30 1943 to 12/2 1943, and that I last saw her alive on 12/2 1943

Immediate cause of death: Arteriosclerotic Cardio-Vascular Disease — Duration: 2

Due to: — Duration: 1

Due to: — Duration:

Other Conditions: — Duration:

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Joseph S. Blum
Address: 206 E. Preston St. Date signed: 12/5/43

C 10876

BALTIMORE CITY HEALTH DEPARTMENT X V

CERTIFICATE OF DEATH 47c

Registered No. C 10876

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fern + Lombard
(c) Hospital or institution Univ of Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Chester
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MR. HARVEY ROBERTS.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	M.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4 1879

8. AGE: Years	Months	Days	If less than one day
64	7	2	hr. min.

9. Birthplace Pa (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Thomas Roberts
13. Birthplace Pa

MOTHER
14. Maiden Name Annie
15. Birthplace Pa

16 (a) Informant Mrs Schaeffer Fern Ave
(b) Address Chester Pa

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 5/43 (month) (day) (year)
(c) Cemetery or crematory Lafayette M E.
Location Chester Pa

18 (a) Funeral director Phillips Sherwood Lloyd
(b) Address 2024 Orleans St

DEC 6 - 1943 (Date rec'd by Registrar) (b) Huntingdon Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3, 43 19 . at M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/8/43 19 , to 12/3/43 19 , and that I last saw him alive on Dec 3 19 .

Immediate cause of death Regenerating Ulcers — Duration
Due to Bulbergenic Cancer
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: 12/5/43

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. H. Sherwood Jr.
Address Ches. Pa. Date signed 12/4/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

G 10877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193

Registered No. G 10877

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 416 E. 20th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William T. Smith, Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar. 14-1931

8. AGE: Years	Months	Days	If less than one day
12	8	18	....hr. ....min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation School-boy

11. Industry or business

FATHER
12. Name Wm T. Smith, Sr.,
13. Birthplace Oklahoma

MOTHER
14. Maiden Name Harvey Sinai
15. Birthplace Arkansas

16 (a) Informant William T. Smith, Sr.,
(b) Address 416 E. 20th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6-1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Mary M Weedfield
(b) Address 301 E. 22nd St.

19 DEC 6 - 1943 (Date rec'd by registrar) Huntington Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-2- 1943, at 9.45 P M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Shock

Due to Electrical Burns

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: 20-2

(a) Date of injury 12-2-43 at 9.20 P. M.

(b) Where did injury occur? P.R.R. Yard - Franklin & Whitmore Sts.

(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No

(d) Means of injury Trolley wires Electrical Burns

23. Signature Howard P. Mercer M.D.
Medical Examiner.

Date signed 12-3-43

G 10878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 10878

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Kent
(c) City or town Betterton
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Laurie Hackett

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Power duties
11. Industry or business

FATHER
12. Name Willie Hackett
13. Birthplace Md

MOTHER
14. Maiden Name Alice Mouillon
15. Birthplace Kent Co. Md

16 (a) Informant Grace Hackett
(b) Address Betterton Md

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Dec 8/43 (month) (day) (year)
(c) Cemetery or crematory Still Pond
Location Still Pond Md

18 (a) Funeral director E. R. Wallace
(b) Address Still Pond Md

DEC 6 - 1943 Huntington Williams, M.D. Registrar
(Date rec'd) (Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/5 1943 at 1055 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/26 1943, to 12/5 1943, and that I last saw h[illegible] alive on 12/5 1943.

Immediate cause of death Carcinoma of sigmoid metastasis to regional lymphnodes — Duration

Due to — 5 days.

Due to

Other Conditions Terminal pulmonary embolism

(Include pregnancy within 3 months of death)
Date of operation 12-1-43.
Major findings of operation Carcinoma of sigmoid metastasis to regional lymphnodes.
Findings of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Wm. T. Mure, M. D.
Address St. Agnes' Hosp. Date signed 12/5/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

A 10879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X V 108

G 10879

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Especially important. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Sts
(c) Hospital or institution: South Baltimore Gen'l Hosp. 24-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Frederick
(c) City or Town Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. West Church (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Fred A. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex m. | 5. Color or race wh. | 6 (a) Single, married, widowed, or divorced. divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years 47 | Months | Days | If less than one day hr. min.

9. Birthplace FREDERICK, MD (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address Frederick Md

17 (a) (Burial, cremation, or removal) (b) Date thereof 12/8/43 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet,
Location Frederick Md

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick Md

DEC 6 - 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5, 1943, at 1.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 30 1943, to Dec 5, 1943, and that I last saw him alive on Dec 5, 1943

Immediate cause of death: Lobar pneumonia — Duration 8 Days

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles B. Mitchell M. D.

Address 1213 Light St Date signed 12-5-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10880 G 10880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Menessen (If outside city or town limits, write RURAL and give town)
(d) Street No. 217 Seneca St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Peter Lastok

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna Lastok

6 (c) If alive, give age: 34 years

7. Birth date of deceased (mo., day, yr.): 7-24-04

8. AGE: Years: 38 | Months: 4 | Days: 11 | If less than one day: hr. min.

9. Birthplace: Pa. (Town, county, and state)

10. Usual Occupation: Trainman

11. Industry or business

FATHER
12. Name: ? Lastok
13. Birthplace: Czech.

MOTHER
14. Maiden Name: Anna Loss
15. Birthplace: Czech.

16 (a) Informant: Record
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) removal (Burial, cremation, or removal) (b) Date thereof 12 6 43 (month) (day) (year)
(c) Cemetery or crematory: Menessen
Location: Penna.

18 (a) Funeral director: Philip Hernigou
(b) Address 2122 Orleans St

(a) DEC 6 - 1943 (Date received by Registrar) (b) Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/5/43 1943 at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/4 1943 to 12/5 1943. and that I last saw h.. alive on 12/5 1943

	Duration
Immediate cause of death: Coma Diab.	
Due to: Cancer of ureter Bladder	2yrs.
Due to: Metastases to Lungs Pyelonephritis - bilateral	
Other Conditions: Cystectomy 1/4/43 colostomy 10/4/43	

(Include pregnancy within 3 months of death)

Date of operation 10/4/43

Major findings of operation: Malad

X-ray burns of abd + groin

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: [illegible], M.D. M. D.

Address J. H. H. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10831 ✓ G 10831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1218

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2234 Sidney Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2234 Sidney Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Philip March

3 (b) If veteran, name war ~~1-14-01-8804~~ | 3 (c) Social Security Account No. ~~[illegible]~~

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife Martha March

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29th 1876

8. AGE: Years	Months	Days	If less than one day
67	1	5	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Steel Worker

FATHER
12. Name Philip Marck
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Caroline Hillen
15. Birthplace Germany

16 (a) Informant Martha March
(b) Address 2234 Sidney Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

DEC 6 - 1943 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4th 1943 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 8 1943 to Dec 4 1943.
and that I last saw him alive on Dec 4 1943

Immediate cause of death	Duration
Malignant Renal Disease	8 wks.
Due to Chronic nephritis	2 yrs.
Due to Bronchial pneumonia	1 hr 0
	4 wks.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R V Williams M.D.
Address 2307 Hallows Ave Date signed 12/6/43

VS 188

G 10882 ✓ G 10882

445211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 N Wolfe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Jordan

3 (b) If veteran, name war: W
3 (c) Social Security Account No. 5106

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife: Walter M

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-2-78

8. AGE: Years 65 | Months 0 | Days 3 | If less than one day: hr. min.

9. Birthplace MD. Baltimore (Town, county, and state)

10. Usual Occupation Seamstress

11. Industry or business Johns Hopkins

MOTHER / FATHER
12. Name JAMES OGORMAN
13. Birthplace MD
14. Maiden Name Rhenda Holburn
15. Birthplace Va

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12/7/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Fulton Lodge
(b) Address 1317 E Pratt St

DEC 6 - 1943 (Date rec'd.) (Signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5 1943 at 2:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26 1943 to Dec. 5 1943, and that I last saw her alive on Dec 5 1943.

	Duration
Immediate cause of death Shock	
Due to Hemorrhage at time of operation	
Due to (Cholecystectomy)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 12/4/43
Major findings of operation: Cholelithiasis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George Burch Jr M.D.
Address Johns Hopkins Hosp Date signed 12-5-43

VS 180

G 0883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G 0883

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7104 Harford Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 7104 Harford Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary P. Wilson

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ John Wilson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24th 1866

8. AGE: Years	Months	Days	If less than one day
77	9	9	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER
12. Name Heathia Parks
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Hankerson
15. Birthplace Md.

16 (a) Informant Sadie C. Brabham
(b) Address 7104 Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/43 (month) (day) (year)
(c) Cemetery or crematory Morland Park
Location Parkville Md.

18 (a) Funeral director William Cook Inc
(b) Address 627 St. Paul St

19 (a) DEC 6 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3rd 1943, at 3.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/8/1943 12/2/1943, and that I last saw h ~~er~~ alive on 12-2 1943.

Immediate cause of death Cerebral Hemmorhage — Duration 2 days
Due to Arteriosclerosis — unknown
Due to
Other Conditions ——
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. W. Montgomery M.D.
Address 401 E. 25th. St. Date signed 12/4/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 939

Registered No. G 10884

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [illegible] Fayette st
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-2
(e) Length of stay in Baltimore (yrs., mos., or days) 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 754 W. Fayette st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MA. MARION FREEMAN.

3 (b) If veteran, name war: N
3 (c) Social Security Account No. 246-07-6615

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3. 1880

8. AGE: Years	Months	Days	If less than one day: hr.	min.
63	7	1		

9. Birthplace Virginia (town, county, and state)
10. Usual Occupation Saleswoman
11. Industry or business

FATHER — 12. Name Walton Freeman
13. Birthplace Va

MOTHER — 14. Maiden Name Mary Hodges
15. Birthplace Va

16 (a) Informant Husband
(b) Address 25 Somerset Rd Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Wilson Lord Jr
(b) Address 1317 E Cont

DEC 6 — 1943 (Date received) (b) Registrar Huntington Willis Asst. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1943, at 8:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1943, to Dec 4 1943, and that I last saw h[illegible] alive on Dec 4 1943.

Immediate cause of death: Cardiac Failure & Decompensation
Due to: Arteriosclerotic Heart Disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature E. H. Stewart Jr.
Address 408 Riverlawn Ave. Date signed 12/4/43 M. D.

Un. Hosp.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G 10885

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution. Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 17 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 Argyle Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Shirley Ann Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1942

8. AGE: Years 1 | Months 17½ | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name David Jones
13. Birthplace md

MOTHER
14. Maiden Name Helen Hall
15. Birthplace md

16 (a) Informant Helen Jones
(b) Address 1214 argyle ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-43 (month) (day) (year)
(c) Cemetery or crematory Friendship md
Location md

18 (a) Funeral director George H. Pelton
(b) Address 1303 Pierstman St

DEC 6 - 1943 (Date rec'd by registrar)

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-4 1943, at 3 12 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 3 1943, to Dec. 4 1943, and that I last saw h.r alive on Dec 4 19 43.

Immediate cause of death Lobar Pneumonia — Duration Approx. 3 days

Due to

Due to

Other Conditions Rickets & Malnutrition

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. H. Banfower M.D.

Address Provident Hosp. Date signed 12/5/43

VS 150

G 10886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8/a ✓

Registered No. G 10886

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3-
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3414 Hickory Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Kathryne Catherine V. Mathews

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 27- 1943

8. AGE: Years — Months 4 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Murray K. Mathews

FATHER 13. Birthplace Virginia

MOTHER 14. Maiden Name Kathryne Brown

MOTHER 15. Birthplace Philadelphia Pa.

16 (a) Informant Myron K. Mathews

(b) Address 3414 Hickory Ave.

17 (a) Burial (b) Date thereof Dec 6-1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory N. Mary's (Hampden)

Location Baltimore Md.

18 (a) Funeral director Burgee Funeral Home

(b) Address 3131 Falls Road

DEC 7 1943

19 (a) ____ (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3 1943, at 2 40 P. M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Purulent Meningitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury ____ at ____ M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? ____ While at work? ____

(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.

Date signed Dec 4 1943

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10887
AB-84503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92c

G 10887 ✓

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 21
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 W. Barre St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Virgie Flester

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Separated

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3- 1890

8. AGE: Years	Months	Days	If less than one day
53	4	29	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Hawkins
13. Birthplace Md.

MOTHER
14. Maiden Name Emma Clagett
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 6th 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Single Interment

18 (a) Funeral director A. Jonas
(b) Address 111 S. Gilmor st

DEC 6 - 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/2 1943, at 5:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/29 1943, to 12/2 1943, and that I last saw h[illegible] alive on 12/2 1943.

Immediate cause of death	Duration
Pneumonia	
C.V. disease & M.F.	20 yrs.
& M.S. & A.F.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Langman M. D.
Address 18 S 14th Date signed 12/3

G 10833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 10888 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 rd St
(c) Hospital or institution: Union Memorial Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2802 Manhattan Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mr. Cyrus Waters Coe

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Mary Ellen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1861

8. AGE: Years 82 | Months 8 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Balto. Co., Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Banker

FATHER
12. Name William Coe
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Eliza Badders
15. Birthplace Balto. Co., Md.

16 (a) Informant Miss Margaret Coe
(b) Address 2802 Manhattan Ave.

17 (a) Burial (b) Date thereof 12/6/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto. Md. Huntington Terrace, Md.

19 (a) ____ (b) ____
(Date rec'd by registrar) Registrar

DEC 8 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-4-1943, at 12:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-26 1943, to 12-4 1943, and that I last saw h.e alive on 12-4 1943.

Immediate cause of death	Duration
Cardiac failure	
Due to Cerebro-vascular Hemorrhage	1 wk.
Due to Arteriosclerotic Hypertension Cardiovascular disease	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Herbst, Jr. M. D.

Address Union Memorial Hosp. Date signed 12-7-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 10889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. C 10889

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madeira St. + Linden ave
(c) Hospital or institution:
Maryland General
(d) Length of stay in hospital or inst. (~~years~~ days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Upperco
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rev. Charles V. VanDer Linden

3 (b) If veteran, name war --

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Matilda J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1883

8. AGE: Years 60 | Months 9 | Days 23 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Baptist Clergyman

11. Industry or business

FATHER
12. Name Albert Paul Van Der Linden
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Mary Lewis
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Matilda J. VanDer Linden
(b) Address Upperco, Balto. Co., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/43 (month) (day) (year)

(c) Cemetary or crematory Mt. Olivet Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Filed [illegible] 1943 (b) Registrar Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/3 1943, at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/29 1943 to 12/3 1943, and that I last saw ~~here~~ alive on 12/3 1943.

Immediate cause of death	Duration
Cardiac Failure	
Due to Coronary Heart Disease	
Due to	
Other Conditions Pleural effusion, left	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: -

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work?
(Specify type of place)
(e) Means of injury

23. Signature John D. Young Jr. M.D.
Address Md. Gen. Hosp. Date signed 12/3/43

G 10890 G 10890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da
(e) Length of stay in Baltimore (yrs., mos., or days) 26 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Rural, Granite
(If outside city or town limits, write RURAL and give town)
(d) Street No. None
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Stanley Zavirugha ZAVIRUGHA

3 (b) If veteran, name war — (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1880

8. AGE: Years	Months	Days	If less than one day
63	3	20	hr. min.

9. Birthplace Poland (Town, county and state)

10. Usual Occupation Blacksmith

11. Industry or business

FATHER
12. Name Michayle Zavirugha
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Szczepanick
15. Birthplace Poland

16 (a) Informant Stanley Zavirugha
(b) Address Granite, Md.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 9-43 (month) (day) (year)

(c) Cemetery or crematory St. Alphonsus
Location Granite Md

18 (a) Funeral director Bernard C Hasle
(b) Address 121 E West St

19 (a) DEC 6 - 1943 (Date received by Registrar) Huntington Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/6 1943, at 9:44 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 20 1943 to Dec. 5, 1943 and that I last saw h[illegible] alive on 12/5 1943.

Immediate cause of death Carcinoma of liver

Due to Biliary obstruction

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 11/11/43

Major findings of operation: Biliary obstruction

of autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Carl Myers M.D
Address Mercy Hospital Date signed 12/6/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10891 Registered No. 83a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5926 Kavon Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street 5926 Kavon Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John E. Fullenkamp
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Margaret M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 11, 1880

8. AGE: Years	Months	Days	If less than one day
63	1	22	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Metal Worker - Retired
11. Industry or business

FATHER
12. Name John Fullenkamp
13. Birthplace Baltimore

MOTHER
14. Maiden Name Teresa McCarthy
15. Birthplace Baltimore

16 (a) Informant Margaret M. Fullenkamp
(b) Address 5926 Kavon Ave

17 (a) Burial (b) Date thereof 12-6-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J Rusch
(b) Address 5305 Harford Rd

19 (a) (b)

DEC 6 - 1943 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 2 1943 to Dec 3 1943 and that I last saw h[illegible] alive on Dec 2 1943.

Immediate cause of death	Duration
Cerebral hemorrhage	10 days
Due to Arteriosclerosis	8 month
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A Lee Hichew M. D.
Address 4116 Northern Pkwy Date signed 12/4/43

A. LEE HICHEW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10892 Registered No. 181

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edmondson Ave
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto County
(c) City or town Halethorpe (If outside city or town limits, write RURAL and give town)
(d) Street No. 5604 Ashbourne Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME [redacted] Melvin Dorsey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Dora A Dorsey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-13-1909

8. AGE: Years 34 | Months 12 | Days 22 | If less than one day hr. min.

9. Birthplace Wicomico Co. Md. (Town, county, and state)

10. Usual Occupation Lab Helper

11. Industry or business Rustless Iron & Steel Co

FATHER
12. Name John J Dorsey
13. Birthplace Wicomico Co. Md.

MOTHER
14. Maiden Name Carrie E Young
15. Birthplace Baltimore Md

16 (a) Informant Mrs Dora A Dorsey
(b) Address 5604 Ashbourne Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Ave

18 (a) Funeral director Colbert I Hilly Jr
(b) Address 1616 Chester Street

19 (a) DEC 6 1943 (b) [illegible] Registrar
Date rec'd by reg. Washington for Williams, MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/4 1943, at 11:04 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/3 1943 to 12/4 1943; and that I last saw h/m alive on 12/4 1943.

Immediate cause of death: Respiratory failure

Due to: 2nd degree burns of about 80% body surface

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 26-4
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 12/3/43 at 10:30 A M
(c) Where did injury occur? 3400 E Clare St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? yes
(e) Means of injury molten slag spilled

23. Signature [illegible] M. D.
Address Univ. Hospital Date signed 12/5/43

For R Robt E Graham, by Howard J. Madden, MD

G 10393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164E

G 10393

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 205
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2601 Frederick Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MADGE D. BEVERAGE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 28, 1922

8. AGE: Years	Months	Days	If less than one day
21	7	3	hr. min.

9. Birthplace W. Va. (Town, county, and state)

10. Usual Occupation Waitress

11. Industry or business

FATHER
12. Name Howard W. Beverage
13. Birthplace W. Va.

MOTHER
14. Maiden Name Virgie Neff.
15. Birthplace W. Va.

16 (a) Informant Howard W. Beverage
(b) Address Rupert W. Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6. 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Mr. Mrs. John W. Teufel & Son
(b) Address 801 W. Fayette St

19 (a) DEC 6 - 1943 (Date rec'd by Local Registrar) (b) Signature of Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1st 1943, at 1:45 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH: Fracture of skull

Due to fall from high place

Other Conditions Mental dependency

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-27-43 at 1:27-15 M.
(b) Where did injury occur? 1300 blk Cold Spring Lane
(c) Did injury occur at home, on farm, industrial place, in public place? [illegible] While at work? [illegible]
(d) Means of injury fall from [illegible]

23. Signature H. L. Wattleworth M.D.
(Medical Examiner.)
Date signed 12-28-43

Please write plainly, with pencil or pen. Every item or information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

G 10894 ✓ G 10894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1310

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address: University Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days): 18 d
(e) Length of stay in Baltimore (yrs., mos., or days): 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 831 W. Fayette St. (If rural give location)
(e) Citizen of foreign country?: (Yes or No) If yes, name country:

3 (a) FULL NAME: MR. CHARLES J. SMITH

3 (b) If veteran, name war: World War I

3 (c) Social Security Account No.: 215-01-1361

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Clara L. Smith

6 (c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): June 17. 1897

8. AGE: Years: 46 | Months: 5 | Days: 18 | If less than one day: hr. min.

9. Birthplace: N. Y. City (Town, county and state)

10. Usual Occupation: Shop Worker

11. Industry or business: York Safe & Lock Co

FATHER
12. Name: Frederick Smith
13. Birthplace: N. Y.

MOTHER
14. Maiden Name: Bridget Barry
15. Birthplace: Ireland

16 (a) Informant: Clara L. Smith
(b) Address: 831 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 9. 1943 (month) (day) (year)
(c) Cemetery or crematory: Baltimore National
Location: City

18 (a) Funeral director: Mr. & Mrs. John W. Teufel & Son
(b) Address: 801 W. Fayette St

19 DEC 6 - 1943 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 5 1943, at 10:29 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1943, to Dec 5 1943, and that I last saw him alive on Dec 5 1943.

Immediate cause of death: Pachymeningitis externa & Infarct of

	Duration
Due to: T. B. C. V. D.	
Cardiac asthma &	
Due to: Decompensation	
Other Conditions: U. B. T.	
Pyelonephritis	

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?: (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?: (Specify type of place) While at work?:
(e) Means of injury:

23. Signature: E. H. Stewart Jr. M. D.
Address: Un. Hosp. Date signed: 12/5/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33B

C 10895 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504 S. Bentalou Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 5
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 S. Bentalou Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME William T. Hay

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No. 27-18-1602
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Margaret T. Hay
6 (c) If alive, give age 41 years
7. Birth date of deceased (mo., day, yr.) February 16 1896
8. AGE: Years 47 Months 9 Days 19 If less than one day hr. min.
9. Birthplace Adams, Tennessee (Town, county, and state)
10. Usual Occupation Marine Guard
11. Industry or business U.S. Ford & Company

FATHER
12. Name Thomas H Hay
13. Birthplace Tennessee

MOTHER
14. Maiden Name Unknown
15. Birthplace Tennessee

16 (a) Informant Margaret T. Hay
(b) Address 504 S. Bentalou Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-43 (month) (day) (year)
(c) Cemetery or crematory U.S. National Location Baltimore, Md.

18 (a) Funeral director Geo. W. Lehnert
(b) Address 2101 Fredrick Ave

19 (a) Filed DEC 6 1943 (b) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 1943. at 12 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 29 1943 to Dec 4 1943 and that I last saw him alive on Dec 4 1943.

Immediate cause of death: La Grippe
Acute Pleurisy.
Due to
Due to
Other Conditions Coronary Thrombosis Dec 4 '43
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert S. Leaguette M. D.
Address 1726 W Lombard Date signed 12/4/43

VS 180

G 10896 Roben ✓ G 10896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2913 Erdman Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2913 Erdman Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susanna Roben

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Wm H Roben
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 18, 1862

8. AGE: Years	Months	Days	If less than one day
81 80	4	15	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Ot Home
11. Industry or business

FATHER
12. Name Adam Haber
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Wm H Roben
(b) Address 2913 Erdman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6 - 43 (month) (day) (year)
(c) Cemetery or crematory Woodland Mems Park
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E. Oliver St Baltimore Md

19 (a) Dec 6 1943 Huntington for Williams (Date received by registrar) Registrar

VS 116

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/28 1943 to Dec 3 1943 and that I last saw h[illegible] alive on Dec 3 1943.

Immediate cause of death Cerebral Arteriosclerosis — Duration

Due to

Due to

Other Conditions Hypostatic Pneumonia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
(f) Signature Victor F Blake
Address 5703 Harford Rd Date signed 12/6/43

PLOEK

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10897 ✓ G-10897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2406 Loch Raven Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2406 Loch Raven Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Paca Sr

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-01-6226

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Bertie Paca

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) July 24, 1877

8. AGE: Years 66 | Months 4 | Days 11 10 | If less than one day hr. min.

9. Birthplace Williamston Del (Town, county, and state)

10. Usual Occupation Coal Salesman

11. Industry or business

FATHER
12. Name Albert H Paca
13. Birthplace Md

MOTHER
14. Maiden Name Drusilla Jaquette
15. Birthplace Md

16 (a) Informant Bertie Paca
(b) Address 2406 Loch Raven Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7, 1943 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E Oliver St Baltimore Md

19 (a) Dec 6 - 1943 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1943, at 5:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1943, to Dec 4 1943 and that I last saw h/im alive on Dec 3 1943.

Immediate cause of death: Uremia — Duration 5 days

Due to Chronic Interstitial Nephritis — 3 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Karl H Beeman M.D.
Address 5111 York Rd Date signed Dec 4 1943

VS 180

G 10898 ✓ G 10898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 41-8-0 24
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1461 Lanvale Street (If rural give location)
(e) Citizen of foreign country? Md (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth A. Edwards

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct - 1872

8. AGE: Years	Months	Days	If less than one day
71	—	—	hr. min.

9. Birthplace St. Marys County Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Mount Hope Retreat
(b) Address Baltimore 15, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-43 (month) (day) (year)
(c) Cemetery or crematory St. Johns Cemetery
Location Ellicott City, Maryland

18 (a) Funeral director Stewart Mortuary Co.
(b) Address 108 W. Mt. Ave.

19 (a) (b) Registrar

DEC 8 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 1943, at 7:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934, to Dec. 4 19..., and that I last saw h[illegible] alive on Dec. 4 1943.

Immediate cause of death	Duration
Coronary Thrombosis	1 Day
Due to	
Due to	
Other Conditions Overdominded	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 53 26 [illegible] Date signed

G 10899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

✓ G 10899 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
Johns Hopkins Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2127 E. North Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DER LAM

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Chinese	Married

6 (b) Name of husband or wife Unknown (in China)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace China
(Town, county, and state)
10. Usual Occupation Laundryman
11. Industry or business Laundry

FATHER
12. Name Der Bo
13. Birthplace China

MOTHER
14. Maiden Name Chin Shee
15. Birthplace China

16 (a) Informant Mr. James Wu
(b) Address 406 Park Avenue

17 (a) Burial (b) Date thereof Dec. -43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn

18 (a) Funeral director Stewart & Mooman Co
(b) Address 108 W. North Avenue.

19 DEC 6 - 1943 Huntington Williams
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6, 1943, at M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Cerebral hemorrhage, spontaneous.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Ruddock M.D.
Medical Examiner.
Date signed 12-6-43

G 10900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 10900

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3705 Fait Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3705 Fait Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Anna K. Kacher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Peter Kacher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1890

8. AGE: Years	Months	Days	If less than one day
52	11	8	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name John Vogler
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Minnie Klein
15. Birthplace Germany

16 (a) Informant Frederick Kacher
(b) Address 3705 Fait Ave.

17 (a) Burial (b) Date thereof 12/6/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) (b)
(Date recd by registrar) Registrar

DEC 6 - 1943

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 2nd 1943, at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1st 1943, to Dec. 2nd 1943, and that I last saw here alive on Dec. 2nd 1943.

Immediate cause of death	Duration
Lobar Pneumonia	5 days
Due to	
Due to	
Other Conditions Myocardial	Several years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank A. Glantz M.D.
Address 7 Wendover Road Date signed 12/5/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

G 10901 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4105 Mary Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-4
(e) Length of stay in Baltimore (yrs., mos., or days) 6 wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4105 Mary Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES J. SCHNEPF, SR.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary B. Schnepf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1894

8. AGE: Years	Months	Days	If less than one day
49	9	23	hr. min.

9. Birthplace Balto. Co., Md.
(Town, county, and state)
10. Usual Occupation Contract Carpenter
11. Industry or business Standard Oil Co.

FATHER
12. Name John Schnepf
13. Birthplace Germany

MOTHER
14. Maiden Name Priscilla ----
15. Birthplace Germany

16 (a) Informant Mrs. C. J. Schnepf, Sr.,
(b) Address 4105 Mary Ave.

17 (a) burial (b) Date thereof Dec. 6 1943.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto., Md.

18 (a) Funeral director Lazarus Funeral Home
(b) Address 7401 Belair Road

19 (a) Date filed Dec 6 1943 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4, 1943, at 3 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1943 to Dec 4 1943.
and that I last saw h[illegible] alive on Dec 4 1943.

Immediate cause of death
carcinoma of
Due to stomach
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
6 Mos

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward Benner M. Dr.
Address 1 W. Overlea Date signed 12/6/43

G 10902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G 10902

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE PLAINLY. WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Clark Hotel 1123 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence Webb

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-8892

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Daisy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1902

8. AGE: Years 41 | Months | Days | If less than one day hr. min.

9. Birthplace: D. C. (Town, county, and state)

10. Usual Occupation: Chef Cook

11. Industry or business: Bethlehem Sanfield ?

FATHER
12. Name
13. Birthplace D. C.

MOTHER
14. Maiden Name: Emma Webb
15. Birthplace D. C.

16 (a) Informant: Daisy Webb
(b) Address: 95 young St. Concord N. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/43 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary Cem.
Location: A. A. County Md

18 (a) Funeral director: Joseph [illegible]
(b) Address: [illegible]

19 (a) DEC 6 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1 1943, at 11:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Polycystic kidneys; Cardiac hypertrophy

Due to:

Other Conditions: Lobar pneumonia.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Manner of injury

23. Signature: Robert Lee Graham M.D. Medical Examiner.
Date signed December 1, 1943

VS 161

G 10903

BALTIMORE CITY HEALTH DEPARTMENT

AB-88211

CERTIFICATE OF DEATH 131a

Registered No. G 10903

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20min.
(e) Length of stay in Baltimore (yrs., mos., or days) 11 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1807 Park Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Purnell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Kellis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 6- 1916

8. AGE: Years 27 | Months 1 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Moore
13. Birthplace Va.

MOTHER
14. Maiden Name Florence ?
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Joseph L. Cook
(b) Address 1362 N. Central Ave

19 DEC 6 1943 (b) Huntington Wilkerson, M.D.
(Date rec'd by Local Reg.)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/3 1943, at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/3 1943, to 12/3 1943, and that I last saw h.e alive on 12/3 1943.

Immediate cause of death Uremia — Duration 2

Due to Essential Hypertension

Due to Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

Arteriolar Nephrosclerosis, Cardiac Hypertrophy

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Sergeant M.D.
Address BCH Date signed 12/4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10904

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. G 10904

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2215 Arrowfield Ave
(c) Hospital or institution: 4613 Park Hgts Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-4
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2018 N Fayette St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EDITH Horf NUSINOV (EDITH NUSINOV)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	WIDOWED

6 (b) Name of husband or wife MORRIS NUSINOV

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name MAYTEL
13. Birthplace Russia

MOTHER
14. Maiden Name RAHE
15. Birthplace Russia

16 (a) Informant CHARLES NUSINOV (Son)
(b) Address 2018 Fayette ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-43 (month) (day) (year)
(c) Cemetery or crematory MT CARMEL
Location O'DONNEL SP

18 (a) Funeral director JOS Levin Inc
(b) Address 1439 Balto St

19 DEC 6 - 1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5th 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1943 to Dec 5 1943, and that I last saw her alive on Dec 1943

Immediate cause of death Coronary Thrombosis — Duration: Hrs

Due to Coronary Arteries

Due to

Other Conditions Gallbladder

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice Jaffurel M. D.
Address 2215 Arrowfield Ave Date signed 12/6/43

VS 180

G 10905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 10905

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2215 Brookfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2215 Brookfield Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SADIE BOZEN

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Divorced

6 (b) Name of husband or wife Samuel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jacob Bozen
13. Birthplace Russia

MOTHER
14. Maiden Name Hannah ?
15. Birthplace Russia

16 (a) Informant Mrs. R. Halpern
(b) Address 4910 Pentridge Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-43 (month) (day) (year)
(c) Cemetery or crematory Pinedale
Location Phila. Rd. & Franklyn Ave

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Balto. St.

19 DEC 6 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5, 1943, at 10 30 A M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature T. J. Wollenweber M.D.
Asst. Medical Examiner.
Date signed 12-5-43

...Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10906 G 10906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1616 Moreland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Bala.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1616 Moreland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hyman Levine

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-12-6967

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sophie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER 12. Name Rose

13. Birthplace Russia

MOTHER 14. Maiden Name Not known

15. Birthplace Russia

16 (a) Informant Wife

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-43 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship
Location Balto & Conkelin Pk

18 (a) Funeral director Jack Davis Inc

(b) Address 1432 E. Baltimore

19 (a) Filed (Date) 1943 Huntington Williams, M.D. Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/5/43 19..., at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/15 1941 to 12/5 1943 and that I last saw h... alive on 12/1 1943

Immediate cause of death	Duration
(a) Acute Coronary Thrombosis	
Due to (b) Coronary Sclerosis	
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. A. Hornstein M. D.

Address 733 Lexington St. Date signed 12/6/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10907 ✓ C 10907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: University Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore 5
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2804 Reisterstown Road
(If rural give location)
(e) Citizen of foreign country? .....(Yes or No)
If yes, name country .....

3 (a) FULL NAME Everette, Junk (Everette Clinton Junk)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-12-5261

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Katherine Junk

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 22 - 1888

8. AGE: Years 54 | Months 11 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace Frederick Md
(Town, county, and state)

10. Usual Occupation Helper

11. Industry or business Balto Spring Co

FATHER
12. Name Julian Funk
13. Birthplace Frederick Md

MOTHER
14. Maiden Name Ellen Wilson
15. Birthplace Frederick Md

16 (a) Informant Katherine Funk
(b) Address 1310 W Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12- -43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Frederick Md

18 (a) Funeral director Robt L Brooks
(b) Address 1338 Hollins st

19 DEC 6 - 1943 Huntington Williams M.D.
(Date received by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 2 - 1943, at 4. oP M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH ..... Fractured skull

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12/2-43 at about 8 P M.
(b) Where did injury occur? ~~on street~~ above address
(c) Did injury occur at home, on farm, industrial place, in public place? ~~on street~~ Home While at work? no
(d) Means of injury Slipped and fell to floor

23. Signature Howard J Wellis M.D.
Medical Examiner.
Date signed 12/3/43

(Corrected by V-S.M.)

G 10908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 10908 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2501 E Oliver St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2501 E Oliver St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Dost

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John Dost

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Aug. 8. 1871

8. AGE: Years 72 | Months 3 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER 12. Name Carl Weber
13. Birthplace Germany

MOTHER 14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant John L Dost
(b) Address 2501 E Oliver St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director John C Miller Inc
(b) Address 443 E Oliver St

19 (a) ____ (Date rec'd by registrar) (b) Huntington Williams, M.D. Address

DEC 6 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-6-1943 at M

21. I certify that death occurred on the date above stated, that I attended deceased from 11-5-1943 to 12-6-1943 and that I last saw her alive on 12-6-1943

Immediate cause of death: (a) Myocarditis — Duration 1 hr.
Due to: (b) Cardiac Decompensation
Due to: (c) Senile Arteriosclerosis
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.
Address 20 N Wolfe St Date signed 12-6-43

G 10909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

✓ G 10909 Registered No.

MARGIN RESERVED. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 924 N. Central Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 924 N. Central Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marie Florence Babb

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 25 1890

8. AGE: Years 53 | Months - | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Johnson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Fisher
15. Birthplace Baltimore Md.

16 (a) Informant Bessie Forrest
(b) Address 924 N. Central Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/43 (months) (days) (years)
(c) Cemetery or crematory Forbutus Memorial Park
Location

18 (a) Funeral director Robert H. Young
(b) Address 804 N. Carrollton Ave

19 (a) DEC 6 - 1943 (Date) (b) Huntington Williams (By whom registered)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2 1943, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/11 1943 to 12-2 1943 and that I last saw h[illegible] alive on 12-2 1943.

Immediate cause of death: Hypertensive cardio-vascular disease — Duration: 5 yrs. 4 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rayner Browne M. D.
Address 1500 E. Madison St Date signed 12-4

VB 188

Rayner Browne

G 10910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10910 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 515 Orford Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 515 Orford Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bonnie Dixon

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4/11/43

8. AGE: Years	Months	Days	If less than one day
	7	22	hr. min.

9. Birthplace Balto. md.
(Town, county, and state)

10. Usual Occupation Infant.

11. Industry or business

FATHER 12. Name William H. Dixon
13. Birthplace md.

MOTHER 14. Maiden Name Sarah A. Braxton
15. Birthplace md.

16 (a) Informant Sarah A. Dixon
(b) Address 515 Orford st

17 (a) Burial (b) Date thereof 12/6/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a. a. County

18 (a) Funeral director A. Hubbard
(b) Address 91 & Druid Hill ave

19 (a) Dec 6 1943 Huntington Williams
(Date received by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-3- 1943, at 10:30 AM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Bronchopneumonia

Due to

Other Conditions Whooping Cough

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Wilkins M.D.
Medical Examiner.
Date signed 12-3-43

G 10911 ✓ G 10911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1315 Penn Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-2
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1310 Penn. Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Moses Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Middlesex Co. Va. (Town, county, and state)

10. Usual Occupation Odd age Laborer

11. Industry or business

FATHER
12. Name Moses Harris
13. Birthplace Va.

MOTHER
14. Maiden Name Eliza ?
15. Birthplace Va.

16 (a) Informant Mrs Ethel Lee
(b) Address 1023 Brant Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 (a) (Date rec'd by registrar) DEC 6 1943 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 2 – 1943, at 10:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 22 1941, to Dec 2 1943, and that I last saw h[illegible] alive on Nov. 22 1943

Immediate cause of death: Cerebral Hemorrhage — Duration: Aug 22 1941

Due to: Chr. myocarditis — 1941

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Byron M. D.

Address 1663 6 North St. Date signed 12/5/43

G 10912

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 10912 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Cold Spring Lane
(c) Hospital or institution: Elkins Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 m
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 W. Cold Spring (If rural give location) Lane
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm. C. Burkins.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 13, 1863

8. AGE: Years	Months	Days	If less than one day
80	3	21	hr. min.

9. Birthplace Bosto. Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Paper Hanger

FATHER
12. Name Wm. Burkins
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth A. Yeslthall
15. Birthplace Md.

16 (a) Informant Mrs. Olivia M. Bellow
(b) Address 2111 Garrison Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3701 Frederick Rd

18 (a) Funeral director Harry L. Nitzke
(b) Address 4101 Edmondson Ave

19 (a) Date rec'd by Reg. 12-6-1943 (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/4/43 19..., at 10:05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 31 1941, to Dec 4 1943, and that I last saw h... alive on Dec 3 1943.

Immediate cause of death (a) Chronic myocarditis — Duration

Due to

Due to

Other Conditions senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. M. Fitterman M. D.
Address 2324 Reisterstown Rd Date signed 12/6/43

10913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 10913 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution:
Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-3-17
(e) Length of stay in Baltimore (yrs., mos., or days) 9

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 321 S Gilmore Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mary Ann Deene

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Benjamin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/7/1890

8. AGE: Years	Months	Days	If less than one day
73	9	24	hr. min.

9. Birthplace Wexford, Ireland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Pierce Codd
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Ann Keough
15. Birthplace Ireland

16 (a) Informant Mount Hope Retreat
(b) Address Baltimore 15, Maryland

17 (a) Burial (b) Date thereof 12/7/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director Harry H. Wittle
(b) Address 710 E Lanvale Ave

19 (a) DEC 6 - 1943 (b) Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3, 1943, at 10 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 19 1942 to Dec 3 1943, and that I last saw her alive on Dec 3 1943.

	Duration
Immediate cause of death Repeated Coronary Thrombosis	2 Wks.
Due to Arteriosclerosis	
Due to	
Other Conditions Senile Dementia	16 Wks.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause for which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Tamsey P. Hayes M. D.
Address 3326 Eutaw Ave Date signed

G 10914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a ✓ Registered No. G 10914

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City or County Lyndon Ave. & Lake Drive.
(b) Street address Riviera Apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Riviere Apts. 901 Lake Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LEONARD J. MANN

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 9, 1871.

8. AGE: Years	Months	Days	If less than one day
71	11	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Salesman.
11. Industry or business

FATHER
12. Name Jacob Mann,
13. Birthplace Germany.

MOTHER
14. Maiden Name Mary Katzenstein,
15. Birthplace Germany.

16 (a) Informant Mr. A. Rosenburg,
(b) Address Riviera Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/43. (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom
Location Balto. Md.

18 (a) Funeral director Harris Levenson & Son
(b) Address 1902 Eutaw Place.

DEC 6 - 1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5th. 1943 at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1' 1927, to Dec 5' 1943 and that I last saw h.im alive on Dec 4' 1943.

Immediate cause of death — Duration
Congestive heart failure — Symptoms since May 1943
Due to Arteriosclerosis and myocarditis — 1927
Due to Arteriosclerosis — 1927
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis J. Rosenburg M.D.
Address 1207 Eutaw Place Date signed

VS 3

10915 HEALTH DEPARTMENT—CITY OF BALTIMORE 10915

CERTIFICATE OF DEATH

131a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4358 Parkside Dr. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ANTHONY ZINSER 2652 If U. S. Veteran specify WAR

(a) Residence: No. 4358 Parkside Drive Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	White	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) ANNIE M. ZINSER

6. DATE OF BIRTH (month, day, year) OCT. 19-1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ICE BUSINESS

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. OWNER. RETIRED

10. Date deceased last worked at this occupation (month and year) DEC 43

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) BALTO. MD

FATHER

13. NAME GEO. ZINSER

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME (?) Unknown

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT FAMILY

(Address) 4358 Parkside Dr.

18. BURIAL, CREMATION, OR REMOVAL

Place Park Heights Date 12/9/43

19. UNDERTAKER Chas. S. Schwinabart

(Address) 2601 E. Madison, Street

20. DEC 6 - 1943 Huntington-Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 5 , 1943.

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 , 1943, to Dec 5 , 1943

I last saw ~~him~~ alive on Dec 3 , 1943 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/5/43

Other contributory causes of importance:

Hypertension 3 yrs Renal-Vascular Disease

ARTERIO-and ARTERIOSCLEROSIS 2 1/2 yrs

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Frank G. Dudan M. D.

(Address) 4200 Sheldon Ave

VS 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 10916 KENNARD ✓ BALTIMORE CITY HEALTH DEPARTMENT 108 C 10916

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1304 Mayette Av
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt. 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1304 Mayette a
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Kennard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Gertrude Kennard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18, 1892

8. AGE: Years 51 | Months 7 | Days 15 | If less than one day hr. min.

9. Birthplace Balto, md. (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name George Kennard
13. Birthplace md.

MOTHER 14. Maiden Name Elizabeth C.
15. Birthplace md.

16 (a) Informant Gertrude Kennard
(b) Address 1304 Mayette a

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) DEC 6 - 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3 1943 at 2 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1943 to Dec 3 1943, and that I last saw h[illegible]ive on Dec 3 1943.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address 855 N Fremont Ave

G 10917 BROWN ✓ G 10917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1109 W Saratoga
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State M (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 W Saratoga St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Married

6 (b) Name of husband or wife William E. Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1895

8. AGE: Years	Months	Days	If less than one day
48	3	13	hr. min.

9. Birthplace Richmond Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER — 12. Name	Louis Piercy
FATHER — 13. Birthplace	Richmond Va
MOTHER — 14. Maiden Name	Elizabeth Walker
MOTHER — 15. Birthplace	Richmond Va

16 (a) Informant William Brown

(b) Address 1109 W. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6, 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion Cem

Location

18 (a) Funeral director Mrs Kate R Williams

(b) Address 322 N Schroeder St

19 DEC 6 - 1943 Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 7 1943 at 6:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 30 1943 to Dec 7 1943 and that I last saw h alive on Dec 7 1943

Immediate cause of death: Acute Pneumonia — Duration 7 dy

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Hooker

Address 1109 W Saratoga St Date signed 12-6-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

G 10918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 10918 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The spelling of names and correct age is especially important. Physicians: please write to the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2525 Ashton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2525 Ashton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MINNIE SHEETS.

3 (b) If veteran, name war None.
3 (c) Social Security Account No. None.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21 - 1874

8. AGE: Years 69 | Months 10 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housework.

11. Industry or business At home.

FATHER
12. Name David Sheets.
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Haines.
15. Birthplace Md.

16 (a) Informant Mrs. Geo. Ow.
(b) Address 743 Eddlewood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7. 43. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore - Md.

18 (a) Funeral director Charles J. Schaub
(b) Address 505 N. Monroe St.

DEC 6 1943 (Date received by registrar) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4. 1943, at 3.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2 1943 to Dec. 4 1943, and that I last saw h alive on 19

Immediate cause of death Bronchopneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 2030 Wilkens Ave. Date signed 12/6/43

G 10919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. G 10919

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 411 S. Smallwood St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 75

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 411 S. Smallwood St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY F. MULLER

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Wilhemia Muller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 186[illegible]

8. AGE: Years	Months	Days	If less than one day
75	1	8	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Soldering work
11. Industry or business Tinsmith Worker

FATHER
12. Name Frederick Muller
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhemia Ohle
15. Birthplace Germany

16 (a) Informant Mrs. Elvira Messersmith
(b) Address 913 Leeds Ave.

17 (a) Burial (b) Date thereof 12/7/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto., Md.

18 (a) Funeral director Charles J. Schwab.
(b) Address 1505 N. McCulloh St

19 (a) (Date rec'd by registrar) (b) Huntington Pittman (Date) M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4th 1943, at 1 05 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 12-5-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10920

Stock

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G 10920

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1101 Lafayette
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 W. Lafayette Av (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine Novak

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1874.

8. AGE: Years 69 | Months 9 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name John Novak
13. Birthplace Bohemia

MOTHER
14. Maiden Name Anna Hadan
15. Birthplace Bohemia

16 (a) Informant Frank Novak
(b) Address 1101 W. Lafayette Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Frank Brockdorf
(b) Address 9009 Chester St

DEC 6 - 1943

(b) Dr. Huntington Williams, M.D.

VS 110

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4, 1943, at 8.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 22 1943, to Dec 4 1943, and that I last saw her alive on Dec 4 1943.

Immediate cause of death	Duration
(a) Cerebral Thrombosis	1 mo
Due to (b) Arteriosclerosis	
Due to (c) Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fred Murphy M.D.
Address 1101 W. Lafayette Av Date signed 12-7-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1316

Registered No. G 10921

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2445 Francis St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2445 Francis St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Susie Spencer

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Isaac

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1864

8. AGE: Years 79 | Months 5 | Days 20 | If less than one day hr. min.

9. Birthplace St. Michaels, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Samuel Chaney
13. Birthplace St. Michaels, Md.

MOTHER
14. Maiden Name Mathilda Mansfield
15. Birthplace Baltimore, Md.

16 (a) Informant Anita Banks
(b) Address 2445 Francis St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-43 (month) (day) (year)

(c) Cemetery or crematory
Location St. Michaels, Md.

18 (a) Funeral director Mrs George H. Holland
(b) Address 1631 Druid Hill Ave.

DEC 6 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1943, to Dec 4 1943, and that I last saw her alive on Dec 4 1943

	Duration
Immediate cause of death Cerebral Hemorrhage	Months 21/43
Due to Chronic Nephritis	9 Mos
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Pettefairie M. D.
Address 417 Hamilton Ave. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓ Registered No. G 10922

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2205 Belham Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2205 Belham Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward G. Fick

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mary J. Fick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6th 1882

8. AGE: Years 61 | Months 5 | Days 29 | If less than one day hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Roofing contractor

11. Industry or business

FATHER
12. Name: Michael Fick
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Elizabeth Herr
15. Birthplace: Baltimore

16 (a) Informant: John Fick
(b) Address: Goodwood Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-43 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location

18 (a) Funeral director: Leonard J Rusk
(b) Address 5305 Harford Road
(c) Date received by Registrar DEC 6 - 1943 Huntington Williams M.D. Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-5-1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1942, to Dec 5 1943, and that I last saw h[illegible] alive on Dec 5 1943.

Immediate cause of death: Coronary Thrombus — Duration: Less than 24 hrs.
Due to:
Due to: Arterial Sclerosis — Duration: 10 years
Other Conditions: High blood pressure
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature: Ed F Cunningham
Address 9858 Harford Rd Baltimore 12 Md
Geo. R Fitzmaurice

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 10923 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital 29th
(d) Length of stay in hospital or inst. (yrs., mos., or days) Don
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2912 White Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DOUGLAS H. SHIFLETT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Josephine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-16-43 yrs

8. AGE: Years	Months	Days	If less than one day
39	11	19	hr. min.

9. Birthplace Harrisonburg Va
(Town, county, and state)

10. Usual Occupation U.S. Coast Guard
11. Industry or business

FATHER
12. Name Wm. H. Shiflet
13. Birthplace Va

MOTHER
14. Maiden Name Etta V. Chandler
15. Birthplace Va

16 (a) Informant Mrs Josephine Shiflet
(b) Address 2912 White Ave

17 (a) Burial (b) Date thereof 12-8-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Nat
Location

18 (a) Funeral director
(b) Address 5605 Harford Huntington Williams, Md

19 (a) DEC 6 1943 (b)
(Date rec'd by Local Registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 1943, at 5 10 AM

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 12-5-43

Spec.—6-9-19—M. P. Co.—1000 Blks.

10924

HEALTH DEPARTMENT—CITY OF BALTIMORE G 10924

CERTIFICATE OF DEATH. 13B

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1306 Gusryan St. ST.: WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Robert Lynn

(a) RESIDENCE. No. 1305 Gusryan ST. 26-6 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Matilda Linn

6 DATE OF BIRTH (month, day, and year) Aug. 30, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	3	7 6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Scranton
(State or country) Pa.

PARENTS

10 NAME OF FATHER Robert Lynn

11 BIRTHPLACE OF FATHER (city or town)
(State or country) England

12 MAIDEN NAME OF MOTHER Anna Sanderson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) England

14 Informant Mildred Vardell
(Address) 1305 Gusryan St.

15 Filed DEC 6 - 1943 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/6/43 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1943, to Dec 6, 19 43, that I last saw him alive on Dec 5, 19 43, and that death occurred, on the date stated above, at 4:20 A.M. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? X-Ray

(Signed) Dan'l R. Andrew, M. D.

, 19 (Address) Kimball's Pendelton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dunbar, Pa.	12/6/43 19
20 UNDERTAKER John M. Weber	ADDRESS 401 S. Chester St

INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

G 10925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

✓ G 10925 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 731 S. Linwood Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Russel Landon (SAMUEL RUSS LANDON / SAMUEL R. LANDON)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/5/1889

8. AGE: Years 54 | Months 5 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Conductor

11. Industry or business Railroad

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mathilda Koniecke
(b) Address 726 Yorkway Dundalk Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Ext.

18 (a) Funeral director Stephen J. Faulkner
(b) Address 1604 E. Kenwood Ave.

19 Filed DEC 6 1943 Huntington Williams, Registrar
Registered by reg.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4 1943, at 6:10 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec. 4, 1943

VS 151

G 10926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 77c

G 10926

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland (Southern Hotel)
(b) Street address Light & Redwood
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Y. (b) County
(c) City or town Bronx
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2910 Valentine ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William R. Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7th 1911

8. AGE: Years	Months	Days	If less than one day
32	7	26	hr. min.

9. Birthplace New York Bronx
(Town, county, and state)

10. Usual Occupation 2nd Engineer

11. Industry or business Merchant Service

FATHER
12. Name Wm E Lee
13. Birthplace New York

MOTHER
14. Maiden Name Helen Sullivan
15. Birthplace

16 (a) Informant Miss Lee
(b) Address 2910 Valentine Ave N.Y.

17 (a) Burial (b) Date thereof 12-7th 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Leo F. Legrand
(b) Address 1701-03 N. Patterson Park Ave

DEC 6 - 1943 (Date rec'd by Registrar) Victor Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3 1943, at 7 20 P M

21. I certify that I took charge of the remains described above, held an Inspection & Autopsy thereof, and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute cardiac dilatation

Due to Acute obstruction

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Fontaine M.D.
Medical Examiner.
Date signed Dec 4 1943

G 10927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

G 10927 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St
(c) Hospital or institution: Union Memorial Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 8
(e) Length of stay in Baltimore (yrs., mos., or days) 75 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 103 W. 27th St (If rural give location)
(e) Citizen of foreign country? ----- (Yes or No) If yes, name country -----

3 (a) FULL NAME MRS. ROSE CAFFREY (Rose Barrett Caffrey)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Mr. John Caffrey

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1867

8. AGE: Years 75 Months --- Days 10 If less than one day -- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business ----

FATHER
12. Name James J. Barrett
13. Birthplace Ireland

MOTHER
14. Maiden Name Anna M. Browne
15. Birthplace Maryland

16 (a) Informant John G. Barrett
(b) Address 307 Wyman Park Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Meares and Son
(b) Address 805 N. Calvert Street

19 (a) (Signature of local registrar) (b) Huntington Williams, M.D. Registrar

DEC 8 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-6-43 19 , at 3.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-19-43 19 , to 12-6 1943 , and that I last saw her alive on 12-6 1943

Immediate cause of death Cardiac failure

Due to Cardiosclerosis + Senility

Due to

Other Conditions Fracture of Rt. femur

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

	Duration
	7
	10-29-43

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Acc.
(b) Date of occurrence 10-29-43 at A M
(c) Where did injury occur? Baltimore (City or town) - at Union Memorial (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Hospital (Specify type of place) While at work? No
(e) Means of injury Pt. fell while getting into bed

23. Signature John A. Warfield, Jr. M. D.
Address Union Memorial Hosp. Date signed 12-6-43

Approved by Howard J. Andersen, Jr. M.D.

CAMALIER CAMALIER

G 10928 G 10928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 605 N. Kenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 605 N. Kenwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida May Camalier

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Geo. P. M.

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) May 11-1880

8. AGE: Years 63 | Months 6 | Days 23 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Julius Rotterous
13. Birthplace France

MOTHER
14. Maiden Name M. Sadler
15. Birthplace Balto - Md.

16 (a) Informant Mrs. M. Connelly
(b) Address 605 N. Kenwood Ave

17 (a) Burial (b) Date thereof Dec 7-43
(Burial, cremation, or removal) (Month) (day) (Year)

(c) Cemetery or crematory Western Cem
Location Edmondson Ave

18 (a) Funeral director John G. Nolan
(b) Address 5000 E. Balto St

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 6 - 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4/ 1943, at 8 20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to Dec 4 1943, and that I last saw h[illegible] alive on Dec 4 1943

Immediate cause of death: Cerebral Hemorrhage — Duration 1 hr 4/43

Due to: Arterio Sclerosis — 1940

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Rogers M.D.
Address 601 N. Kenwood Ave Date signed 12/5/43

G 10929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 10929 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 426 S. Smallwood St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 426 S. Smallwood St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louisa Friede

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Gustav Friede
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) October 15-1854

8. AGE: Years	Months	Days	If less than one day
89	1	19	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation
11. Industry or business —

FATHER
12. Name Henry Knowles
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Keiler
15. Birthplace Germany

16 (a) Informant Mrs. Ivy Scheller
(b) Address 426 S Smallwood St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12/5/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director F. J. Shippert & Son
(b) Address 1300 Eutaw Place

19 (a) Dec 6 1943 (Date received by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4th 1943, at 2 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 25 1943 to Dec 4 1943 and that I last saw her alive on Dec 4 1943

Immediate cause of death Bronchopneumonia — Duration 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller MD M. D.
Address 2030 Wilkens ave. Date signed 12/5/43

Huntington Williams, M.D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

G 10930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193

G 10930 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 913
(c) Hospital or institution: Mercy Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 317 S. Gilmor St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph E. Hemmings

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 26 1926

8. AGE: Years 17 | Months 5 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Machine Operator

11. Industry or business

FATHER
12. Name Charles T. Hemmings
13. Birthplace Baltimore

MOTHER
14. Maiden Name Margaret A. Kurtz
15. Birthplace Baltimore Md

16 (a) Informant Mr. Charles T. Hemmings
(b) Address 317 S. Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 9 1943 (month, day, year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Frederick A. Cole
(b) Address 1600 W. Lombard St

19 (a) DEC 6 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8 1943 at 7 55 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Electrocution

Due to

Other Conditions

(Include pregnancy within 3 months of death)

If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-7-43 at 1:35 P. M. 24-2
(b) Where did injury occur? Arctic Co., 1415 Key Hwy
(c) Did injury occur at home, on farm, industrial place, in public place? industrial While at work? yes
(d) Means of injury Electric shock from motor

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec 4 1943

VS 151

*Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT WITH PENCIL, WITH UNFADING INK.

G 10931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10931 93 D Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2022 W Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2022 W Fayette St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Conrad Yost

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Louisa W. Yost

6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1857

8. AGE: Years 85 | Months 11 | Days 3 | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Furniture finisher

11. Industry or business Retired

FATHER 12. Name John Yost

13. Birthplace Germany

MOTHER 14. Maiden Name Katherine Glauber

15. Birthplace Germany

16 (a) Informant Mrs Louisa Yost

(b) Address 2022 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6, 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Baltimore

18 (a) Funeral director Frederick Cox

(b) Address 1200 W Lombard St

19 (a) DEC 6 - 1943 (b) Huntington Williams M.D.

(Signature of registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 2 1943 at 1 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/30 1941 to 12/1 1943 and that I last saw him alive on 12/1/43 1943.

Immediate cause of death Myocarditis chronic — Duration ?

Due to Arteriosclerosis — ?

Due to — ?

Other Conditions Heart Block Chr Hypertrophic Arthritis

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence ... at ... M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Carey Rowland

Address 1311 W Lombard St Date signed 12/6/43 M. D.

G10932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930

Registered No. G10932

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1132 Pennsylvania Ave
(c) Hospital or institution: 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1132 Pennsylvania Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY E EVANS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Lilly F. Hendricks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 4 1869

8. AGE: Years 74 | Months 8 | Days 1 | If less than one day hr. min.

9. Birthplace Dorchester Co Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Caleb Riggs
13. Birthplace Md

MOTHER
14. Maiden Name Susan Keeler
15. Birthplace Md

16 (a) Informant Mr. Louis Evans
(b) Address Annapolis Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 8 43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Md

18 (a) Funeral director Phillips Funeral Home
(b) Address 4 to 10 Cathedral Street Balto Md

19 (a) Dec 9 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 1943, at 10 a M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 12-5-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G 10933

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1834 Byrd St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24-4
(e) Length of stay in Baltimore (yrs., mos., or days) 57

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1834 Byrd St
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia J. Zang

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: No F | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Adam Zang
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 4/1871

8. AGE: Years 72 | Months 5 | Days 1 | If less than one day: hr. min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Gunkel
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Margueen
15. Birthplace ~~1834 Byrd St~~ Germany

16 (a) Informant Mrs Lee. Ryan
(b) Address 1834 Byrd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 8/194 (month) (day) (year)
(c) Cemetery or crematory Cedar Park
Location A. A. Co.

18 (a) Funeral director A. Bayard Evans
(b) Address 1400 Bolton St

19 DEC 6 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 1943, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1943 to Dec 5 1943, and that I last saw her alive on Dec 5 1943.

Immediate cause of death: Diabetic Coma — Duration: 2 days
Due to: Diabetes Mellitus — Duration: Indef
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Campbell M. D.
Address 1644 Hanover Date signed 12/6/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 10934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

C 10934 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CALVERT & SARATOGA
(c) Hospital or institution: MERCY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 30 YEARS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 522 N. MOUNT ST. (If rural give location)
(e) Citizen of foreign country? NO — (Yes or No)
If yes, name country —

3 (a) FULL NAME MRS. LEOLA PARKER

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F. | 5. Color or race B. | 6 (a) Single, married, widowed, or divorced. WIDOWED MARRIED

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR 9, 1891

8. AGE: Years 52 | Months 8 | Days 26 | If less than one day — hr. — min.

9. Birthplace VIRGINIA. (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business —

FATHER
12. Name EDMOND HARRIS
13. Birthplace VIRGINIA

MOTHER
14. Maiden Name LUCY SPARKS
15. Birthplace VIRGINIA.

16 (a) Informant RECORD
(b) Address MERCY HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7, 1943 (month) (day) (year)
(c) Cemetery or crematory Mount Tom
Location Baltimore County

18 (a) Funeral director Joseph A. Pigsley
(b) Address 1600 E. Mount St. Huntington Williams, M.D. Registrar

Dec 6 1943 (Date rec'd by registrar)

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1943 at 3:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1, 1943 to Dec 4 1943, and that I last saw h.. alive on Dec 4 1943.

Immediate cause of death	Duration
RESPIRATORY FAILURE	2
Due to INFLUENZAL MENINGITIS.	
Due to	
Other Conditions PNEUMONIA. DIABETES MELLITUS. (Include pregnancy within 3 months of death)	

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ferdinand Wagner Lee M. D.
Address MERCY H.S.P. Date signed 12/4/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 16935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122B

Registered No. G 16935

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 914 FELL STREET. (If rural give location) 3
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME THEODORE ZIENTAK (THEODORE ZIENTAK)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-14-2301

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	W	WIDOWED

6 (b) Name of husband or wife MARYANNA

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12-9-83

8. AGE: Years	Months	Days	If less than one day
59	11	25	hr. min.

9. Birthplace GERMANY (Town, county, and state)

10. Usual Occupation CARPENTER

11. Industry or business

FATHER
12. Name John Zientak
13. Birthplace Germany.

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Madeline Zientak
(b) Address 914 Fell Street

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/7/43 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road.

18 (a) Funeral director M. J. Sadowski Sons.
(b) Address 1844 E. Fayette St. Baltimore, Md.

19 (a) DEC 6 - 1943 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-4 1943, at 2:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-9 1943, to 12-4 1943, and that I last saw h(im) alive on 12-4 1943.

Immediate cause of death Paralysis Uremia — Duration 5 Days

Due to

Due to

Other Conditions Bron. Nephr. Prostate — 2 Yrs ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations BPH.

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Wallace Walker M.D.
Address 422 Med. Arts Bldg.

W. WALLACE WALKER

VS 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G 10936

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1215 Etting Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 Etting Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Zuleska Hite

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widow

6 (b) Name of husband or wife James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/30/1870

8. AGE: Years	Months	Days	If less than one day
73	5	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Robt. J. Williams
13. Birthplace Md.

MOTHER
14. Maiden Name Maria L. Harriday
15. Birthplace Md.

16 (a) Informant Alda Bundy (Niece)
(b) Address 1217 Etting St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 512 N. Carrollton Ave.

DEC 6 - 1943 (Date rec'd by local registrar) (b) Huntington Williamsburg, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/3/ 1943, at 1:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 10 1943 to Dec 3 1943 and that I last saw h[illegible] alive on Dec 1 1943

Immediate cause of death Angina Pectoris Arteriosclerosis — Duration

Due to Infirmities of age

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Loyd S Hawkins M. D.
Address 1501 Druid Hill Ave Date signed 12-6-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

Registered No. G 10937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lelland Ave & Ho
(c) Hospital or institution:
Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2113 Homewood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William F. Messenger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) 11/13/1925

8. AGE: Years 18 | Months — | Days 25 | If less than one day ——— hr. ——— min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Helper School

11. Industry or business

FATHER 12. Name Emmet L. Messenger

13. Birthplace Md.

MOTHER 14. Maiden Name Effie F. Ensley

15. Birthplace Md.

16 (a) Informant Effie F. Ensley

(b) Address 1 W. Fairmount

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 12/6/43 (month) (day) (year)

(c) Cemetery or crematory

Location Mt. Fairmount

18 (a) Funeral director F. D. Wightman & Son

(b) Address 1420 Eutaw Place

DEC 6 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6 1943, at 10:45 A M

21. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of Skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury December 5, 1943 7:00 P.M. 22-10

(b) Where did injury occur? York Rd and Radnor Line

(c) Did injury occur at home, on farm, industrial place, in public place? Public place While at work? No

(d) Means of injury: Car hit pedestrian

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed Dec. 6, 1943

G 10938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G 10938
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2832 Winchester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2832 Winchester St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

7

3 (a) FULL NAME Frederick W. Fox

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Alice W. nee Mc Anemy 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21, 1880

8. AGE: Years	Months	Days	If less than one day
63	6	12	hr. min.

9. Birthplace Reedysville, Md
(Town, county, and state)
10. Usual Occupation Telegrapher
11. Industry or business B. & O. R.R.

FATHER
12. Name Louis Fox
13. Birthplace Md

MOTHER
14. Maiden Name Ellen Rumamaker
15. Birthplace Md

16 (a) Informant Mrs. Alice W. Fox
(b) Address 2832 Winchester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/43 (month) (day) (year)
(c) Cemetery or crematory Bonsboro
Location Bonsboro, Md.

18 (a) Funeral director Harry H. Nitske
(b) Address 4104 E. Monument Ave

19 DEC 6 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/3/43 19 at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1943 to Dec 3 1943 and that I last saw h[illegible] alive on Dec 3 1943.

	Duration
Immediate cause of death Carcinoma of Breast	15 mo
Due to	
Due to Malignant Cachexia	✓
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation ✓
Major findings of operations: ✓
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address 19 Cathedral Date signed 12/6/43

Baltimore City — MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

61

G 10939

Reg. Dist. No. 31

10939

1. PLACE OF DEATH:
County 523 Overdale Rd
City or town Towson Hills
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) Life
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 523 Overdale Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3.(a) FULL NAME Emma Burgess Ehlers

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	Divorced

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1872

8. AGE: Years	Months	Days	If less than one day
71	6	4	hrs. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual occupation H. W.
11. Industry or business

FATHER
12. Name Burgess
13. Birthplace Balto. Md.

MOTHER
14. Maiden name Bull
15. Birthplace Md.

16. Informant Justus E. Ehlers
Address 36 Burke Ave. Towson

17. Burial Date thereof 12/7/43
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18. Funeral director Harry H. Weitzle
Address 4101 Edmondson Ave.

19. DEC 6 1943 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4, 1943, at M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 1939, to Dec 4 1943, and that I last saw h[illegible] alive on Dec 3 1943.

Immediate cause of death Uremic Coma — DURATION

(a)
Due to Chronic Nephritis
Due to
Other conditions Diabetes, arterial hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wm. E. Martin M. D. or other
Address Randallstown Date signed 12/5/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 C 10940 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5400 Clown Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL TRINGALI

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of ~~husband or~~ wife: Jennie Tringali
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar 5th 1878
8. AGE: Years 65 | Months 9 | Days 1 | If less than one day hr. min.
9. Birthplace Italy (town, county, and state)
10. Usual Occupation Dealer
11. Industry or business Fruit

FATHER
12. Name Louis Tringali
13. Birthplace Italy

MOTHER
14. Maiden Name Francis De Agusta
15. Birthplace Italy

16 (a) Informant Mells Tringali
(b) Address 2110 W. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 621 St. Paul St.

19 DEC 7 - 1943 (Date rec'd by registrar) Huntington Williams, Registrar

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/6/43 19 , at 1:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/20/43 19 to 12/6/43 19 and that I last saw deceased alive on 12/6 19 43.

Immediate cause of death: Respiratory failure — Duration

Due to: Bronchopneumonia primary

Due to:

Other Conditions: Possible TBC of Lungs. (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene Abercrombie M.D.
Address West Balto. Sta. Md. Date signed 12/6/43

G 10941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a ✓

Registered No. G 10941

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4806 Keswick Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3215 Angora Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Angora Beatty McConnell

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife. Charles H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1861

8. AGE: Years	Months	Days	If less than one day
82	9	29	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Beatty
13. Birthplace Ireland

MOTHER
14. Maiden Name Susan Moore
15. Birthplace Ireland

16 (a) Informant Dorothy McConnell
(b) Address 3213 Fringe Lane

17 (a) Burial (b) Date thereof 12/7/43
(Burial, ~~cremation~~, or removal) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (Date rec'd by registrar) DEC 7 - 1943 (Registrar) Huntington Williams M.D.

VR 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5, 1943, at 4:45 P.M.

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Henry L. Wollenweber, M.D. M.D.
Medical Examiner.
Date signed 12-5-43

Signed by Howard J. Mullen, M.D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10912

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940

G 10912 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 738 E. 30th St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LEWIS W. PACKHAM

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:
4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife:
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 1882
8. AGE: Years 64 | Months 5 | Days 18 | If less than one day hr. min.
9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Book Binder
11. Industry or business Lord Balto. Press
FATHER 12. Name Lewis F. Packham
13. Birthplace Maryland
MOTHER 14. Maiden Name Unknown
15. Birthplace Maryland
16 (a) Informant Lewis Packham
(b) Address 152 Homestead Street
17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12/8/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Md.
18 (a) Funeral director William Cook Inc
(b) Address 127 St Paul St
19 (a) DEC 7 - 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 1943, at 3 22 M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ causes of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H Z Wollammeier M.D.
for Medical Examiner.
Date signed 12-5-43

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 24668 10943

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3624 Edmondson Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3624 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pauline Hartung

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow.

6 (b) Name of husband or wife: Henry Hartung Sr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 12 1857

8. AGE: Years 86 | Months 8 | Days 23 | If less than one day hr. min.

9. Birthplace: New York (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: Unknown Hagen
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Caroline Unknown
15. Birthplace: Unknown

16 (a) Informant: Henry Hartung Jr
(b) Address: 3624 Edmondson Ave

17 (a) Burial: (b) Date thereof: 12/8/43 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Baltimore Co Md

18 (a) Funeral director: Kelly & Son
(b) Address: 1217 E Cold St

19 DEC 7 - 1943 (Date rec'd by registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 5 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 10 1943 to Dec 5 1943, and that I last saw h- alive on Dec 4 1943

Immediate cause of death: Mit Regurg

Due to: Pulmonary Edema

Due to: Mitral Regurg

Other Conditions: Hypertrophic Cardiosclerosis

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Edgar Block M. D.
Address: 705 E Preston Date signed: 12/6/43

G 10914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 10914 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Gilman Apts. 31st & Calvert sts
(c) Hospital or institution:
no

(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore - Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. Calvert & 31st sts - (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

2-02

3 (a) FULL NAME Annie Hopkins Whitelock

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: wh. | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife George D. Whitelock
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-25-1854

8. AGE: Years 89 | Months 7 | Days 10 | If less than one day hr. min.

9. Birthplace Darlington, Harford Co. Maryland (Town, county, and state)
10. Usual Occupation none - house wife
11. Industry or business none.

FATHER
12. Name Henry Worthington Hopkins
13. Birthplace Darlington-Md.

MOTHER
14. Maiden Name Mary Elizabeth Dagg.
15. Birthplace Darlington-Md.

16 (a) Informant Marjory Whitelock
(b) Address Gilman Apts-Balto. Md.

17 (a) Darlington, Md. (Burial, cremation, or removal) (b) Date thereof Dec 7 1943 (month) (day) (year)
(c) Cemetery or crematory Darlington, Md
Location Darlington Md

18 (a) Funeral director Hegerty Worthington & Sons
(b) Address McCulloh & Eichelberger

DEC 7 - 1943 (Date rec'd) Worthington Williamson

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/5/43 19..., at 2:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/5/43 19... to 12/5/43 19..., and that I last saw h. or alive on 12/4/43 19...

Immediate cause of death: Myocarditis, chronic — Duration: 1 yrs.
Due to:
Due to:
Other Conditions: Senility. And C-V-R disease
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
(f) Signature Edwin E Jarrell M. D.
Address 11 E. Chase St., City Date signed 12/6/43

Spec.—8-24-14—M. & T.—2000 Bks.

G 10945

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 10945

CERTIFICATE OF DEATH.

926
7-02

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 N. Port ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Josephine Russo

(Residence in Baltimore: No. 519 N. Port St. St.; 23 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, February 20, 1885
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
58 yrs. 10 mos. 15 ds.	....hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Salvatore Russo

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER Not known.

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. John Russo

(Address) 519 N. Port St

15- DEC 7 - 1943 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 5, 1943
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 20 1943 to Dec 5 1943 that I saw her alive on Dec 3 1943, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency, myocardial degeneration, arteriosclerosis

Cardiac dilatation

(Duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) P. O. Settlemeyer M. D.

Dec 5, 1943 (Address) 600 Baltimore Towson, Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	12-9, 1943
20-UNDERTAKER Philip Henry Lore	ADDRESS 2024 Orleans St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10946 G 10946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137e

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette Sts.
(c) Hospital or institution: Franklin Square Hosp. 2504
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 941 Mayadon Court Mayadon Ext (If rural give location) Brooklyn
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby boy Boggs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-1-43

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name James

13. Birthplace

MOTHER 14. Maiden Name Garnett Reed

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL DEC 6 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 DEC 7 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-3- 1943, at 4-20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-1- 1943, to 12-3-1943 and that I last saw h alive on 12-3-1943.

Immediate cause of death	Duration
Congenital heart disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel A. Ochsner M. D.

Address 203 Baldwin Date signed

10550

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. G 10917

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1809 N. Caroline St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
8-05
(d) Street No. 1809 N. Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella D. Albert

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8 1861

8. AGE: Years	Months	Days	If less than one day
82	3	26	hr. min.

9. Birthplace Baltimore, Co. Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business Housewife

FATHER
12. Name George R. Royston
13. Birthplace Baltimore, Co. Md.

MOTHER
14. Maiden Name Eliza Wilson
15. Birthplace Lancaster Co. Pa.

16 (a) Informant Mr. Charles W. Albert
(b) Address 1809 N. Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7, 1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pennsylvania Aves.

19 (a) DEC 7 - 1943 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4th 1943, at 3:16 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 to Dec. 4 1943 and that I last saw h[er] alive on Dec. 4 1943

Immediate cause of death Coronary thrombosis — Duration 3 hrs

Due to Arteriosclerotic Cardiovascular disease — years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Stranger, M.D.
Address 1402 E. Lanvale St. Date signed 12-6-43 M. D.

Huntington Williams, M.D.

G 10918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 10918 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1533 N. Bond St
(c) Hospital or institution: 8-06
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1533 N. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katie C. Bryan

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: J. Franklin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1877

8. AGE: Years 66 | Months 4 | Days 11 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James A. Coulbert
13. Birthplace Va.

MOTHER
14. Maiden Name Mary A. Bedout
15. Birthplace Va.

16 (a) Informant Rev. J. Franklin Bryan
(b) Address 1533 N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7 1943 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn Md.

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pennsylvania Aves.

19 (a) DEC 7 - 1943 (Date filed by registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4th 1943, at 5:45PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1st 1943, to Dec 4th 1943, and that I last saw h[illegible] alive on Dec 4th 1943.

Immediate cause of death: Coronary Occlusion — Duration: 1 day
Due to: Acute Dilatation of Heart — Duration: 1 day
Due to: Hypertension & Cerebral Hemorrhage — Duration: 1 year
Due to: — Duration: 6 years
Other Conditions — Duration:

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. F. Coulbert M. D.
Address 1306 N. Calvert Date signed Dec 6/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 Ca

G 10949 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3127 Dudley Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3127 Dudley Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kina Koester

3 (b) If veteran, name war: ---
3 (c) Social Security Account No. ----

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Herman F.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 10 1857

8. AGE: Years 86 | Months 2 | Days 24 | If less than one day: hr. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: Heyo Haas
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant: Mrs. Edwin Koester
(b) Address: P.O. #2 Wilmington Del.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 7 1943 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Md.

18 (a) Funeral director: William J. Tickner & Sons
(b) Address: North & Pennsylvania Aves

19 (a) DEC 7 1943 (b) Wilmington for Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 4 1943, at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/3 19 43 to 12/4 1943, and that I last saw her alive on 12/3 1943.

Immediate cause of death: Arteriosclerotic Cardio-Vascular Renal Disease — Duration: 2

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Joseph S. Bluman M. D.
Address: 126 E. Lexington St. Date signed: 12/6/43

45214

G 10950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30a

Registered No. G 10950

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-02
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 312 N. Paca St. (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Patrick Enwright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helen Enwright

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) 1-8-93

8. AGE: Years 50 | Months 10 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace Norfolk Va. (Town, county, and state)

10. Usual Occupation Bartender - self

11. Industry or business

FATHER — 12. Name Michael Enwright

13. Birthplace

MOTHER — 14. Maiden Name Mary Kelly

15. Birthplace

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/9/43 (month) (day) (year)

(c) Cemetery or crematory St. Mary's Cem. Location Norfolk, Va.

18 (a) Funeral director Wm. J. Tiefenerr & Sons

(b) Address N. & Pa. Aves., Balto. Md.

19 DEC 7 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5 1943 at 9:18 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26 1943, to Dec. 5 1943, and that I last saw him alive on Dec. 5 1943.

Immediate cause of death	Duration
UREMIA	
Due to PYELONEPHRITIS	
Due to CORD BLADDER TABES DORSALIS	14 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation.....

Major findings of operation:.....

of autopsy:.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?.....
(e) Means of injury.....

23. Signature Paul O. Chatfield

Address Johns Hopkins Hosp. Date signed 12/5/43 (M) (D)

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157e

Registered No. G 10951

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home and Hospital 2 4-01
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1315 Hull Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edmond Debieler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 11, 1925

8. AGE: Years	Months	Days	If less than one day
18	1	23	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Herman Debieler
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Anna Egan
15. Birthplace Scotland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof Dec 7th 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Balto. Co. Md.
18 (a) Funeral director Charles H. Dill.
(b) Address 1801 E. Fort Ave.
19 (a) (b) Huntington Williams Registrar
(Date rec'd by registrar)

DEC 7 1943

FS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/4 1943, at 3 49 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/21 1943 to 12/4 1943, and that I last saw h[illegible] alive on 12/3 1943.

Immediate cause of death	Duration
Pulmonary Hemorrhage	1 a day
Due to Congenital Heart Disease	2 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Greenberg M. D.
Address Church Home & Hospital Date signed 12/4/43

G 10952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 10952 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 219 N Fremont Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
4-02
(d) Street No. 219 N Fremont (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Henry Smith

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Widow

6 (b) Name of husband or wife Mollie Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Harford Co Md (Town, county, and state)
10. Usual Occupation Labor, (Retired)
11. Industry or business

FATHER
12. Name Wm H Smith
13. Birthplace Harford Co Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Beulah Amos
(b) Address 219 N Fremont

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 9/43 (month) (day) (year)
(c) Cemetery or crematory Hosanna
Location Darlington

18 (a) Funeral director Deale & Foster
(b) Address Bel Air Md

19 (a) (Date rec'd by registrar) DEC 7 - 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 1943, at 10 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27 1943, to Dec 6 1943, and that I last saw h[im] alive on Dec 5 1943.

Immediate cause of death	Duration
Acute myocarditis.	
Due to (1) Cerebral hemorrhage	9 days
(2) hypertension	
Due to (3) Chronic nephritis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles S. Nevitt M. D.
Address 1730 Linden Ave Date signed 12/7/43

G 10953

BALTIMORE CITY HEALTH DEPARTMENT 43d

CERTIFICATE OF DEATH

Registered No. G 10953

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1146 Scott St
(c) Hospital or institution: 2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
- 02 (If outside city or town limits, write RURAL and give town)
(d) Street No. 1146 Scott St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary M. Magness

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: David Magness.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1893

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: House Wife

11. Industry or business

FATHER
12. Name: John J. Schlag.
13. Birthplace: Baltimore Md.

MOTHER
14. Maiden Name: Mary M. Kreamer
15. Birthplace: Baltimore Md.

16 (a) Informant: Samuel H. Schlag.
(b) Address: 1144 Scott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 8 1943 (month) (day) (year)
(c) Cemetery or crematory: Western
Location: City

18 (a) Funeral director: Mrs. Mag. John W. Teufel & Son
(b) Address: 801 W. Lafayette St

19 DEC 7 - 1943 (b) Signature of local registrar: Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 1943, at 10 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-26 1942 to 12-5 1943 and that I last saw h[illegible] alive on 12-5-43 19

Immediate cause of death: arteriosclerotic Renal disease — Duration

Due to

Due to

Other Conditions Dropsy

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Harry S. Gundel

Address: 2703 Edmondson Date signed: 12-6-43

G 10954 G 10954

AB-86030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124a Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 21-02
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 S. Callender St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dena E. Henthorn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife John William

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Aug 26 1895

8. AGE: Years	Months	Days	If less than one day
48	3	9	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John W. Albert
13. Birthplace Md.

MOTHER
14. Maiden Name Mattie Reed
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 9, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location City

18 (a) Funeral director Mrs. Wm. John W. Teufel's Son
(b) Address 801 W Fayette St

19 (a) [illegible] (b) Washington Williams, M.D. Registrar
DEC 7 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-5 1943, at 2:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-22 1943, to 12-5 1943, and that I last saw h[illegible] alive on 12-5 1943.

Immediate cause of death Pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: See above

Duration: 3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Matt M.D.

Address B.C.H. Date signed 12/7/43

G 10955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a Registered No. G 10955

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 805 S. Ponca St.
(c) Hospital or institution: Res.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3/12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
6-05 (If outside city or town limits, write RURAL and give town)
(d) Street No. 805 S. Ponca St.
(If rural give location)
(e) Citizen of foreign country? No ! (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Frado Sr.

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary FRADO
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 7 1862

8. AGE: Years 81 | Months 3 | Days 28 | If less than one day hr. min.

9. Birthplace Naples Italy
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Anthony Frado
13. Birthplace Italy

MOTHER
14. Maiden Name Mary ?
15. Birthplace Italy

16 (a) Informant Michael Frado Son
(b) Address 422 S. Lehigh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 9-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Frank Della Rocca
(b) Address 524 N. Monroe St

19 (a) (Date rec'd by registrar) (b) Huntington Registrar

VS 8 DEC 7 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5 1943, at 7:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1943 to Dec. 5 1943, and that I last saw h alive on Dec 5 1943

Immediate cause of death Uremia — Duration

Due to Prostatic Hypertrophy

Due to Arteriosclerosis

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. B. Stevens M. D.
Address 340 E. Eager St. Date signed 12/7/43

G 10956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30e ✓ G 10956 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 200 W 21st. St.
(c) Hospital or institution:
12-07
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 200 W. 21st St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES BRICE

3 (b) If veteran, name war

3 (c) Social Security Account No. 233-07-1466

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20 94

8. AGE: Years	Months	Days	If less than one day
49	8	14	hr. min.

9. Birthplace Ga.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Rutland Brice
13. Birthplace Ga.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mary Brice
(b) Address 200 W 21st St.

17 (a) Burial (b) Date thereof 12-8-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore, Maryland

18 (a) Funeral director Mrs. Frances Hemsley
(b) Address 578 W. Biddle St.

19 DEC 7 1943 (Date rec'd by reg.) Huntington Willis Deputy H.C.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4th 1943, at 10 30 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Syphilis, cardiovascular

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 12-5-43

VS 151

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13a ✓ G 10957 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 W. Fayette st. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cetis Pease

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife late Carrie Pease
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 5th 1883.

8. AGE: Years	Months	Days	If less than one day
60	2	1	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Special Police
11. Industry or business

FATHER
12. Name Charles C. Pease
13. Birthplace Baltimore. Md.

MOTHER
14. Maiden Name Mary E. Gardner
15. Birthplace Baltimore. Md

16 (a) Informant Mrs. Eleanor Pease
(b) Address 5213 Beaufort Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/43. (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location 4300 Old Frederick Rd.

18 (a) Funeral director John J. Conway & Son
(b) Address 9003 Baltimore St.

DEC 7 - 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-6- 1943, at 10 E A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardio-vascular Renal Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mullen M.D. Medical Examiner.
Date signed 12-6-43

VS 151

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46d Registered No. G 10958

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 516 N Belnord Ave.
(c) Hospital or institution: 7-02
(d) Length of stay in hospital or inst. (yrs., mos., or days) –
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County –
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 516 N. Belnord Ave
(If rural give location)
(e) Citizen of foreign country? – (Yes or No)
If yes, name country –

3 (a) FULL NAME Emma V. Dernetz

3 (b) If veteran, name war – | 3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife James T. Dernetz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feby 18, 1878

8. AGE: Years	Months	Days	If less than one day
65	9	15	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation house work
11. Industry or business at home

FATHER
12. Name Conrad Appell
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Bruch
15. Birthplace Baltimore Md.

16 (a) Informant Mr. James T. Dernetz
(b) Address 516 N. Belnord Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/43. (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Eastern Ave

18 (a) Funeral director John F. Conway & Son
(b) Address 901 N. Wolfe St.

19 DEC 7 1943 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3rd 1943, at 10.00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1943 to Dec 3 1943, and that I last saw h[illegible] alive on Dec 3 1943.

Immediate cause of death	Duration
Asphyxia-Strokes Pneumonia	Dec 1, 43
Due to Coronary Thrombosis	12/1940
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J. Rhoads M.D.
Address 801 N. Kenwood Ave Date signed 12/8/43

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d G 10959 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3719 Park Heights
(c) Hospital or institution: 15-12
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO (If outside city or town limits, write RURAL and give town)
(d) Street No. 3719 Park Heights (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JACOB ASKIN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	White	

6 (b) Name of husband or wife BESSIE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace NORFOLK VA (Town, county, and state)

10. Usual Occupation REST. BUSINESS

11. Industry or business

FATHER
12. Name FRANK
13. Birthplace RUSSIA

MOTHER
14. Maiden Name SARAH
15. Birthplace RUSSIA

16 (a) Informant WIFE
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-8-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto & Conkling Sts.

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St.

19 (a) (Date received by registrar) DEC 7 1943 Registrar Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-7-43 19 , at 3 30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1932 to Dec. 7 1943 and that I last saw him alive on Dec. 7, 1943

Immediate cause of death	Duration
Coronary Occlusion	1 hr.
Due to Chr. Myocarditis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ernest Levin M.D.
Address 5721 Ph. Hgts Line Date signed 12/7/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91C

G 10960 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ Mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto 6-04 (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 N. Wolfe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hilda Silver

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1912

8. AGE: Years 31 | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Max Silver
13. Birthplace Luth

MOTHER
14. Maiden Name Jaunis
15. Birthplace Luth

16 (a) Informant Aged Home
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mem Pk.
Location Windsor Mill Rd

18 (a) Funeral director Jack Deems Inc
(b) Address 1439 E. Balto St

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 7 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 23 1943, to Dec 6 1943, and that I last saw h[illegible] alive on Dec 6 1943.

Immediate cause of death Endocarditis
Embolus to brain

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hedmun L Kern
Address Lewndale Date signed 12/6/43

G 10961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 50

Registered No. G 10961

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1614 E. Balto. St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6-0j 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 E. Balto. St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Channa Sarah Markowitz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Nathi Silverman Markowitz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Samuel Hirschbein
13. Birthplace Poland

MOTHER
14. Maiden Name Chia –
15. Birthplace Poland

16 (a) Informant Nathi Silverman Markowitz
(b) Address 1614 E. Balto. St

17 (a) buried (Burial, cremation, or removal) (b) Date thereof 12-7-43 (month) (day) (year)
(c) Cemetery or crematory Pikesdale
Location Philad. - Franklyn Ave

18 (a) Funeral director Jos. Levin Inc
(b) Address 1439 E. Balto. St

19 (a) DEC 7 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-6-43 19 , at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 43, to Dec 6 1943, and that I last saw h[illegible] alive on Dec 6 1943

Immediate cause of death Carcinoma of Breast — Duration 6 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Melvin L. Solomon M.D.
Address 129 E Biddle Date signed 12/7/43

VS 180

444595

G 10962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46a

G 10962 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 10-Pl
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1010 Nursery Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Jackson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Estelle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-16-97

8. AGE: Years	Months	Days	If less than one day
46	5	18	hr. min.

9. Birthplace S. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Robert Jackson
13. Birthplace S. C.

MOTHER
14. Maiden Name Susie ?
15. Birthplace S C

16 (a) Informant Rusonda
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley Ave.

19 (a) [illegible] 194[illegible] Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1943 at 9.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1943 to Dec 4 1943 and that I last saw h[illegible] alive on Dec 4 1943.

Immediate cause of death Complications from operation exact nature unknown — Duration

Due to Ca of Esophagus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 12-1-43

Major findings of operation: Inoperable Ca middle third

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Brunschwig
Address Johns Hopkins Hosp. Date signed 12-5-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

445302 G 10963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 32a

G 10963 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
1-05
(d) Street No. 1821 E Madison St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura Bogier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	married

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-?-15

8. AGE: Years	Months	Days	If less than one day
28	1	-	hr. min.

9. Birthplace VA. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Arthur Carter

FATHER 13. Birthplace ?

MOTHER 14. Maiden Name Mary ?

MOTHER 15. Birthplace ?

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley Ave.

19 (a) (Date rec'd by registrar) DEC 7 1943 (Signature of registrar) for Wilhelmina, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5 1943 at 6 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 28 1943, to Dec. 5 1943, and that I last saw her alive on Dec. 5 1943.

Immediate cause of death Uremia — Duration

Due to Weil's Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Abraham Gerlein

Address Johns Hopkins Date signed 12-5-43 (M. D.)

G 10964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. G 10964

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
4-02 (If outside city or town limits, write RURAL and give town)
(d) Street No. 715 Vine St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY SALISBURY

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-5386

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-23-1908

8. AGE: Years 35 | Months 8 | Days 12 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Murray Peterson
13. Birthplace Md.

MOTHER
14. Maiden Name Annie ?
15. Birthplace Md.

16 (a) Informant Ruth Chew
(b) Address 413 N. Pine St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 9 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Hall
(b) Address 1815 Linden Ave

19 (a) (b) Date received by Local Registrar Huntington DEC 7 1943

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 1943, at 7 a.m., M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

Autopsy, Inspection or Inquiry

IMMEDIATE CAUSE OF DEATH
Hypertensive cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. R. Wollenweber M.D.
Asst. Medical Examiner.
Date signed 12-5-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

G 10965 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1335 S.Clinton St.
(c) Hospital or institution:

2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
6-06 (If outside city or town limits, write RURAL and give town)
(d) Street No. 1335 S.Clinton St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia Radtka

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Martin Radtka
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1,1862

8. AGE: Years	Months	Days	If less than one day
81	8	3	hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Makus
13. Birthplace Poland

MOTHER
14. Maiden Name not known
15. Birthplace Poland

16 (a) Informant Gustav Radtka
(b) Address 209 Doris Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/43 (month) (day) (year)
(c) Cemetery or crematory Schwartzs
Location O.Donnell St.

18 (a) Funeral director Clarence F.Hoffmann
(b) Address 1639 N.Broadway.

19 (a) Dec 7 - 1943 (b)
(Date rec'd by Local Reg.) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1943, at 12:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 2 1943, to Dec 4 1943, and that I last saw h[illegible] alive on Dec 4 1943

Immediate cause of death Myocarditis
Arteriosclerosis

	Duration
Due to	4m
Due to	1943
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Blechman M. D.
Address 5505 Loch Raven Blvd Date signed

Huntington Williams, M.D.

BLECHMAN 12/6/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10966 ✓ G 10966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1240 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2612 Orleans St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
6-02
(d) Street No. 2616 Orleans St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Williams

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-14-2281

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Cecilia Aburn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1890

8. AGE: Years	Months	Days	If less than one day
53	9	21	24 hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Ship yard worker
11. Industry or business

FATHER
12. Name John A. Williams
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Alice A. Bentz
15. Birthplace Baltimore Md.

16 (a) Informant Alice A. Williams
(b) Address 2612 Orleans St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) DEC 7 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec ✓ 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 23 1943 to Dec ✓ 1943 and that I last saw him alive on Dec ✓ 1943

Immediate cause of death	Duration
myocardial insufficiency	17 days
Pneumonia.	3 wks.
Due to cirrhosis of the liver	?
Due to chronic alcoholism.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. C. Schlicht
Address 447 N. Kenwood Ave. Date signed 12/6/43

10967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

G 10967 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D.O.A. Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 9-03 (If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 W. Pratt (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Franciskus H. Delat.

3 (b) If veteran, name war None

3 (c) Social Security Account No 216-03-6310

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Virginia G.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28. 1875

8. AGE: Years 68 | Months 7 | Days 8 | If less than one day hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Chauffer

11. Industry or business

FATHER 12. Name Franciskus H. DeLat

13. Birthplace Unknown

MOTHER 14. Maiden Name Annie E. ——

15. Birthplace Unknown

16 (a) Informant Frances M. DeLat

(b) Address Drexel Hill Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 8. 1943 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location

18 (a) Funeral director Robt E. & P. M. Slater

(b) Address Pratt & Stricker Sts

19 (a) Filed DEC 7 1943 Registrar Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/6 1943, at 12 49 M

21. I certify that I took charge of the remains described above, held an Inquiry thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-vascular disease

Due to

Other Conditions Asthma

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Hugh B. McNulty M.D. Medical Examiner.

Date signed 12/6/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10968
84104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 b C 10968 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals 1403
(d) Length of stay in hospital or inst. (yrs., mos., or days) 65 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1902 Pennsylvania Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Brooks

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1912

8. AGE: Years	Months	Days	If less than one day
31	5	29	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George Brooks
13. Birthplace Md.

MOTHER
14. Maiden Name Sadie Keas (d)
15. Birthplace Md.

16 (a) Informant Records
(b) Address B.C.H. 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7, 1943 (month) (day) (year)
(c) Cemetery or crematory Hall's Hope
Location Ardwick Md.

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 W. Lexington St.

19 (a) DEC 7 - 1943 (Date received by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4, 1943, at 3:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-1 1943, to 12-4 1943, and that I last saw h[illegible] alive on 12-4 1943.

Immediate cause of death: Pulmonary Tuberculosis — Duration: ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Mathews M. D.
Address B.C.H. Date signed 12-5-43

G 10969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. G 10969

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 765 W. Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adam Haubold (Adam Haubold)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 16 1863

8. AGE: Years	Months	Days	If less than one day
79 80	—	17	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Anton Haubold
13. Birthplace Germany

MOTHER
14. Maiden Name Annie Mary Summers
15. Birthplace Germany

16 (a) Informant Welfare
(b) Address St Paul Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 8 / 43 (month) (day) (year)
(c) Cemetery or cemetary Second Part of Mary
Location Baltimore County

18 (a) Funeral director Joshua Jr. Welby
(b) Address 464 S. Chester Street

DEC 7 1943 (Date rec'd.) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3 1943, at 3:05 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Pulmonary edema

Due to Arteriosclerotic Cardio-Vascular disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec. 4, 1943

VS 151

G 10970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 10970 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Jail 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 3-02 (If outside city or town limits, write RURAL and give town)
(d) Street No. 1506 Light Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carl G Lucas

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	219-01-9698

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 0, 1895

8. AGE: Years	Months	Days	If less than one day
48	9	25	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Carl Lucas
13. Birthplace Ger.

MOTHER
14. Maiden Name Emma ?
15. Birthplace Ger.

16 (a) Informant Family
(b) Address 1506 Light St.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 12/8/43 (month) (day) (year)
(c) Cemetery or crematory Balto. Heat
Location Frederick Ave

18 (a) Funeral director John McCully
(b) Address 208 E. Fayette

19 (a) DEC 7 - 1943 (Delivered by registrar) Kensington Witherspoon (Registrar) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-5- 1943, at 3 P.M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Maldeis M.D.
Medical Examiner.
Date signed 12-6-43

VS 151

444043 10971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E G 10971 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
7-01
(d) Street No. 518 N. Potomac (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Sylvester Ruth

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10 - 22 - 43

8. AGE: Years	Months	Days	If less than one day
3	1	14	hr. ..... min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation.....
11. Industry or business.....

FATHER
12. Name Sylvester Ruth
13. Birthplace Md

MOTHER
14. Maiden Name Ruth McKenna
15. Birthplace Md

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director H. W. E. Deppe's Sons
(b) Address Cathedral & Saratoga Sts.

19 (a) Date rec'd by registrar DEC 7 - 1943 (b) Signature for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 1943, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 4 1943, to Dec 6 1943, and that I last saw him alive on Dec 6 1943.

Immediate cause of death..... Duration

Cardio-respiratory failure

Due to asphyxia ??

Due to Congenital Heart

Other Conditions.....

(Include pregnancy within 3 months of death)

Date of operation.....

Major findings of operation:.....

of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at..... M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature Helen Bossie
Address Johns Hopkins Hosp. Date signed 12/6/43

G 10972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

G 10972 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 109 S. Chapel St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
2-01 (d) Street No. 109 S. Chapel St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara B. Engel

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Married

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15 1866

8. AGE: Years	Months	Days	If less than one day
77	2	19	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Michael Meastel
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Clark
15. Birthplace Germany

16 (a) Informant George Engel
(b) Address 109 S. Chapel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director W. W. E. Dippel & Son
(b) Address Lombard & Ann Sts.

19 (a) DEC - 1943 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4 1943 at 2:12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1943 to Dec 1, 1943, and that I last saw h[illegible] alive on Dec 1, 1943.

Immediate cause of death Chronic Myocarditis — Duration 2 yrs.
Due to Hypertension — 2 yrs.
Due to Arteriosclerosis — 10 yrs?
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Michael J. Daunch M. D.
Address 2530 E. Baltimore St. Date signed 12/4/43

Huntington Williams, M.D.

G 10973 MYERS ✓ G 10973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Gen'l Hosp. 15-05
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2800 Pleasantown Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edna Myers

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1897

8. AGE: Years	Months	Days	If less than one day
46	9	14	hr. min.

9. Birthplace Chicago Ill. (Town, county, and state)
10. Usual Occupation Light Roads
11. Industry or business Bookkeeper.

FATHER
12. Name Herman Reis
13. Birthplace Hungary

MOTHER
14. Maiden Name Ira Ackerman
15. Birthplace Hungary

16 (a) Informant Mrs. M. Hanson
(b) Address 104 Schiller Ave. Newark N.J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 8/43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Cemetery Newark
Location Newark N.J.

18 (a) Funeral director Sol Levenson & Bro
(b) Address 1124-26 W. North Ave.

19 (a) DEC 7 (Date rec'd by registrar) (b) Huntington Township Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6 1943, at 4 10 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Thrombosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec 7 1943

G 10974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

G 10974 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4164 6th Street, Brooklyn, Md.
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
25-04 (d) Street No. 4164 6th St. Brooklyn (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary B. Poole

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Allan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14, 1866

8. AGE: Years	Months	Days	If less than one day
78	8	22	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Madison Elliott
13. Birthplace Virginia

MOTHER
14. Maiden Name Martha Unknown
15. Birthplace Virginia

16 (a) Informant Walter Poole
(b) Address 2813 Sun Set Drive

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 8 1943 (month) (day) (year)
(c) Cemetery or crematory Pine Cemetery
Location Lake, Virginia

18 (a) Funeral director William Cook, Inc
(b) Address 1217 St. Paul Street

19 (a) (b)
DEC 7 1943 Huntington (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5 1943, at 10:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1943 to Dec. 5 1943, and that I last saw her alive on Dec. 5 1943.

Immediate cause of death Arteriosclerotic Heart Disease & Hypertension — Duration 5-10 yrs.
Due to
Due to
Other Conditions Carcinoma of Left Breast — 2 mo.
(Include pregnancy within 3 months of death)
Date of operation October 1943
Major findings of operation: Residual gall bladder surrounded by adhesions — Ulcer of duodenum.
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. J. Grimaldi M. D.
Address 1009 Rutland Avenue Date signed 12-6-43

G 10975

JL - 84996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136

Registered No. G 10975

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

14-02

(d) Street No. 1415 McCulloh St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Willie Attaberry or Willie Attiberry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Grace

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1903

8. AGE: Years	Months	Days	If less than one day
40	9	15	hr. min.

9. Birthplace S. C. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name John Henry Attaberry

13. Birthplace ?

MOTHER

14. Maiden Name Inez Getz

15. Birthplace S. C.

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director Adolphus Halstead

(b) Address 918 Druid Hill Ave.

DEC 7 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/20 1940, at 12:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/22 1940 to 11/20 1940, and that I last saw h alive on 19

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: See above

Duration: Several Mos.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Paul Mabon

Address Rest Date signed M. D. 11/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. G 10976

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2014 Brunt St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2014 Brunt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

14-03

3 (a) FULL NAME Charles W. Knox

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/20/43

8. AGE: Years	Months	Days	If less than one day
	5	7	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Lawrence Knox
13. Birthplace Md. Towson

MOTHER
14. Maiden Name Madgaleine Barnes
15. Birthplace Md.

16 (a) Informant Lawrence Knox
(b) Address 2014 Brunt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 410 Druid Hill Ave.

19 (a) (b)
(Date rec'd by registrar) Registrar

DEC 7 - 1943

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/7/43, at 8:11 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/6/43 to 12/7/43, and that I last saw h alive on 12/7/43.

Immediate cause of death Lobar Pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Burkett M. D.
Address 2134 W. North Ave. Date signed 12/7/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10977

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. G 10977

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5410 Catalpha Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
27-06
(d) Street No. 5410 Catalpha Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Madeline M Lent

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F. M.	W.	Married

6 (b) Name of husband or wife Herbert F

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26 1898

8. AGE: Years	Months	Days	If less than one day
55	7	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name Richard Wolff
13. Birthplace ?

MOTHER
14. Maiden Name Martha M Martin
15. Birthplace Germany

16 (a) Informant Mrs Herbert F Lent
(b) Address 5410 Catalpha Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

DEC 7 - 1943 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5th 1943, at 9.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1943 to Dec 5 1943, and that I last saw h[illegible] alive on Dec 5 1943.

Immediate cause of death	Duration
Chronic hypocardiotis	45 yrs
chronic Myocarditis	45 yrs
Due to Hypertension	20 yrs
Debilet fever at 10 yrs of age	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address 6 or 12 Hosford Rd Date signed 12/5/43 M.D.

G 10978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. G 10978

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 839 S. Ellwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
1-01
(d) Street No. 839 S Ellwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Backus Sr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) ~~Single, married,~~ widowed, or divorced. Widowed

6 (b) Name of husband or wife Ella F.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 17 1866

8. AGE: Years 77 | Months 9 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business Retired

FATHER
12. Name Justis Backus
13. Birthplace Germany

MOTHER
14. Maiden Name Dora Kuhn
15. Birthplace Germany

16 (a) Informant Charles Backus Jr
(b) Address 839 S Ellwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 9 1943 (month) (day) (year)

(c) Cemetery or crematory Mem Cathedral
Location Edmondson Ave

18 (a) Funeral director John E Moran
(b) Address 3600 E Baltimore St

19 DEC 7 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4th 1943; at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1943, to Dec 4 1943, and that I last saw him alive on Dec 1 1943.

Immediate cause of death	Duration
Atherosclerosis C.V. Disease	
Chr Myocarditis	5-2-43
Due to Myocardial Failure	12-1-43
Due to	
Other Conditions None.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ea Schumacher M.D.
Address 842 E Eutaw Ave Date signed 12-6-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

G 10979

BALTIMORE CITY HEALTH DEPARTMENT 93d G 10979 Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address SINAI HOSPITAL
(c) Hospital or institution E. MONUMENT ST
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County BALTIMORE. MD
(c) City or town 13-17 (If outside city or town limits, write RURAL and give town)
(d) Street No. 2331 REISTERSTOWN RD (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eli S. Katten (ELI S. KATTEN)

3 (b) If veteran, name war: X
3 (c) Social Security Account No. X

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife: X
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCTOBER 31 - 1885

8. AGE: Years 58 | Months 1 | Days 7 6 | If less than one day hr. min.

9. Birthplace BALTO-MD. (Town, county, and state)
10. Usual Occupation ATTORNEY--At-LAW.
11. Industry or business

FATHER
12. Name LEVI KATTEN
13. Birthplace GERMANY

MOTHER
14. Maiden Name MARY SACKERMAN
15. Birthplace BALTO-MD.

16 (a) Informant RHENA KATTEN
(b) Address 2331 REISTERSTOWN RD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 9-43 (month) (day) (year)
(c) Cemetery or crematory BALTO HEBREW CEM
Location BELAIR RD

18 (a) Funeral director J. AHRENS, CO.
(b) Address

19 (a) DEC 13 1943 (Filed by Registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7 1945, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 6 1945 to Dec 7 1945, and that I last saw h~~im~~ alive on Dec 7 1945.

	Duration
Immediate cause of death: Myocardial Insufficiency	
Due to: Hypertensive Cardiovascular Disease	
Due to: and Arteriosclerotic Cardiovascular disease	
Other Conditions: Bilateral inguinal hernias	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert N. Jacobs M. D.
Address Sinai Hospital Date signed 12/7/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10980

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 719 Newington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 - 2
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 719 Newington av
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John A. Marsch Dec 6 1943

3 (b) If veteran, name war

3 (c) Social Security Account No.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/5/43 19 , at 2:00 A.M

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Pauline Stamer Marsch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31, 1886

8. AGE: Years	Months	Days	If less than one day
58	6	5	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Newspaper Carrier

FATHER
12. Name John A. Marsch
13. Birthplace Germany

MOTHER
14. Maiden Name Louise
15. Birthplace Germany

16 (a) Informant Mrs. Pauline S. Marsch
(b) Address 719 Newington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Whitlie
(b) Address 4101 E. Monument Ave
DEC 7 - 1943
(Local registrar's signature) Huntington Williams, M.D.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1942 to Dec 4 1943 and that I last saw h.. alive on Dec 4 1943

Immediate cause of death

	Duration
Rheumatic C-V disease	7 yrs
Auricular fibrillation	7 yrs
Dyspnoea d/t compensation	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Kreuger M. D.
Address 1402 E. Fairmount Ave Date signed 12-7-43

VS 180

(004)

G 10981

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 10981

CERTIFICATE OF DEATH 94a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2635 Hollinsferry Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2635 Hollinsferry Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eva Foerster

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife John A. Foerster
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) July 10, 1888

8. AGE: Years	Months	Days	If less than one day
55	4	24	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Frederick Dietzel
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary A. ~~Gorbach~~ Gisse
15. Birthplace Baltimore Md.

16 (a) Informant John A. Foerster
(b) Address 2635 Hollinsferry Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Mr & Mrs. John W. Teufel & Son
(b) Address 801 W. Fayette St.

DEC 8 - 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. (Signature of registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 1943 at 7 45 a.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1943 to Dec 5 1943 and that I last saw h-er alive on Dec 5 1943

Immediate cause of death

Due to Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carl M. Kieffer M. D.
Address 2470 Broad. Blvd Date signed 12-6-43

10932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 10932 Registered No. 1316

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) ~~Hospital~~ or institution: University 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 737 W Fayette St.
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Karl H Lazzell

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-8131

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife.....

6 (c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.) about 1892

8. AGE: Years 51 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Gaston W. Va.
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Sign Office

FATHER
12. Name Charles B. Lazzell
13. Birthplace Grafton W. Va.

MOTHER
14. Maiden Name Rose Drink
15. Birthplace Grafton W. Va

16 (a) Informant John W. Lazzell
(b) Address 3301 E. Pratt St.

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 12/9/43 (month) (day) (year)
(c) Cemetery or crematory Balto
Location " Md.

18 (a) Funeral director Williams Cook Inc
(b) Address 1217 St. Paul St.

19 (a) DEC 8 - 1943 (Date received by registrar) Huntington Williamsport W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 6 1943 at 11° P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-6 1943 to 12-6 1943, and that I last saw him alive on 12-6 1943.

Immediate cause of death Respiratory Failure — Duration .....

Due to Uremia — .....

Due to Chronic Nephritis — .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation.....

Major findings of operation.....

of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....at.....M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?.....While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature Thomas B. Dunn

Address University Hosp. Date signed 12-7-43

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Data correct are especially important. Physicians: please write the cause of death clearly and legibly.

10983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 6 10983

181 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green Sts
(c) Hospital or institution: University Hospital 21
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 119 Ridgeley St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert B. Hannigan

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 3, 1943

8. AGE: Years 3 | Months 4 | Days 28 | If less than one day hr. min.

9. Birthplace Philadelphia Pa
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Jas. F. Hannagan
13. Birthplace Lenape Md

MOTHER
14. Maiden Name Helen Dorsey
15. Birthplace Catonsville Md

16 (a) Informant Helen Hannagan
(b) Address 119 Ridgeley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilson & Lyle
(b) Address 217 E Lexington St

19 (a) DEC 8 — 1943 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/7 1943, at 2.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/19 1943, to 12/7 1943, and that I last saw him alive on 12/7 1943

Immediate cause of death (Duration)
(a) Uremia & respiratory failure
Due to Bronchial pneumonia left & right
Due to 1st, 2nd, 3rd degree burns of face, right hand & chest
Other Conditions Infectious diarrhea

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: none
of autopsy: not at.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident 21/1
(b) Date of occurrence Nov. 19, 1943 M
(c) Where did injury occur? 119 Ridgeley St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Burns

23. Signature Donald L. Wilson M.D.
Address Univ. Hospital Date signed 12/7/43

VS 150

Approved: Robert Lee Graham M.D. 12-7-43 Asst. Med. Examiner

10984 10984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 810 Gorsuch Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 810 Gorsuch Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A Folks

3 (b) If veteran, name war —
3 (c) Social Security Account No. none
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Isaac M Folks
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 8. 1855
8. AGE: Years 87 | Months 11 | Days 29 | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name William T Darrenger
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Laura J Mumma
15. Birthplace Baltimore Md

16 (a) Informant Sarah J Folks
(b) Address 810 Gorsuch Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Md
Location Baltimore Md
18 (a) Funeral director William Lee Sec
(b) Address 2110 E Lanvale St
(c) Huntington Williams Md
DEC 8 - 1943 (Date rec'd by registrar)
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1943, at 2 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/21 1943 to 12/7/ 1943 and that I last saw her alive on 12/6/ 1943

Immediate cause of death Bronchopneumonia — Duration Since 11/21/43

Due to

Due to

Other Conditions Chronic myocarditis.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Geo A Barker
Address 1517 E North Ave Date signed 12/7/43 D

G 10985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

Registered No. G 10985

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street.
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 S Carey St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPHINE GOLEBIEWSKI

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 20 - 1869

8. AGE: Years	Months	Days	If less than one day
74	7	16	hr. min.

9. Birthplace Poland.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Martin Kmoch.
13. Birthplace Poland.

MOTHER
14. Maiden Name
15. Birthplace Unknown

16 (a) Informant Bertha Lewandowski
(b) Address 1110 S. Carey St.

17 (a) Buried (b) Date thereof 12/9/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location O'Donnell & Ellwood

18 (a) Funeral director Stephen Grzelewski Inc.
(b) Address 1001 S. Kenwood Ave

19 (a) DEC 8 - 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-6 1943, at 3:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-29 1943 to 12-6 1943 and that I last saw her alive on 12-6- 1943

Immediate cause of death: Intestinal Obstruction — Duration 9-days

Due to: Carcinoma of uterus — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 12-4-43

Major findings of operation: Ca of uterus.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis P. Maitland M.D.

Address 1213 Light St. Date signed 12-6-43

G 956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 10936 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1726 Ashburton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 9 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1726 Ashburton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME NETTIE LAVINIA HODDINOTT

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Wm. T. R.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13, 1880

8. AGE: Years 63 | Months 7 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Charles Wroten
13. Birthplace Md.

MOTHER
14. Maiden Name Amelia Warfield
15. Birthplace Md.

16 (a) Informant Mr. W. T. R. Hoddinott
(b) Address 1726 Ashburton St.

17 (a) Burial (b) Date thereof 12/8/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa., Balto., Md.

DEC 8 1943
(Date rec'd by registrar) (b) Livingston Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6, 1943 at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1920 to Dec 6 1943, and that I last saw h at alive on Dec 6 1943.

Immediate cause of death Coronary embolus
Duration One hour
Due to following Chr. Myocarditis
Duration 20 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. K. Hayward M. D.
Address 115 E Eager St Date signed 12-7-43

G 10987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8 1a

Registered No. G 10987

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital 28
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5d.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3202 Milford Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife (deceased) Robert B Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1874

8. AGE: Years 69 | Months 4 | Days 20 | If less than one day hr. min.

9. Birthplace Alexandria, La. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Helen Jones (stepdaughter)
(b) Address 3202 Milford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Balto, Md.

DEC 8 - 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1943, at 9 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 3 1943, to Dec. 7 1943, and that I last saw her alive on Dec. 7 1943.

Immediate cause of death	Duration
Respiratory Failure	
Due to Meningitis	5 days
Due to Pneumococcus	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret H. D. Smith M. D.
Address Lyden Hos. Date signed 12/7/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

G 10988 ✓ G 10988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2006 E. 31st St.
(c) Hospital or institution: 9-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2006 E. 31st St. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME CLARENCE WESLEY RAGLAND

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 214-03-1320

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Grace Estelle Coleman

6 (c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.) Feb.14.1889

8. AGE: Years 54 | Months 9 | Days 21 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Agent

11. Industry or business Home Friendly Ins.Co.

FATHER
12. Name William Henry Ragland
13. Birthplace Virginia

MOTHER
14. Maiden Name Sarah Elizabeth Thompson
15. Birthplace Maryland

16 (a) Informant Mrs.Grace E.Ragland (Wife)
(b) Address 2006 E. 31st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 8 1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) DEC 8 - 1943 (Date rec'd by reg.) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec.5.1943 at 3.10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-4-1943, to 12-5-1943, and that I last saw him alive on 12-5-1943

Immediate cause of death: Coronary occlusion — Duration: 2 days.

Due to Arteriosclerosis — Duration: 9 years.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. B. Lybert M. D.

Address 2801 Harford Rd. Date signed 12-6-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0989

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 10989

CERTIFICATE OF DEATH 12/a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1745 Homestead St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 T
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1745 Homestead St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ADAM LAWRENCE SCHUSSLER

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Freda Schussler
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Sept. 4. 1875

8. AGE: Years 67 | Months 3 | Days 0 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Bookkeeper

11. Industry or business Retired 4 years

FATHER
12. Name John Schussler
13. Birthplace Baltimore

MOTHER
14. Maiden Name Elizabeth Horn
15. Birthplace York, Pa.

16 (a) Informant Mrs. Freda Schussler (Wife)
(b) Address 1745 Homestead St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 9. 1943 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & ~~Broadway~~ Washington Blvd.

19 (a) ... (b) ... Huntington Ave

(Date rec'd by registrar) DEC 8 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4. 1943 at 9.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11 - 16 - 1943 to 12 - 4 - 1943 and that I last saw h~~im~~ alive on 12 - 4 - 1943.

Immediate cause of death	Duration
Cardio-vascular-renal disease	Unknown
Due to Arteriosclerosis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Geo. B. Seybert M. D.
Address 702 Harford Rd. Date signed 12-6-43

G 10990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 10990 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 538 N. Lakewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CONRAD JOECKEL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hattie Joeckel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug 21 1877

8. AGE: Years: 66 Months: 4 3 Days: 13 If less than one day: hr. min.

9. Birthplace: Balto (Town, county, and state)

10. Usual Occupation: Foreman Federal Tire

11. Industry or business

FATHER
12. Name: Conrad E Joeckel
13. Birthplace: Balto

MOTHER
14. Maiden Name: Elizabeth
15. Birthplace: Balto

16 (a) Informant: Mrs Hattie M Joeckel
(b) Address: 538 N Lakewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 8-43 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn Cem
Location: Rural

18 (a) Funeral director: Ulrich Funeral Home
(b) Address: 2004 E. Orleans St

DEC 8 - 1943 (Date rec'd by registrar)

(c) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4, 1943, at 4 25 M

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Hypertensive cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: T. J. Williams M.D. Medical Examiner.

Date signed Dec 5 43

G 10991 ✓ G 10991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 621 N. Collington Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 621 N. Collington Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICK OVERMAN

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mamie Overman
6 (c) If alive, give age: 58 years
7. Birth date of deceased (mo., day, yr.): August 25, 1883

8. AGE: Years	Months	Days	If less than one day
60	3	12	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Fireman
11. Industry or business: Fire Department

FATHER
12. Name: Chas. Overman
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Catherine Fritzges
15. Birthplace: Maryland.

16 (a) Informant: Mrs. Mamie Overman
(b) Address: 621 N. Collingtojn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/43 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: Baltimore, Md.

18 (a) Funeral director: Gilbert Funeral Home
(b) Address: 2008 Orleans St.

19 (a) DEC 8 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1943, at 5 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from — 1941, to Dec 7 1943, and that I last saw him alive on Dec 6 1943.

Immediate cause of death: Coronary Thrombosis — Duration 18 hrs
Due to: Coronary sclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: Edward Novak M. D.
Address: 101 W Read St Date signed: 12-7-43

VS 180

G 10992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 10992 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 920 W.38th St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 920 W.38th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine Brinkman,

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Henry C. Brinkman,

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16. 1857

8. AGE: Years 86 | Months 8 | Days 20 | If less than one day 19 hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Christian Wallering.
13. Birthplace Holland

MOTHER
14. Maiden Name Sophia Hoffstetter,
15. Birthplace Holland

16 (a) Informant Charles J. Brinkman,
(b) Address 3950 Elm Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 9. 1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md.

18 (a) Funeral director George W. Little,
Address 2700 Edmondson Ave.

19 (a) DEC 8 - 1943 (Date rec'd by registrar) (b) Huntington Williams, Md. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 5 1943, 19..., at ... M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1st 1941, to Dec 5th 1943 and that I last saw her alive on Dec 4th 1943

Immediate cause of death Myocardial dilatation — Duration 2 yrs

Due to Senile Arteriosclerosis — 2 yrs

Due to Chronic Interstitial Nephritis — 10 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. A. Elliott M. D.

Address Hen. Falls Md. Date signed 12/6/43

G 10993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

520 Registered No. G 10993

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2230 Eagle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2230 Eagle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Irvin L. Benner, Jr.

3 (b) If veteran, name war --
3 (c) Social Security Account No. ---

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 15. 1938

8. AGE: Years 5 | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Irvin L. Benner,
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name C. Dorothy Fisher,
15. Birthplace Virginia

16 (a) Informant Irvin L. Benner,
(b) Address 2230 Eagle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 10. 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Robert S. Little,
(b) Address 2700 Edmondson Ave.

DEC 8 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7. 1943 19 , at 12:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1 1943, to Dec. 7 1943, and that I last saw him alive on Dec. 6 19 43.

Immediate cause of death Carcinoma-Rt. Kidney (Willims Tumor.) — Duration

Due to Congenital

Due to

Other Conditions Pulmonary Oedema

(Include pregnancy within 3 months of death)

Date of operation Sept. 12, 1943

Major findings of operation: Carcinoma-Rt. Kidney.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert C. Meech M. D.
Address 2151 Wilkens Ave. Date signed 12-7-43

G 10994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 10994 Registered No. 932

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 808 Reservoir St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 808 Reservoir St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie V. Sprigg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Samuel Dorsey Sprigg

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1853

8. AGE: Years 90 | Months 3 | Days 24 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Wm. McGowan
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Flavilla Price
15. Birthplace Baltimore, Md.

16 (a) Informant Edna F. Sprigg
(b) Address 808 Reservoir St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1906 Eutaw Place

19 (a) ... (b) ... (Date rec'd by registrar) DEC 8 - 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6th 1943, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 8 1943, to Dec. 6 1943, and that I last saw h[illegible] alive on Dec. 6 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration 14 days
Due to: Chr. Myocarditis — Many Years
Due to: General Arteriosclerosis
Other Conditions: Old age
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. W. Keown M.D.
Address 1938 Linden Ave. Date signed 12/7/43 (M) (D)

F. W. Keown

G 10995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 10995

186a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address John & Lafayette Sts.
(c) Hospital or institution:
Hospital for Women of Maryland 11

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo 26d
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1209 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Skipwith Hatter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10 | 22 | 1869

8. AGE: Years 74 | Months 1 | Days 14 | If less than one day ... hr. ... min.

9. Birthplace Towson, Md.
(Town, county, and state)

10. Usual Occupation Former Wife

11. Industry or business

FATHER
12. Name Skipwith Cobale
13. Birthplace Hartford County Md.

MOTHER
14. Maiden Name Mary Todd Hunter
15. Birthplace Philadelphia Pa.

16 (a) Informant Ann Elizabeth Hatter
(b) Address 1209 Eutaw Place

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Dec 9/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Fredrick Ave.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) DEC 8 1943 (Date received by registrar) (b) Huntington Williams Undertakers Baltimore, Md.

VS 3/12-7-43 Approved: Robert Lee Graham Asst. Chief Medical Examiner

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6 1943, at 11 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1943, to Dec. 6 1943, and that I last saw h.e.r alive on Dec. 6 1943.

Immediate cause of death: Bronchopneumonia — Duration: 2 days

Due to:

Due to:

Other Conditions: Fracture, hip, left — Duration: 4 mos.

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy: NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 11/4
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence July 11 1943 at 9 M
(c) Where did injury occur? Balto (City or town) — (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Fall on floor

23. Signature William E. Gilmore M. D.
Women's Hospital
Baltimore, Md. Date signed 12-7-43

G 10996 V G 10996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 13 a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3323-E-Balto St.
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 2
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3323-E-Balto St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ann McClure

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Albert McClure

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May-1-1853

8. AGE: Years 90 | Months 7 | Days 5 | If less than one day: hr. min.

9. Birthplace Balto Co. Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name John Whittle
13. Birthplace Balto Co.

MOTHER
14. Maiden Name Priscilla Frances
15. Birthplace Balto Co.

16 (a) Informant Mrs. Mary Etta Sadler
(b) Address 3323-E-Balto St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 8-43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director Sullivan Memorial
(b) Address 1084 W Mount Ave

19 (a) Dec 8 1943 (b) Harrington Williams, M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/6 1943, at 4:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/20 1943 to 12/6 1943, and that I last saw h 4 alive on 12/6 1943.

Immediate cause of death: Ascending Pulmonary Oedema — Duration: 1 day
Due to: Aortic Dilitation & Heart
Due to:
Other Conditions: Chronic Nephritis & Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mrs. M. E. Sadler
Address 3323 E Balto St Date signed 12/6/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

C 10997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

C 10997 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 413 Hawthorne
(c) Hospital or institution: at home 27-14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 83 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltcity
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 413 Hawthorne Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Natalie Day Lawton

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Wm. T. Lawton
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Sept-22-1860
8. AGE: Years 83 | Months 2 | Days 16 | If less than one day — hr. — min. | 15
9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business none
FATHER 12. Name Hamilton J. Day
13. Birthplace Md.
MOTHER 14. Maiden Name Sallie E. Malloy
15. Birthplace Md.
16 (a) Informant Dudley D. Lawton (son)
(b) Address 413 Hawthorne Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville
18 (a) Funeral director Stewart Mowen Co
(b) Address 1048 North Ave
19 (a) DEC 8 - 1943 (Date rec'd by registrar) (b) Huntington Mdaus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7, 1943 at 5 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 9/7/ 1917 to 12/7/ 1943 and that I last saw h— alive on 12/7/ 1943

Immediate cause of death: Myocardial Degeneration — Duration 4 hrs.
Pneumonary Edema
Due to —
Due to: Myocarditis, Arterio Sclerosis — Duration about 10 yrs.
Other Conditions: arthritis
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Theodore H. Mowen M. D.
Address 11 E. Eager St Date signed 12/8/43

VS 150

C 10998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95B

C 10998

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd. & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 112 E. Burke Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Norman Hettchen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1930

8. AGE: Years	Months	Days	If less than one day
13	5	5	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Schoolboy

11. Industry or business

FATHER
12. Name Henry Hettchen
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Edna Becker
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Henry Hettchen
(b) Address 112 Burke Ave, Towson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Parkville, Md.

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Md.

19 (a) (Date rec'd by Reg'r) (b) Registrar

DEC 8 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6 1943, at 12 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 5 1943, to Dec. 5 1943, and that I last saw h[illegible] alive on Dec. 5 1943.

	Duration
Immediate cause of death Cardio-respiratory failure	
Due to Cerebral Embolism	?
Due to Rheumatic Heart Disease	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George W. Musgrave Jr. M. D.
Address 332 E. University Pkwy Date signed 12/5/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 10999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

G 10999 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1520 E. Madison St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-3
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 E Madison St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pearl Johnson Lee

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Henry Lee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12, 1883

8. AGE: Years	Months	Days	If less than one day
60	8	22	hr. min.

9. Birthplace New Port News Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Hobart Thrane
(b) Address 1520 E. Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 8, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A.A. County Md.

18 (a) Funeral director Mrs P. A. Elliott & Daughter
(b) Address 1129 N. Carlin St.

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 8 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-5 1943 at 12 p M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-5 1943 to 12-5 1943, and that I last saw her alive on 12-5 1943

Immediate cause of death	Duration
Cerebral hemorrhage	10 mos.
Due to hypertensive cardio-vascular disease.	
Due to	
Due to	

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rayner Browne
Address 1110 E. Madison St Date signed 12-7-

C 11000 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 83a G 11000

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Crawford Retreat St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Marks

If U.S. Veteran specify WAR

(a) Residence: No. 2117 Denison St St., 15-7 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George R. Marks

6. DATE OF BIRTH (month, day, year) May 13/1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Maurice Laupheimer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Meyers

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT J. Raymond Marks Jr

(Address) 764 Brantley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Dec 10 19 43

19. UNDERTAKER Harry N. Levinson & Edgewood Dr

DEC 8 1943

20. FILED 19

Huntington Williamson M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-7-, 1943

22. I HEREBY CERTIFY, That I attended deceased from Feb., 1943, to Dec-7-, 1943

I last saw her alive on Dec-7-, 1943 Death is said to have occurred on the date stated above, at 5.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1936
	days
Other contributory causes of importance: Hypertension Arterio-sclerosis	12/1/43

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Herman Seidel M. D.

(Address) 2704 Eutaw Pl.

G 11001 24 1943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

184 Registered No. G 11001

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 150 Min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 100 Upland Rd (Roland Park) (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lloyd M. Griffin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Dorothy Louise Griffin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 21, 1892

8. AGE: Years 51 | Months 8 | Days 15 | If less than one day hr. min.

9. Birthplace Medford, Ore. (Town, county, and state)

10. Usual Occupation Vice-President

11. Industry or business C. & P. Telephone Co.

FATHER
12. Name Willis R. Griffin
13. Birthplace Griffin Creek, Ore.

MOTHER
14. Maiden Name Mary E. Solis
15. Birthplace Placerville, Calif.

16 (a) Informant Mr. L. M. Griffin, Jr.
(b) Address Apt. B-1, Roland Park Apts.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12/8/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Crematory
Location Baltimore

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Signature of registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6 1943, at 10:00 P.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Bullet wound of head

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury December 6, 1943, 8:45 P. M.
(b) Where did injury occur? 100 Upland Rd 27/14
(c) Did injury occur at home, on farm, industrial place, in public place? At home While at work? No
(d) Means of injury Shot himself in head

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec 7 1943

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 110 [illegible] 86101

BALTIMORE CITY HEALTH DEPARTMENT 832 G 11002 Registered No.

CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals 26-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 417 S. Macon St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME David Clyde Menges

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of ~~husband~~ wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1, 1895

8. AGE: Years	Months	Days	If less than one day
48	0	5	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation
11. Industry or business Beth. Steel

FATHER
12. Name Winfield Menges
13. Birthplace Pa.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records B.C.H.
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director M. A. E. Dippel's Sons
(b) Address Lombard & Bond Sts.

DEC 8 - 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6, 1943, at 3:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-27 1943, to 12-6 1943, and that I last saw h[illegible] alive on 12-6 1943.

Immediate cause of death Subarachnoid Hemorrhage — Duration 6 hrs 30 min

Due to Rupture of Congenital Aneurysm

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Confirmed

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Mathue M. D.
Address B.C.H. Date signed 12-6-43

G 11003

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83a

G 11003 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3345 W. BELVEDERE AVE
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 62 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3345 W. BELVEDERE 18
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK HACKERMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex MALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced. WIDOW

6 (b) Name of husband or wife MAMIE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years 80 | Months | Days | If less than one day hr. min.

9. Birthplace LATVIA
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name CALMAN
13. Birthplace LATVIA

MOTHER
14. Maiden Name MICHLY
15. Birthplace LATVIA

16 (a) Informant HAROLD HACKERMAN
(b) Address 3345 W. BELVEDERE

17 (a) BURIAL (b) Date thereof 12-8-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory ROSEDALE
Location PHILA RD + HAMILTON AVE

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St

DEC 8 - 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-7-43 19 at 8:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-4 1943 to 12-7-1943, and that I last saw h[illegible] alive on 12-7 19 43.

Immediate cause of death Cerebral Hemorrhage — Duration 4 days
Due to Generalized arteriosclerosis — ?
Due to — —
Other Conditions Hypertension — ?
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —
23. Signature Morris B. Scherbow M. D.
Address 54 S. Fulton Ave Date signed 12-8-43

G 11004

BALTIMORE CITY HEALTH DEPARTMENT V G 11004

CERTIFICATE OF DEATH 93d

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2730 Parkwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Mo and

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2730 Parkwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SIMON NEUHAUSEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex m

5. Color or race W

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Sarah Neuhausen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace Finland
(Town, county, and state)

10. Usual Occupation Ret

11. Industry or business

FATHER
12. Name Juhun –
13. Birthplace Finland

MOTHER
14. Maiden Name –
15. Birthplace Finland

16 (a) Informant Sarah Neuhausen
(b) Address 2730 Parkwood Ave

17 (a) Burial (b) Date thereof 12-9-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location

18 (a) Funeral director Jos Levine Bro
(b) Address 739 E. Baltimore St

DEC 8 1943

19 (a) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7, 1943 at 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said I find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Arteriosclerosis
Cardiorenal
Due to Cancer

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.
Medical Examiner.
Date signed 12-7-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 V

G 11005 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital 26-9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 528 S. Conkling St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN THOMPSON

3 (b) If veteran, name war: No
3 (c) Social Security Account No. none

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8-1937

8. AGE: Years 6 | Months 0 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace Frostburg Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name William J. Thompson
13. Birthplace Frostburg Md

MOTHER
14. Maiden Name Dorothy Atkinson
15. Birthplace Frostburg Md

16 (a) Informant William J. Thompson
(b) Address 528 S. Conkling St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 8-43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Gorsuch Hill Road

18 (a) Funeral director Lilly and Zeiler (R C
(b) Address 403 S. Wolfe St.

DEC 8 1943 (Date rec'd by Registrar) Registrar for Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4th 1943, at 8:20 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Crushing of chest

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-4-43 at 6:45 P.M. 26-9
(b) Where did injury occur? West St & Conkling
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work?
(d) Means of injury pedestrian struck by auto

23. Signature H. J. Wollenweber M.D. (Medical Examiner.)
Date signed 12-5-43

G 11006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11006

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. 17
(If outside city or town limits, write RURAL and give town)
(d) Street No. 520 S. Lehigh St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Lauer

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 213-03-1771

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Lauer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1891

8. AGE: Years 52 | Months 0 | Days 1 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation CHECKER

11. Industry or business EASTERN ROLLING MILL CO.

FATHER
12. Name Andrew Lauer
13. Birthplace Md.

MOTHER
14. Maiden Name ANNA DROLL
15. Birthplace Germany

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 9/43 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Zeiler INC
(b) Address 403 S. WOLFE ST

DEC 8 - 1943 (Date rec'd by Registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/6/43 19 , at 2:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-9 1940, to 12/6 1943, and that I last saw him alive on 12/6 1943.

Immediate cause of death: ? Pulmonary Tuberculosis — Duration: 7

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Mattman M. D.
Address B.C.H. Date signed 12-6-43

VS 150

1563 11007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. 11007

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-1
(e) Length of stay in Baltimore (yrs., mos., or days) 6 MONTHS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 18 S. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Everett Rose

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rhoda Rose

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 8-12-03

8. AGE: Years 40 | Months 2 3 | Days 24 23 | If less than one day ... hr. ... min.

9. Birthplace Tenn. (Town, county, and state)

10. Usual Occupation Electrical Work

11. Industry or business

FATHER — 12. Name Henry Rose
FATHER — 13. Birthplace Tenn

MOTHER — 14. Maiden Name Cornelia Jessee
MOTHER — 15. Birthplace Tenn.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 8/43 (month) (day) (year)

(c) Cemetery or crematory CREECH CEM.
Location CUMBERLAND, KEN.

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

DEC 8 - 1943 (Date rec'd by Registrar) (b) Registrar Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5 1943, at 10 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 4 1943, to Dec 5 1943, and that I last saw living alive on Dec. 5 1943

Immediate cause of death: Lobar pneumonia Type 25 — Duration: 7 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul O. Chatfield

Address Johns Hopkins Hosp. Date signed 12/6/43

G 11008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12/a

Registered No. G 11008

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 708 W. Saratoga St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 708 W. Saratoga St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence Valentine

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife. Della Valentine

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) May 12, 1891

8. AGE: Years 52 | Months 6 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Richmond Va.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James Valentine
13. Birthplace Richmond Va.

MOTHER
14. Maiden Name Maggie
15. Birthplace Richmond, Va.

16 (a) Informant Della Valentine
(b) Address 1823 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 10-1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Carrollton Ave

19 DEC 8 - 1943 (Date rec'd by registrar) (b) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6 1943, at 5 P M

21. I certify that I ~~took charge~~ of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular - renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Fentress M.D.
Medical Examiner.
Date signed Dec. 6. 1943

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

G 11009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

G 11009 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Baltimore Gen. Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 26 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 309 N. Fremont Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Hollins (Holland).

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-6778

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helen Holland

6 (c) If alive, give age 86 years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1892

8. AGE: Years 50 | Months 11 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace Calvert Co. Md.
(Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name George Holland
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Lizzie Smith
15. Birthplace Calvert Co. Md.

16 (a) Informant Helen Holland
(b) Address 309 N. Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 10-1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem

Location

18 (a) Funeral director Mrs. Katie R. Williams

(b) Address 823 N. Alexander St.

19 (a) DEC 8 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-6-1943, at 10:40 AM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Acute Congestive Cardiac Failure

Due to

Other Conditions: Hyperthrophy & dilatation of Heart and emphysema
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury ... at ... M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Howard J. Mullen M.D.
Medical Examiner.

Date signed 12-6-43

VS 151

C 11010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1572

C 11010 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St.
(c) Hospital or institution: Sinai Hospital 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 3½ mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 44 Rosemont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Richard Widmyer Jr

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 9/17/43

8. AGE: Years	Months	Days	If less than one day
	3 1/2	19	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name John A. Widmyer
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Margaret Lindemann
15. Birthplace Md.

16 (a) Informant John A. Widmyer
(b) Address 44 S. Rosemont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director J. B. Wagner & Son
(b) Address 840 Eastern Ave

19 (a) (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

DEC 8 1943
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6 1943 at 4:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 5 1943 to Dec. 6 1943 and that I last saw him alive on Dec. 6 1943

Immediate cause of death	Duration
congestive heart failure	
Due to congenital heart disease	1 day
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Nusrad M. D.
Address Sinai Hosp. Date signed 12/7/43

G 11011

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93d

G 11011 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 612 N. Fulton ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William L. Miller

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sadie V Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1879

8. AGE: Years	Months	Days	If less than one day
64	6	3	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Pensioned
11. Industry or business B & O. R.R.

FATHER
12. Name Lewis L. Miller
13. Birthplace Md.

MOTHER
14. Maiden Name Susan Krum
15. Birthplace Md.

16 (a) Informant Sadie V. Miller
(b) Address 2816 Elliott Drive

17 (a) Burial (b) Date thereof 12-8-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Harry H. Witzke
(b) Address 4106 Edmondson Ave.

19 (a) DEC 8 - 1943 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-5- 1943, at 4:12 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardio-vascular Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mercer M.D.
Medical Examiner.
Date signed 12-6-43

G 11012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

G 11012 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 22
(d) Length of stay in hospital or inst. (yrs., mos., or days) Don
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Washington Blvd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PAULINE PELIKATICH or Kilekavech

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-03-0342

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mathew Kilikavich

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) ? — 1883

8. AGE: Years About 60 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Lithuanian (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business Clothing

FATHER
12. Name Not known
13. Birthplace Lithuanian

MOTHER
14. Maiden Name Not known
15. Birthplace Lithuanian

16 (a) Informant Mr. Wm. H. Kelly
(b) Address 517 Washington Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-9-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4430 Belair Road

18 (a) Funeral director John J. Gelbiauck Jr.
(b) Address 423 S. Paca St.

19 (a) DEC 8 - 1943 (Date rec'd by registrar) (b) Tennington Hillman Baltimore Md.

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 1943, at 7.45 A M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Tuberculosis, pulmonary acute

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
Means of injury

23. Signature H. L. Wallenmeyer Asst. Medical Examiner. M.D.
Date signed 12-5-43

444744 G 11013 BALTIMORE CITY HEALTH DEPARTMENT X ✓ G 11013
CERTIFICATE OF DEATH 104 L Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Parkville (If outside city or town limits, write RURAL and give town)
(d) Street No. Wentworth Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vincent Barsotti

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Thelma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-30-15

8. AGE: Years 28 | Months 6 | Days 6 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Condito Barsotti
13. Birthplace Italy

MOTHER
14. Maiden Name Louise Leone
15. Birthplace N.Y.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto Md

18 (a) Funeral director Leonard J Reynolds
(b) Address 1305 Hanover St

19 (a) DEC 8 - 1943 (Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 1943, at 9.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 17 1943, to Dec 6 1943, and that I last saw HIM alive on Dec 6 1943.

Immediate cause of death Brain Abscesses — Duration ?

Due to Frontal Sinus infection

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Nov 18, Nov 27 Dec 4th

Major findings of operation: Frontal Sinus infection + Brain abscesses

of autopsy: Brain abscesses

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugo V. Ruggeli M. D.
Address Johns Hopkins Hospital Date signed 12-6-43

Huntington Hillsman

G 11014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11014 Registered No.

8/9c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lemlard + Greene St.
(c) Hospital or institution: Un. Hosp. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town WASHINGTON D.C 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1737 N. CAPITAL St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JULIA DE FRANCISCO (Mrs. John)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 2 1920.

8. AGE: Years	Months	Days	If less than one day
23	9	5	hr. min.

9. Birthplace Washington D.C
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Romeo Di Francesco
13. Birthplace Work DC

MOTHER
14. Maiden Name Antoinette Cina
15. Birthplace Italy

16 (a) Informant Anna Di Francesco
(b) Address 1737-N Cap St NW

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec 8-1943 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cemetery
Location Wash. D.C.

18 (a) Funeral director James T. Ryan Inc
(b) Address 317 Pa Ave SE Wash DC

19 (a) (Date rec'd by registrar) DEC 8 - 1943 (b) Huntington, West Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 / 7 19 43 at 11 0/A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/7 19 43 to 12/7 19 43, and that I last saw her alive on 12/7/43 19.

Immediate cause of death: Meningitis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. N. Stewart Jr. M.D.
Address Un. Hosp. Date signed 12/8/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11015 ✓ G 11015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 S.LUZERNE AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-3
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 602 S.LUBERNE AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HERMAN W.O.BEHNKEN ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	212 09 5239

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife MARY A.BEHNKEN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC.25 1877

8. AGE: Years	Months	Days	If less than one day
65	11	12	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation WATCHMAN
11. Industry or business AMERICAN CAN.CO.

FATHER
12. Name UNKNOWN
13. Birthplace GER.

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GER.

16 (a) Informant MARY A.BEHNKEN (WIFE)
(b) Address 602 S.LUSERNE AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE.EXT.

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S.WOLFE ST.

19 (a) DEC 8 1943 Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC.6 1943, at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1943 to Dec 6 1943, and that I last saw h— alive on Dec. 6 1943

Immediate cause of death
Lobar Pneumonia
Heyo cardial Insufficiency

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Gustav Hundsnurscher M. D.
Address 25 & 9 Eastern Ave. Date signed 12/7/43

G 11016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 11016 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 239 S.ANN ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 2

(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 239 S.ANN ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EMMA PHILLIPS

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: CHARLES PHILLIPS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC.3 1869

8. AGE: Years 74 | Months 0 | Days 3 | If less than one day hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name UNKNOWN
13. Birthplace GER.

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GER.

16 (a) Informant HENRY H.GROB (SON)
(b) Address 239 ANN ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC.10/43 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE.EXT.

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S.WOLFE ST.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

DEC 8 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 6 1943, at 9/30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1940 to Dec 6 1943.
and that I last saw her alive on Dec. 6 1943

Immediate cause of death: Acute Coronary Thrombosis — Duration: Acute

Due to: Cly Arteriosclerosis — Chr.

Due to: Hypertrophied Goiter?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isaac R. Deems M.D.

Address 200 E. Read Date signed 12/6/43

G 11017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 11017 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 427 S. DURHAM ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 427 S. Durham St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARTIN SURDEL

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 212-03-9114

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife ROSE SURDEL
6 (c) If alive, give age years

7. Birth date of deceased (mo., day. yr.) AUG. 26 1901

8. AGE: Years	Months	Days	If less than one day
42	3	11	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation PRESSER

11. Industry or business TAILOR SHOP

FATHER
12. Name GEORGE SURDEL
13. Birthplace POLAND

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace POLAND

16 (a) Informant ROSE SURDEL (WIFE)
(b) Address 427 S. DURHAM ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 9/43 (month) (day) (year)
(c) Cemetery or crematory ST. STANALAUS
Location DUNDALK AVE.

18 (a) Funeral director Lilly and Geiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) DEC 8 – 1943 (Date rec'd by registrar) (b) Huntington Williams Registrar M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 6 1943, at 4 A.M.M

21. I certify that death occurred on the date above stated; that I attended deceased from DEC. 1 1943 to DEC. 6 1943, and that I last saw him alive on DEC. 6 1943

Immediate cause of death	Duration
(a) Acute Cerebral Apoplexy	about
Due to (b) Hypertension & Chronic Nephritis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mae J. Temples
Address 2002 E. Pratt Date signed 12/7/43

G 11018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

G 11018 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 3-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 E. Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME OSCAR STANLEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1918

8. AGE: Years 25 | Months 6 | Days 10 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Oscar Stanley
13. Birthplace Unknown

MOTHER
14. Maiden Name Eva [illegible] Stanley
15. Birthplace Virginia

16 (a) Informant Eva Pocens
(b) Address 2011 Ashland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto Md

18 (a) Funeral director Frank Bracht Son
(b) Address 900 N. Eutaw St

19 (a) DEC 8 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1943, at 12 35 A.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Burns, 2nd & 3rd degree entire body.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: 21-2

(a) Date of injury 12-7-43 at 4 P. M.
(b) Where did injury occur? Poppleton & Ramsay Sts
(c) Did injury occur at home, on farm, industrial place, in public place? industrial While at work? Yes
(d) Means of injury industrial fire - Paint

23. Signature H. X. Wallenmeier Jr. M.D. Asst Medical Examiner.
Date signed 12-8-43

G Autopsy

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C ✓ G 11019

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland —
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 510 N. Chester St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH SACHA

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Josephine Sacha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1868

8. AGE: Years	Months	Days	If less than one day
75	7	-	hr. min.

9. Birthplace Bohemia
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Joseph Sacha
13. Birthplace Bohemia

MOTHER
14. Maiden Name Marie Johanna Urgena
15. Birthplace Bohemia

16 (a) Informant Joseph Sacha
(b) Address 510 N. Chester St.

17 (a) Burial (b) Date thereof 12-11-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Frank Brockbank
(b) Address 900 N. Chester St

19 (a) DEC 8 1943 (b) Huntington Pittsville, Md.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1943, at 3 30 M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic cardiovascular disease
Due to Fracture of right tibia and fibula & bruises

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 11-25-43 at 9:30 P.M. 7-3 M.
(b) Where did injury occur? in front of 840 N. Patterson Pk
(c) Did any injury occur at home, on farm, industrial place, in public place? public While at work? —
(d) Means of injury pedestrian struck by auto

23. Signature H. L. Wahlgren Jr. M.D.
Asst Medical Examiner.
Date signed 12-5-43

VS 151

G 11020

BALTIMORE CITY HEALTH DEPARTMENT 181 X G 11020

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 19

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 6914 Brentwood Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK SUSI

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	w	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 19 1916

8. AGE: Years	Months	Days	If less than one day
27	-	18	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name Anthony Susi
13. Birthplace Italy

MOTHER
14. Maiden Name Loretta Susi
15. Birthplace Italy

16 (a) Informant Anthony Susi (Father)
(b) Address 6914 Brentwood Ave (Dundalk Md.)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 10/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location 7225 Eastern Ave

18 (a) Funeral director Frank D. Elfa Mort.
(b) Address 52 N. Morley St.

19 (a) DEC 8 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7th 1943, at 10 45 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Burns, Nature Body
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 21-2
(a) Date of injury 12-7-43 at 3:25 P.M.
(b) Where did injury occur? Appleton & Ramsay St
(c) Did injury occur at home, on farm, industrial place, in public place? industrial While at work? Yes
(d) Means of injury industrial fire - Paint

23. Signature W. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 12-9-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-b

Registered No. C 11021

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2407 McElderry St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2407 McElderry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank J. Schedel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret Schedel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15-1876

8. AGE: Years	Months	Days	If less than one day
67	9	21/20	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Sexton
11. Industry or business

FATHER
12. Name John B. Schedel
13. Birthplace Not Known

MOTHER
14. Maiden Name Christina Schwarz
15. Birthplace Not Known

16 (a) Informant Margaret Schedel
(b) Address 2407 McElderry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 9/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location North Ave & Rose St.

18 (a) Funeral director John A. Miller
(b) Address 2534 Jefferson St.

DEC 8 - 1943 Huntington Williams M.D.
(Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1943, to Dec 5 1943, and that I last saw him alive on Dec 4 1943.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)
Date of operation Not. — 1942
Major findings of operation: Carcinoma
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles A. Faulkner M. D.
Address 3001 Shannon Drive Date signed 12/8/43

G 11022 Suttles ✓ G 11022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 178a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 18

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1219 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bottie Suttles

3 (b) If veteran, name war: None
3 (c) Social Security Account No. ?

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) about 1924

8. AGE: Years: 19 | Months: ? | Days: ? | If less than one day: hr. min.

9. Birthplace Tenn. (Town, county, and state)

10. Usual Occupation Welder
11. Industry or business Shipbuilder.

FATHER
12. Name Donnie Suttles
13. Birthplace Tenn

MOTHER
14. Maiden Name Mary June Clouse
15. Birthplace Tenn

16 (a) Informant Mr. Donnie Suttles
(b) Address Tenn.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 11-43 (month) (day) (year)
(c) Cemetery or crematory Violet Bend
Location Ft Pillette Tenn

18 (a) Funeral director Sho & Berger D
(b) Address 1043 Hollins St

19 (a) DEC 8 1943 Hemmington Williams Registrar (Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7 1943, at 5:10 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation due to illuminating gas

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Dec 6 at 1943 4 P M.
(b) Where did injury occur? 1219 W Fayette St
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Escaped illuminating gas.

23. Signature Robert Lee Fraser M.D.
Medical Examiner.
Date signed December 8 1943

G 11023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 11023 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 225 S. Athol ave
(c) Hospital or institution: General German Aged People Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 225 S. Athol ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katinka L. Riehl

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 1865

8. AGE: Years 78 | Months 6 | Days 19 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Erhard Riehl
13. Birthplace Germany

MOTHER 14. Maiden Name Philipine Meyer
15. Birthplace Germany

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East North Ave.

18 (a) Funeral director Harry A. Fetzer
(b) Address 710 E Edmondson Ave.

DEC 9 - 1943 (Date rec'd by registrar)

(b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7th 1943, at 12:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 2nd 1943, to Dec. 7th 1943, and that I last saw her alive on Dec. 3rd 1943

Immediate cause of death	Duration
Due to Bronch. Pneumonia	10 days
Due to	
Other Conditions Arterio Sclerosis	unknown

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place; in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Wm. Clemm M. D.

Address 923 Hollins Date signed Dec 9/43

G 11024 #39792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5/c

G 11024 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: 1701 Eutaw Pl
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 738 W Cumberland (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Saul Naiditch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-21-27

8. AGE: Years 16 | Months 1 | Days 17 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Israel Naiditch
13. Birthplace Russia

MOTHER
14. Maiden Name Anna Berenson
15. Birthplace Russia

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 8/43 (month) (day) (year)
(c) Cemetery or crematory Workmen Circle Cemetery
Location Germany Hill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W Baltimore

19 (a) Huntington Williams, M.D. (Date) (Registrar) Registrar

DEC 9 1943
VS 110

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1943 at 7:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 17 1943 to Dec 8 1943 and that I last saw h[illegible]live on Dec 8 1943

Immediate cause of death HEART FAILURE — Duration

Due to CARCINOMA OF TESTICLE + METASTASIS

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation ORCHIDECTOMY 8.20.43

Major findings of operation: 9.2043 CARCINOMA

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Russell B. Reed M.D.
Address Johns Hopkins Hosp. Date signed 12/5/43

1025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

168

G 11025 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1145 W. Saratoga St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH MORSTEIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Celia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 72 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Confectionery store

FATHER
12. Name William Morstein
13. Birthplace Russia

MOTHER
14. Maiden Name Kate Patz
15. Birthplace Russia

16 (a) Informant Mrs Bernard Miller
(b) Address 1811 N Appleton St

17 (a) Burial (b) Date thereof Dec 8/43 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton ave

18 (a) Funeral director Sol Levinson & Bro
(b) Address 1124-26 W North ave

DEC 9 - 1943 (Date rec'd by Registrar) (Huntington Williams, M.D. Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1943, at 6 15 A.M.

21. I certify that I took charge of the remains described above, held an autopsy Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fracture of skull

Due to Blunt force

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-7-43 at 9 P. M.
(b) Where did injury occur? 1145 W. Saratoga St
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? No
(d) Means of injury struck by blunt instrument

23. Signature H. L. Wallenweber M.D. Asst Medical Examiner.
Date signed 12-8-43

VS 151

G 11026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. G 11026

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1403 W. Lanvale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 W. Lanvale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY D. RAWLINGS

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
79			hr. min.

9. Birthplace Calvert Co., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Stewart
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Hutchins
15. Birthplace Md.

16 (a) Informant Mrs Etta Rogers
(b) Address 1403 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (Undertaker or Agent) (b) Registrar

DEC 9 1943
VS 150

Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7, 1943 19 , at 8:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/30 1943 to 12/7 1943 and that I last saw ~~her~~ alive on 12/7 1943.

Immediate cause of death Fracture upper Femur — Duration
" Hyp. + pneum
Due to Fall
Due to Toxa Pneumonia
Other Conditions
12/1 (Include pregnancy within 3 months of death)
Date of operation Johns Hopkins Hosp.
Major findings of operation: Fracture at c
of autopsy: above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 6/2
(a) Accident, ~~suicide~~, or ~~homicide~~ 11/30 - 43
(b) Date of occurrence 11/30 43 at 8 P.M.
(c) Where did injury occur? 1403 W. Lanvale (City or town) Balto (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fall

23. Signature B M Rawlings M. D.
Address 134 W. Mad. St. Date signed 12-10-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11027 Registered No. 740

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Clarksville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Kenneth Kosh

3 (b) If veteran, name war None
3 (c) Social Security Account No. 214-12-7352

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 22, 1927

8. AGE: Years 16 | Months 1 | Days 16 | If less than one day, hr. min. 1917

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Charles Kosh
13. Birthplace Md

MOTHER
14. Maiden Name Emma Howard
15. Birthplace Md

16 (a) Informant Emma Kosh
(b) Address Highland Md.

17 (a) Burial (b) Date thereof 12-11-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hopkins Chapel
Location Highland Md

18 (a) Funeral director F. C. Higinbothom
(b) Address Ellicott City, Md

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar
DEC 9 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8 1943, at 9:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/1 1943, to 12/8 1943, and that I last saw h[illegible] alive on 12/8 1943.

Immediate cause of death	Duration
Due to Chronic myeloid leukemia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Francis E. Reynolds M. D.
Address 1 W. Lexington Balto. Date signed 12-8-43

G 11028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106a

G 11028

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wilkens Ave
(c) Hospital or institution: St. Agnes 25
(d) Length of stay in hospital or inst. (yrs., mos., or days): 7 day
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md (b) County: Howard
(c) City or town: Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No.: Johnny Cake Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME: Daniel Shumaberry

3 (b) If veteran, name war:

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 30, 1942

8. AGE: Years	Months	Days	If less than one day
1	5	8	hr. min.

9. Birthplace: W. Va. (Town, county, and state)

10. Usual Occupation: none

11. Industry or business: —

FATHER
12. Name: Edgar Shumaberry
13. Birthplace: West Va.

MOTHER
14. Maiden Name: Alma Fox
15. Birthplace: West Va.

16 (a) Informant: Edgar Shumaberry
(b) Address: Woodlawn, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-43 (month) (day) (year)
(c) Cemetery or crematory: Stony Run
Location: Coad Rd.

18 (a) Funeral director: F. C. Nigumbothom
(b) Address: Ellicott City, Md

19 DEC 9 - 1943 (b) Huntington Williams, M.D.
(Registered by) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 8 1943, at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1943, to Dec. 8 1943, and that I last saw him alive on Dec 8 1943.

Immediate cause of death: Acute Laryngotracheobronchitis — Duration:

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: P. Arthur Rowberg M.D.

Address: St. Agnes Hosp. Date signed 12/8/43

G 11029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 11029 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully completed. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 631 S. Patterson Pk Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANK POREMSKI

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-3005

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-17-76

8. AGE: Years 67 | Months 3 | Days 11 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER
12. Name Thomas Poleneski
13. Birthplace Poland
14. Maiden Name
15. Birthplace

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-43 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore Md

16 (a) Funeral director George B. Weber
(b) Address 205 S. Eaton St

DEC 9 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1943, at 7:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1943 to Dec 8 1943, and that I last saw him alive on Dec 8 1943.

Immediate cause of death: Hypertensive arteriosclerotic cardio-vascular disease — Duration: 6 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul O. Chatfield
Address Johns Hopkins Hosp. Date signed 12/8/43 (M. D.)

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11030 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Accomac
(If outside city or town limits, write RURAL and give town)
(d) Street No. - (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ALFRED P. MASON

3 (b) If veteran, name war -
3 (c) Social Security Account No. -

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3/10/1878 1876
8. AGE: Years 65 Months 8 Days 28 If less than one day hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Barge captain
11. Industry or business Wathen & Co., Ship Brokers

FATHER: 12. Name Wm. T. MASON
13. Birthplace Accomac Co., VA.

MOTHER: 14. Maiden Name VIRGINIA MOORE
15. Birthplace HAMPTON Co., VA.

16 (a) Informant Records, U.S. Marine Hospital
(b) Address Baltimore, Md.

17 (a) Funeral (Burial, cremation, or removal) (b) Date thereof 12/9/43 (month) (day) (year)
(c) Cemetery or crematory Accomac
Location Accomac Co. Va.

18 (a) Funeral director Wilson & Son
(b) Address 1124 Park St.

19 (a) (Date rec'd by registrar) DEC 9 - 1943 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/8/ 1943, at 1:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 16, 1943, to Dec. 8, 1943, and that I last saw him alive on Dec. 8, 1943.

	Duration
Immediate cause of death Meningovascular syphilis with thrombosis of lenticular striate artery, with right hemiplegia	Unk.
Due to	
Other Conditions Bronchopneumonia	Several days

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation:
of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature U.S. Bran
Address Baltimore, Md. Date signed M. 12 D. 8/43

MS-49179

(over)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 56 D

C 11031

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3531 Roland Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME THEODORE JAMES MORRISON

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No. -

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Bessie Wisner
6 (c) If alive, give age 45 years
7. Birth date of deceased (mo., day, yr.) June 13, 1891
8. AGE: Years 52 | Months 5 | Days 23 | If less than one day: hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None (Has not worked since
11. Industry or business 1917-Lived on Pension).

FATHER
12. Name Theodore Morrison
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Annie Downey
15. Birthplace Baltimore, Md.

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 9/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Chenault & Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) (Date rec'd by registrar) DEC 9 - 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH December 6, 1943, at 6:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2, 1943, to Dec. 6, 1943, and that I last saw him alive on Dec. 6, 1943

Immediate cause of death: Cerebral hemorrhage — Duration: Just prior to death.

Due to: Hemangioma of left cerebral hemisphere — Duration: Recurrent following operation 1923.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation None this admission

Major findings of operation:

of autopsy: None done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury U. S. Man

23. Signature

Address Baltimore, Md. Date signed 12/8/43

Va-14092

G 11032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11032 Registered No. 937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2608 Pierpont St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2608 Pierpont (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Hill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Col

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Robert E. Hill

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1874

8. AGE: Years 69 | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace Cambridge Md (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Steven Campfor
13. Birthplace Cambridge Md

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant George Hill
(b) Address 2608 Pierpont St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 9 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem
Location

18 (a) Funeral director Mrs Nettie R. Williams
(b) Address 322 N. Edmonds St

19 (a) DEC 9 1943 Huntington Williams Md
(Signature of registrar) (Date received) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 1943 at 12:04 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1943 to Dec 6 1943, and that I last saw h alive on Dec 5 1943

Immediate cause of death: Arteriosclerotic Coma

Due to Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
4 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M.D.
Address [illegible] Date signed 12-9-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a

Registered No. G 11033

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 218 N. Gilmor St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 218 N. Gilmore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph H. Sewell

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: colored
6 (a) Single, married, widowed, or divorced: widower
6 (b) Name of husband or wife: Lucy Sewell
6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1872

8. AGE: Years 71 | Months 9 | Days 15 | If less than one day ....hr. ....min.

9. Birthplace Baltimore md
(Town, county, and state)

10. Usual Occupation Insurance Collector
11. Industry or business

FATHER
12. Name Benj. F. Sewell
13. Birthplace Talbot Co. Md

MOTHER
14. Maiden Name Sarah Thomas
15. Birthplace Md

16 (a) Informant Mamie Johnson
(b) Address 218 N. Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 9-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Registrar

VS DEC 9 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5 1943, at 11 a 23 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1943 to Dec 5 1943, and that I last saw h-- alive on Dec 4 1943.

Immediate cause of death (a) Coronary Thrombosis

Due to (b) Arterio-Sclerosis

Due to (c)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Edward Fisher M. D.
Address 612 N. Milton Ave Date signed 12-6/43

G 11034

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 11034

CERTIFICATE OF DEATH 83a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4004 Pennington Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Curtis Bay
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4004 Pennington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence A. Pinheiro

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	S.

6 (b) Name of husband or wife: Caleb L. Pinheiro
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 1st 1883

8. AGE: Years	Months	Days	If less than one day
60	8	65	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Alexander T. Mooney
13. Birthplace Maryland

MOTHER
14. Maiden Name Lydia Wells
15. Birthplace Unascertained

16 (a) Informant Caleb L. Pinheiro
(b) Address 4004 Pennington Ave

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/9/43 (month) (day) (year)
(c) Cemetery or crematory Druid Park
Location Baltimore, Md

18 (a) Funeral director F. B. Wehrenberg Sons
(b) Address 300 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Huntington Avenue, Md

DEC 9 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/6/1943, at 2 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death Cerebral Accident — Duration 8 hrs.

Due to High Blood Pressure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jesse B. Whitney
Address Med Arts Bldg Date signed 12-9-43

G 11035 ✓ G 11035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45c

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4138 Roland Ave
(c) Hospital or institution:
13-T
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4138 Roland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret N. Miller

3 (b) If veteran, name war — 3 (c) Social Security Account No. 212-16-244

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed or divorced~~
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 10 1872

8. AGE: Years	Months	Days	If less than one day
71	9	28	hr. min.

9. Birthplace Harford Co. Md.
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name Benjamin H. Miller
13. Birthplace Eastern Shore Md.

MOTHER
14. Maiden Name Mary Ann Nambero
15. Birthplace Harford Co. Md.

16 (a) Informant Virginia Miller
(b) Address 4138 Roland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/43 (month) (day) (year)
(c) Cemetery Cranbury Pennypacks Location Md

18 (a) Funeral director William Cook Inc
(b) Address 1317 St. Paul St.

19 (a) DEC 9 - 1943 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1943, at 9.50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 8 1943 to Dec 8 1943, and that I last saw h.[illegible] alive on Dec 8 1943.

Immediate cause of death	Duration
Adenocarcinoma Stomach	3 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Nelson
Address 617 W. 40th St Date signed 12/8/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 110[illegible]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 162B

Registered No. G 44036

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address MERCY HOSPITAL
(c) Hospital or institution: CALVERT + SARATOGA STS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 51 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 E 33rd St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JACOB F. ODRECHT

3 (b) If veteran, name war: W
3 (c) Social Security Account No. [illegible]

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: WIDOWER

6 (b) Name of husband or wife: Amelia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 30, 1862

8. AGE: Years 81 | Months 3E | Days 8 | If less than one day hr. min.

9. Birthplace BALTIMORE (Town, county, and state)

10. Usual Occupation MERCHANT

11. Industry or business RETIRED OF LATE

FATHER
12. Name JACOB ODRECHT
13. Birthplace GERMANY

MOTHER
14. Maiden Name Eleanor
15. Birthplace Germany

16 (a) Informant Mrs Wm R. Goechel
(b) Address 1518 E. 33rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto. Co. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) DEC 9 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 8 1943 at 2:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17 1943 to Dec. 8 1943, and that I last saw him alive on Dec 7 1943.

Immediate cause of death	Duration
RENAL FAILURE	
Due to SENILITY	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry F. Zangara M. D.
Address Mercy Hosp Date signed 12/8/43

G 11037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11037 Registered No. 108

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3513 E Fairmount (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) **FULL NAME** HELEN C. WATSON

3 (b) If veteran, name war: NI
3 (c) Social Security Account No.: NONE

4. Sex: F
5. Color or race: W
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of husband ~~or wife~~: James Watson
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 27th 1865

8. AGE: Years 78 | Months 4 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace: Scotland (Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business: Self

FATHER
12. Name: John Cunningham
13. Birthplace: Scotland

MOTHER
14. Maiden Name: Margaret Alexander
15. Birthplace: Scotland

16 (a) Informant: James Watson
(b) Address: 3513 E. Fairmount Ave

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 12/11/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~: London Park
Location: Balto. Md.

18 (a) Funeral director: William Cook Inc
(b) Address: 1217 St. Paul St.

19 (a) DEC 9 1943 (Date rec'd by registrar) (b) ..... Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 7 1943, at 8:25 P M

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Pneumonia, lobar bilateral

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....
(d) Means of injury .....

23. Signature: H. Z. Wallenmeyer M.D. and Medical Examiner.
Date signed 12-7-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

G 11038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1220

Registered No. G 11038

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4300 Amtana Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4300 Amtana Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ELLA E. EBLEY

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Henry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1859

8. AGE: Years 84 | Months 1 | Days 17 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own Home

FATHER
12. Name James Sheffield
13. Birthplace England

MOTHER
14. Maiden Name Rosabelle Armstrong
15. Birthplace Md.

16 (a) Informant Miss Rosa E. Ebley
(b) Address 4300 Amtana Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 11, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md.

18 (a) Funeral director Williams Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) DEC 9 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1943, at 12 50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec-7 1943, to Dec-7 1943, and that I last saw h.. alive on Dec-7 1943.

Immediate cause of death	Duration
Intestinal Obstruction	3 Days
Due to	yr.
Due to Chronic cystitis	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard Thornton M.D.
Address 540 W Baltimore St. Date signed 12-9-43

C 11039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

C 11039 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st Street
(c) Hospital or institution: U. S. Marine Hospital 96
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 E. 29th Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) **FULL NAME** EDWARD JOSEPH KERR

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Catherine Anderson Deceased
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1885

8. AGE: Years 57 | Months 11 | Days 22 | If less than one day hr. min.

9. Birthplace Scotland (Glasgow) (Town, county, and state)
10. Usual Occupation None
11. Industry or business -

FATHER
12. Name Edward J. Kerr
13. Birthplace Glasgow, Scotland

MOTHER
14. Maiden Name Mary MacDonald
15. Birthplace Glasgow, Scotland

16 (a) Informant Records, U.S. Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/43 (month) (day) (year)
(c) Cemetery or crematory U S National
Location Balto. Md.

18 (a) Funeral director William Cox Inc
(b) Address 127 St. Paul St.

19 (a) DEC 9 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION A.

20. DATE OF DEATH Dec. 8, 1943, at 5:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 30, 1943, to Dec. 8, 1943, and that I last saw him alive on Dec. 8, 1943.

Immediate cause of death 1. Ruptured acute appendicitis; 2. Retroperitoneal cellulitis — Duration: Terminal
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 12/3/43-Incision & drainage
Major findings of operation: Ruptured acute appendicitis.
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Evans, Jr. O.P.
Address Baltimore, Md. Date signed 12/8/43 M.D.

Va-14081

G 11040

JL - 84888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1467

Registered No. G 11040

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2808 Waldorf Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gertrude C Hull

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Wm Hull

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1900

8. AGE: Years	Months	Days	If less than one day
43	1 y	4	hr. min.

9. Birthplace New York
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Charles Ringlestein
13. Birthplace N. Y

MOTHER
14. Maiden Name Louise Rosa
15. Birthplace New York

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville, Balto Co. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St Paul Huntington Williams, M.D.

19. (a) 12-9-1943 (Date received by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-7- 1943, at 10:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15 1943, to 12-7 1943, and that I last saw h[illegible] alive on 12-7 1943.

Immediate cause of death

Bronchopneumonia — Duration: 4 days
Due to ? Pulmonary Infarct — 4 "
Due to Carcinoma of Rectum with metastases — 12 Wks +

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 11-23-43

Major findings of operation: Carcinoma of Rectum with metastases

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald B Stell M. D.
Address Balto City Hosp Date signed 12-9-43

11041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 144B

G 11041 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1804 Pressbury St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1804 Pressbury St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Morris Salzman

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-65-1244

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Watchmaker (Town, county, and state)

10. Usual Occupation Russia

11. Industry or business

FATHER
12. Name Asher
13. Birthplace Russia

MOTHER
14. Maiden Name Rose
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-43 (month) (day) (year)
(c) Cemetery or crematory [redacted]
Location Rosedale Cem.

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Balto St.

DEC 9 - 1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/9 1943, at 5:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 15 1943 to 12/9 1943, and that I last saw h[illegible] alive on 12/5 1943

Immediate cause of death Hodgkins Disease — Duration 10 mo.

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation April 1943

Major findings of operation: Biopsy of central gland

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alan Bernstein M. D.

Address 1039 N Calvert St Date signed 12/9/43

VS 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the correct age is especially important.

1042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G 13042

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvedere & Greenspring
(c) Hospital or institution:
Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 months
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere & Greenspring
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

7-11

3 (a) FULL NAME Harry Salas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Minnie Salas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 74 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Isaac -
13. Birthplace Russia

MOTHER
14. Maiden Name -
15. Birthplace Russia

16 (a) Informant Mrs. Rose Rustan

(b) Address 3823 Turnpike Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-43 (month) (day) (year)

(c) Cemetery or crematory United Hebrew Cem.

Location Wash. Blvd.

18 (a) Funeral director Jos. Levin Bro.

(b) Address 1439 E. Baltimore St

DEC 9 - 1943 (Date rec'd by Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8 1943, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1943, to Decemb 8 1943, and that I last saw him alive on Dec. 8 1943.

	Duration
Immediate cause of death: Broncho pneumonia	12-6-43
Due to:	
Due to:	
Other Conditions: Prostatic hypertrophy	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Edmund Levin

Address Levindale Date signed 12 M. D. 43

VS 150

G 11043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 11043

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Eicnitzer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1853

8. AGE: Years	Months	Days	If less than one day
90			hr. min.

9. Birthplace Sweden (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Carl
13. Birthplace Sweden

MOTHER
14. Maiden Name Annie Anderson
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St. Balto Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 10, 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Weisfeld
(b) Address 914 Greenmount Ave

19) Dec 9 1943 (Date received by registrar) Livingston Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION 11.9 m.

20. DATE OF DEATH Dec. 6 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1943 to Dec 6 1943 and that I last saw her alive on Dec 6 1943

Immediate cause of death — Duration

a Edema of Lungs — 1 day

Due to

b Chronic Myocarditis — 6 yrs

Due to

c

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M. D.

Address 1631 E Northern Date signed 12/11/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11044

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

Registered No. G 11044

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1823 Odell Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1823 Odell Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE C. PATTERSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15 1875

8. AGE: Years 68 | Months 69 | Days 3 | 27 | If less than one day ____hr. ____min.

9. Birthplace Balt MD (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name George E Patterson
13. Birthplace Balt Md

MOTHER
14. Maiden Name Mary E Harman
15. Birthplace Chestertown Md

16 (a) Informant Kate M. Stein
(b) Address 2423 E Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/43 (month) (day) (year)
(c) Cemetery or crematory Balt Cem
Location North Ave Balt Md

18 (a) Funeral director John C Miller Inc
(b) Address 2435 E Oliver St.

19 (a) DEC 9 - 1943 (Date rec'd by registrar) (b) Huntingtown Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1943, at 9:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular disease

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 12-8-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92C

G 11045 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland

(b) Street address.....

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-

(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Reisterstown (If outside city or town limits, write RURAL and give town)

(d) Street No. Box 122 (If rural give location)

(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Donald S. Schaefer

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife.....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 20 1921 1911

8. AGE: Years 32 | Months 5 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Balto Co. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Henry Schaefer
13. Birthplace Balto Co

MOTHER
14. Maiden Name Bertha Long
15. Birthplace Balto City

16 (a) Informant.....
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 11-43 (month) (day) (year)
(c) Cemetery or crematory All Saints
Location Reisterstown

18 (a) Funeral director J.F. Eline & Sons
(b) Address Reisterstown Md.

DEC 9 - 1943 (Date rec'd by reg.) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1943, at 705 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/8 1943 to 12/8 1943, and that I last saw him alive on 12/8 1943

Immediate cause of death: Cardiac failure — Duration: 7 hrs.

Due to: aortic & mitral insufficiency

Due to: Rheumatic heart disease — 10 yrs.

Other Conditions: Multiple embolic, fresh & recent
(Include pregnancy within 3 months of death)

Date of operation.....

Major findings of operation:.....

of autopsy:.....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at ..... M
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... (Specify type of place) While at work?.....
(e) Means of injury.....

23. Signature Paul O. Mathieu M. D.

Address Johns Hopkins Hosp. Date signed 12/9/43

G 11046

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 11046
Registered No. 937

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution: Lemmon's Hospital 18

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 906 N. Pratt Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Hardy

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	~

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife ~
6 (c) If alive, give age ~ years

7. Birth date of deceased (mo., day, yr.) Unknown. 1867.

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Clerk -
11. Industry or business

FATHER
12. Name Samuel J. Hardy
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Rachel Galloway
15. Birthplace Baltimore Md

16 (a) Informant Mr. Geo. S. Whalen
(b) Address 20 S. Schroeder St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore Lawn.
Location E. North Ave. Ext.

18 (a) Funeral director John J. Cowan & Son
(b) Address 2 S. Gallaway St.

19 DEC 9 1943 (b) Lexington Williams, M.R.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-8- 1943, at 1-10 P. M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardio-vascular Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 12-8-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

G 11047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 11047 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1507 No. Lexington
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 N. Lexington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Madeline Curtis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1906

8. AGE: Years	Months	Days	If less than one day
37			hr. min.

9. Birthplace AC Cormac Va.
(Town, county, and state)

10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Thomas Young
13. Birthplace AC Cormac, Va.

MOTHER
14. Maiden Name Addie Wessells
15. Birthplace AC Cormac, Va.

16 (a) Informant Harry Curtis Husband
(b) Address 1507 W. Lexington St

17 (a) Burial (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory AC Cormac Co. Va.
Location AC Cormac Co Va.

18 (a) Funeral director Elroy O Wilson
(b) Address 1002 Brantley Av.

19 (a) (b)
(Date rec'd by registrar)

DEC 8 1943 Hunting for William White

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/7 1943 at 3:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/5 1943 to 12/7 1943.
and that I last saw h alive on 19

Immediate cause of death
(a) Pulmonary
Due to Pneumonia
Due to
Other Conditions

Duration

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H Clarkson M.D.
Address 1131 Harlem Ave Date signed 12/9/43

G 11048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 11048

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 9-8
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2003 Robb street
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary A. O'Brien

3 (b) If veteran, name war -----

3 (c) Social Security Account No. -----

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: John J. O'Brien

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1878

8. AGE: Years 65 | Months 11 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: At home

11. Industry or business

FATHER
12. Name: John Moran
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Elizabeth Bacon
15. Birthplace: Ireland

16 (a) Informant: Mr. John J. O'Brien
(b) Address: 2003 Robb street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/43 (month) (day) (year)

(c) Cemetery or crematory: Cathedral
Location:

18 (a) Funeral director: Clay J. Evans, Son & Co.
(b) Address: 111 N. Mt. Royal Ave

19 (a) Date rec'd by registrar: DEC 9 1943
Huntington Williams
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 1943, at 6.15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 25 1943, to Dec. 9 1943, and that I last saw h[illegible] alive on Dec. 9 1943.

Immediate cause of death: Cerebral Embolism — Duration

Due to: Coronary Occlusion

Due to:

Other Conditions: Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place)
While at work?
(e) Means of injury:

23. Signature: Dillyn H. Lusting
Address: St. Joseph's Hosp. Date signed: 12-9-43

G 11049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937 D

Registered No. G 11049

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1929 W. Franklin street
(c) Hospital or institution: ----
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-1
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County --
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1929 W. Franklin street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME MARY E. LaPLANCHE

3 (b) If veteran, name war ----
3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married

6 (b) Name of husband or wife Paul F. LaPlanche
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Mar. 7, 1894

8. AGE: Years	Months	Days	If less than one day
49	9	1	____ hr. ____ min.

9. Birthplace Charleston, S.C. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Richard Bowey
13. Birthplace England

MOTHER
14. Maiden Name Amanda King
15. Birthplace S. Carolina

16 (a) Informant Paul F. LaPlanche
(b) Address 1929 W. Franklin street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Evans & Son Inc
(b) Address 118 N. Mt. Royal Ave

19 (a) DEC 9 - 1943 (Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8 19 43 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1943 to Dec 8 1943, and that I last saw him alive on Dec 8 1943

Immediate cause of death
Cardiac Vascular Hypertension
Due to Carcinoma of Uterus

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

Duration
2 Yrs
1 Da

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmond Williams M.D.
Address 806 N Eutaw St Date signed 12/9/43

G 11050 G 11050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3522 LYNDALE AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 1
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3522 LYNDALE AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELIZABETH M.FARRELL

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife: GEORGE FARRELL.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT.12 1871

8. AGE: Years	Months	Days	If less than one day
72	1	25	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name JOHN S.ZEILER
13. Birthplace FRANCE

MOTHER
14. Maiden Name KATHERINE KOHLMAN
15. Birthplace BALTO.MD.

16 (a) Informant GEORGE R.FARRELL (SON)
(b) Address 3522 LYNDALE AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC.11/43 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Zeiler INC
(b) Address 403 S.WOLFE ST.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

DEC 9 1943

MEDICAL CERTIFICATION PM.

20. DATE OF DEATH DEC.7 1943 at 1/10M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-5 1943 to 12-7 1943 and that I last saw h alive on 12-7 1943

Immediate cause of death: Coronary Thrombosis — Duration: 2 days

Due to:

Due to:

Other Conditions: Arteriosclerotic Cardio Vascular Renal Disease — 5 yrs

(Include pregnancy within 3 months of death)

Date of operation: none

Major findings of operation:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rutherford Leidy M. D.
Address 10 W. Tusculum Date signed 12-8-43

G 11051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G 11051

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2242 ESSEX ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2242 ESSEX ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: VINCENT WHITEKITE

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.:

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: ANNA WHITEKITE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 28 1886

8. AGE: Years 57 | Months 10 | Days 10 | If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation RIGGER

11. Industry or business COPPER WORKS

FATHER
12. Name MATTHEW WHITEKITE
13. Birthplace LITH. 3/4

MOTHER
14. Maiden Name VICTORIA DEMBRICH
15. Birthplace POLAND

16 (a) Informant ANNA WHITEKITE (WIFE)
(b) Address 2242 ESSEX ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 11/43 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE EXT.

18 (a) Funeral director Lilly and Quinn INC.
(b) Address 493 S. WOLFE ST.

19 (a) Date received by (Local Registrar) DEC 9 1943 (b) Registered by (Signature) Katherine Williams

VS 150

MEDICAL CERTIFICATION PM.

20. DATE OF DEATH DEC. 8 1943 at 5/00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1943, to Dec 8 1943, and that I last saw alive on Dec 7 1943

Immediate cause of death: Lobar Pneumonia — Duration 8 days

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton L. Solomon M.D.
Address 129 S. Broadway Date signed 12/9/43

G 11052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 11052

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504 S. ROBINSON ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-2
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 504 S. ROBINSON ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM M BALSTER

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: MARGARET BALSTER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 6 1894

8. AGE: Years 49 | Months 10 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation BARBER

11. Industry or business FOR SELF

FATHER
12. Name MARTIN BLASTER
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace BALTO. MD.

DEC 9 1943

16 (a) Informant MARGARET BALSTER (WIFE)
(b) Address 504 S. ROBINSON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 11/43 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) ... (Date rec'd by registrar) (b) ... Registrar

DEC 9 - 1943

Huntington Hillsville, Md.

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH DEC. 8 1943 at 5/30

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1943 to Dec 8 1943 and that I last saw h[illegible] alive on Dec 7 1943

Immediate cause of death: Coronary Thrombosis — Duration: 4 days

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. J. Davidow M. D.
Address 3218 Edtenson Ave Date signed 12/[illegible]/43

G 11053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

Registered No. G 11053

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution: Md. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2061 E. Lanvale St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joyce Beatrice Mallon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-21-43

8. AGE: Years	Months	Days	If less than one day
—	—	18	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Mallon
13. Birthplace Easton, Md.

MOTHER
14. Maiden Name Thelma Kellerman
15. Birthplace Baltimore

16 (a) Informant Charles Mallon
(b) Address 2001 E. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-43. (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location E. North Ave.

18 (a) Funeral director Wendell E. Humphreys
(b) Address 1501 N. Broadway

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 13 - 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/8/43 19 at 12:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-5 1943 to 12-8 1943, and that I last saw h[illegible] alive on 12-8 1943

Immediate cause of death Sclerema

Due to Dehydration

Due to Diarrhea

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank E. Poole M. D.
Address Md. Gen. Hospital Date signed 12/12/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not guess. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

~~11054~~ G 11054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1817 BOLTON ST.

(c) Hospital or institution:

XX

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14

(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:

(a) State BALTO- Md (b) County .....

(c) City or town .....
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1817 BOLTON ST.
(If rural give location)

(e) If foreign born, how long in U. S. A.) ..... years

3 (a) FULL NAME MIRIAM RAMER.

3 (b) If veteran, name war: XX

3 (c) Social Security Account No. XX

4. Sex: FEMALE

5. Color or race: W

6 (a) Single, married, widowed, or divorced. WIDOWED.

6 (b) Name of husband or wife CHARLES RAMER.

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 28-1857

8. AGE: Years 86 | Months 2 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace BALTO. Md.
(Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER

12. Name JOSEPH SCHWAB

13. Birthplace GERMANY

MOTHER

14. Maiden Name HANNAH STRAUSS

15. Birthplace GERMANY.

16 (a) Informant EDWARD RAMER

(b) Address 2025 N. FULTON AVE.

17 (a) BURIAL (b) Date thereof DEC 12-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory OHEB SHALOM CEM.

Location O'Donnell St

18 (a) Funeral director Chas. Chrikus & Co

(b) Address 2432 REISTERSTOWN RD.

DEC 9 - 1943 Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9 1943, at 9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1943, to Dec 9 1943 and that I last saw h[e] alive on Dec 5 1943.

Immediate cause of death Hypostatic Pneumonia. — Duration 2 days

Due to Chr Myocarditis

Due to Gen Arteriosclerosis

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? .....
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)

(e) Means of injury .....

23. Signature G. W. Kerman M. D.

Address 1938 Eutaw Place Date signed 12/9/43

VS 3

15063 W

11055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X V 61

Registered No. G 11055

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Norfolk (If outside city or town limits, write RURAL and give town)
(d) Street No. 534 W. 34th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Manuel Wax

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Isabelle

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) 3-18-86

8. AGE: Years 57 | Months 8 | Days 21 | If less than one day hr. min.

9. Birthplace Roland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Paul Wax
13. Birthplace ?

MOTHER
14. Maiden Name [illegible] ?
15. Birthplace Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (b) Date thereof 12/10/43 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Forest Lawn
Location Norfolk Va

18 (a) Funeral director Williams Cook Inc
(b) Address 1217 St. Paul st

19 DEC 10 1943 (Date received by registrar) Huntington Williams Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9 1943, at 12:40 M

21. I certify that death occurred on the date above-stated; that I attended deceased from Nov. 11 1943, to Dec. 9 1943, and that I last saw him alive on Dec. 9 1943.

Immediate cause of death: Acute cardiac failure — Duration

Due to: Arteriosclerotic heart disease

Due to: Hypertension

Other Conditions: Diabetes mellitus

Significant Pregnancy disease (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. S. Cross M. D.

Address J.H.H Date signed 12-9-43

G 11056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163 H

Registered No. G 11056

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Every correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: West Baltimore Gen'l Hosp. 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.OA
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3315 Alto Road
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) **FULL NAME** Edna G. Stedman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of husband ~~or wife~~ Wilbur M. Stedman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9th 1891

8. AGE: Years 52 | Months 7 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business At Home

FATHER
12. Name Edward Conner
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Elizabeth Hunt
15. Birthplace Balto. Md.

16 (a) Informant Wilbur M. Stedman
(b) Address 3315 Alto Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore Md

18 (a) Funeral director Wilbur L. Lee
(b) Address 2170 W. Lord St

19 (a) DEC 10 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9 1943, at 5 20 P.M.

21. I certify that I took charge of the remains described above, held an Inquestion Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation due to illuminating Gas

Due to .....

Other Conditions Mental despondency

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Dec. 9 at 1943 4 20 P.M.
(b) Where did injury occur? 3315 Alto Road
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Inhaled illuminating gas

23. Signature Robert Lee Gutsche M.D.
Medical Examiner.
Date signed Dec. 9 1943.

G 11057 163d ✓ G 11057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11057

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully studied—the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1314 Cookair Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anton F. Novak ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.
W —	?

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~.
Male	White	Separated

6 (b) Name of husband or wife Mary Novak
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) Mar. 24, 1909

8. AGE: Years	Months	Days	If less than one day
34	6	14	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Beth. Steel Corp.

FATHER
12. Name Anton J. Novak
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Blanche Wheeler
15. Birthplace Washington, D.C.

16 (a) Informant Blanche Novak
(b) Address 1413 Cookair St

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 12/11/43 (month) (day) (year)
(c) Cemetery ~~crematory~~ Balto. Md.
Location "

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) DEC 10 1943 (Date rec'd by Registrar) Huntington Williams, Mgr. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-8- 1943, at 3 40 P.M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Bichloride of Mercury Poisoning

Due to

Other Conditions Despondent

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-27- at P M.
(b) Where did injury occur? 1314 Cookair Street
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Ingestion of bichloride Hg. Tablets

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 12-9-43 ✓

G 11058

BALTIMORE CITY HEALTH DEPARTMENT 131a ✓ G 11058

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore Md.
(b) Street address 2465 Brentwood Ave.
(c) Hospital or institution: 12-3

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2465 Brentwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary L. Rose

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Arthur Rose

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) June 16-1879

8. AGE: Years 70 | Months 10 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Andrew Jackson
13. Birthplace Va.

MOTHER
14. Maiden Name Amanda Jackson
15. Birthplace Va.

16 (a) Informant Mary E. Scott
(b) Address 2465 Brentwood Ave

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 12-10-43 (month) (day) (year)
(c) Cemetery or crematory Lakeview Memorial Pk.
Location Baltimore Md.

18 (a) Funeral director Archibald A. Gaddess
(b) Address 2101 Mc Culloh St

19 DEC 10 1943 (Date Rec'd by Reg.) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1943, at 7.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 28 1943, to Dec 7 1943, and that I last saw h. alive on Dec 7 1943.

Immediate cause of death: Cardio Renal Disease — Duration: 7 mos

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis A. Jakubowski M.D.
Address 2329 Jewett St Date signed 12-9-43

G 11059 934 V G 11059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital 26-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 304 Chesterfield Ave.
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Martin Lepka (Wagner)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Elizabeth (nee Vacek)
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) March 24, 1881

8. AGE: Years	Months	Days	If less than one day
62	8	22	— hr. — min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Driver
11. Industry or business Globe Brewing Co.

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Record
(b) Address Mercy Hospital

17 (a) — (Burial, cremation, or removal) (b) Date thereof 12-11-43 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Holy Redeemer
Location Belair Rd. Baltimore, Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison St. Williams Funeral Home

19 (a) — (b) — Registrar
(Date rec'd by registrar) DEC 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1943, at 8:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6 1943, to Dec 8 1943, and that I last saw h. alive on Dec 8, 1943

Immediate cause of death Coronary Failure — Duration Hours

Due to Hypertensive Cardio Vascular Disease — Duration Years

Due to — Duration —

Other Conditions — Duration —

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ferdinand Raymond Lee M. D.
Address Mercy Hosp. Date signed 12/9/43

G 11060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 X G 11060

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution:
University Hospital 4-2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince Georges(?)
(c) City or town Bowie
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES EDWARD CLARK

3 (b) If veteran, name war: ?

3 (c) Social Security Account No.: ?

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary T.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1881

8. AGE: Years	Months	Days	If less than one day
62	3	26	hr. min.

9. Birthplace Savage, Md.
(Town, county, and state)

10. Usual Occupation Mail Carrier

11. Industry or business Star Route

FATHER
12. Name Henry W. Clark
13. Birthplace Unknown

MOTHER
14. Maiden Name Emma Specht
15. Birthplace Md.

16 (a) Informant Mrs. Mary T. Clark
(b) Address Bowie, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/43 (month) (day) (year)
(c) Cemetery or crematory Savage Cem.
Location Savage, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 10 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/8 1943, at 8-40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/6 1943, to 12/8 1943, and that I last saw h.i.m. alive on 12/8 19 43

Immediate cause of death: Heart failure — Duration:

Due to: Pneumonia; chronic asthma

Due to:

Other Conditions: Diabetes

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Josephine E. Renahan M. D.
Address Univ. Hospital Date signed 12/10/43

G 11061

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G 11061

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Esplanade Apts. (If rural give location) Entrance Forest Park Ave & Belvedere Lane
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dr. William Rosenau

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Myra K. Rosenau

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 30, 1865

8. AGE: Years: 78 | Months: 6 | Days: 9 | If less than one day: hr. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Rabbi

11. Industry or business

FATHER
12. Name: Nathan Rosenau
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant: Mrs. Myra K. Rosenau
(b) Address: Esplanade Apts.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 12/13/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Balto. Md.

18 (a) Funeral director: Harris Levine & Son
(b) Address: 702 Eutaw Place

DEC 10 1943 (Date rec'd by registrar) (Huntington Williams, M.D.)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 9 1943, at 5:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 19 1943 to Dec 9 1943 and that I last saw him alive on Dec 8 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration:
Due to: Hypertension
Due to:
Other Conditions: Cystitis, benign prostatic hypertrophy, parotitis
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Herbert N. Jacobs M.D.
Address: Sinai Hospital Date signed: 12/9/43

VS 180

G 11062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

80B Registered No. G 11062

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard + Madison
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. ~~(yrs., mos.,~~ or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3638 Buena Vista Av.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sylvia Livering

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1939

8. AGE: Years: 4 | Months: 7 | Days: 8 | If less than one day: hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Arthur W Livering
13. Birthplace Penn.

MOTHER
14. Maiden Name Ethel Trooper
15. Birthplace Md.

16 (a) Informant Arthur W. Livering
(b) Address 3638 Buena Vista Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 13/43 (month) (day) (year)
(c) Cemetery or crematory Westminster
Location Carroll Co. Md

18 (a) Funeral director Thenwood & Donovan
(b) Address 3615-17 Christmas Ave

DEC 10 1943 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9 1943, at 12:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 8 1943, to Dec 9 1943, and that I last saw h~~e~~r alive on Dec 8 1943.

Immediate cause of death — Encephalitis (?) — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Herman Wellman M. D.

Address Md Gen Hosp Date signed Dec. 9, 1943

G 11063 ✓ G 11063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave
(c) Hospital or institution Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1927 Linden Ave (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Gertrude ~~Pfeffering~~ Pfefferling

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
55			..... hr. ..... min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Henry Pfefferling
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Heile —
15. Birthplace Balto.

16 (a) Informant Minton Fehrman
(b) Address 3506 Ellen Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location .....

18 (a) Funeral director Jos Feiss Inc
(b) Address 1431 E. Balto. St

19 (a) ..... (Date rec'd by registrar) (b) ..... (Registrar)
DEC 10 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9 1943, at 12:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1943, to Dec 9 1943, and that I last saw her alive on Dec 9 1943.

Immediate cause of death	Duration
Bronchopneumonia	.....
Due to	.....
Due to	.....
Other Conditions? Cerebral injury at birth (Include pregnancy within 3 months of death)	.....

Date of operation .....
Major findings of operation: .....
of autopsy bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Herbert A. Austin M. D.
Address Sinai Hospital Date signed 12/9/43

G 11064

BALTIMORE CITY HEALTH DEPARTMENT 94a G 11064 Registered No.

CERTIFICATE OF DEATH 2841 Central Ave Pittsburg Pa

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Also correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 29

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 115 N. Exeter St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Mount

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Separated

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-16-85

8. AGE: Years	Months	Days	If less than one day
58	8	22	hr. min.

9. Birthplace POLAND
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Abraham Samuel Mount
13. Birthplace Poland

MOTHER
14. Maiden Name Ida Esther —
15. Birthplace Poland

16 (a) Informant Rosalie Helen Mount
(b) Address 2841 Centre Ave, Pittsburg, Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Cem. Randalstown
Location Liberty Rd.

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Balto. St

19 (a) (Date rec'd by registrar) (b)

VS 151 DEC 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-8- 1943 at 5-0 P M

21. I certify that I took charge of the remains described above, held an Inspection - Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mullen M.D.
Medical Examiner.
Date signed 12-9-43

Hunting for Relatives, M.P.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. C 11065

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1927 Linden Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1927 Linden Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Pfefferling

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation None -

11. Industry or business

FATHER
12. Name Henry Pfefferling
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Belle Pfefferling
15. Birthplace Balto.

16 (a) Informant Mrs Morton Lehman
(b) Address 3506 Glen Ave

17 (a) Burial (b) Date thereof 12-10-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mehgar Friendship
Location

18 (a) Funeral director Jack Kemp Inc
(b) Address 1439 E. Balto St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1943, at 4 15 M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bronchopneumonia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec. 9 1943.

G 11066 ✓ G 11066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2307 Elsinor Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2307 Elsinor Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George M. Caufman ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Louisa M. Caufman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 19, 1867

8. AGE: Years	Months	Days	If less than one day
76	1	19	hr. min.

9. Birthplace Hanover, Pa. (Town, county, and state)
10. Usual Occupation Retired Glass Blower
11. Industry or business

FATHER
12. Name Jacob M. Caufman
13. Birthplace Hanover, Pa.

MOTHER
14. Maiden Name Louisa Metzger
15. Birthplace Hanover, Pa.

16 (a) Informant Mrs. Charles M. Clark
(b) Address 2307 Elsinor Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 11, 1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn, Md.

18 (a) Funeral director Willis Lamborn
(b) Address 4510 Liberty Heights Ave.

19 Filed DEC 10 1943 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8 1943, at 11 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1943, to Dec. 8 1943, and that I last saw him alive on Dec 5 1943.

Immediate cause of death (1) Acute Myocarditis — Duration 2

Due to (2) Cerebral hemorrhage. — 11 mos. 8 days,

Due to (3) Bronchs - pneumonia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles S. Hensdt M. D.
Address 1730 Linden Ave. Date signed Dec. 9/43

G 11067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

G 11067

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 805 Vine Street
(c) Hospital or institution: University Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 805 Vine Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence Budd

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-12-6432

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	widow —

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20, 1894

8. AGE: Years	Months	Days	If less than one day
49	7	16	hr. min.

9. Birthplace Westminster
(Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name John W. Budd
13. Birthplace Westminster

MOTHER
14. Maiden Name Rebecca Powell
15. Birthplace Westminister

16 (a) Informant Mrs. Etta Williams
(b) Address Catonsville

17 (a) Burial (b) Date thereof 12/10/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location Balto. Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 (a) DEC 10 1943 (b) Huntington Williams, Md.
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-6 — 1943 at M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Chronic myocardial degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mullen M.D.
Medical Examiner.
Date signed 12-6-43

G 11068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33 L

G 11068 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1614 Bolton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 Bolton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY HOPE OWENS

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/14/1881

8. AGE: Years	Months	Days	If less than one day
62	4	24	hr. min.

9. Birthplace Raidville, Va.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Williard H. Owen
13. Birthplace Va.

MOTHER
14. Maiden Name Leah M. Busaells
15. Birthplace Va.

16 (a) Informant Miss Florence Owens (sister)
(b) Address 1614 Bolton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 10 1943 Huntington Williams, M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/8/ 1943, at 9:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from December 2 1943, to 12-8- 1943, and that I last saw h[illegible] alive on 12-7- 1943.

Immediate cause of death: Pneumonia

Duration: 10 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chester Riland, M. D.
Address 2532 Edmondson Ave Date signed 12-10-43

G 11069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 11069 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully scrutinized. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2129 W. Fairmount Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2129 W. Fairmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SARAH E. JONES

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Samuel Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1858

8. AGE: Years	Months	Days	If less than one day
85	9	14	hr. min.

9. Birthplace Calvert Co., Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name James Trott
13. Birthplace Maryland.

MOTHER
14. Maiden Name Margaret Harrison
15. Birthplace Maryland

16 (a) Informant Lydia E. Weigel
(b) Address 3309 Rosekemp Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St.

19 (a) DEC 10 1943 (Date filed by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/9 1943 at 1:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/1 1943 to 12/9 1943 and that I last saw h. alive on 12/5 1943.

Immediate cause of death Arterio Sclerosis — Duration
Due to Hypertension
Due to Myocarditis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Cohen M. D.
Address 2145 W Balto Date signed 12/10/43

Huntington Williams, M.D.

G 11070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 469

G 11070 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) three mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Linthicum Heights
(If outside city or town limits, write RURAL and give town)
(d) Street No. Homewood Road
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Wm. Lyman Henry
3 (b) If veteran, name war —
3 (c) Social Security Account No. 216-09-1152

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife Ruth Smith Henry
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) June 27, 1892

8. AGE: Years	Months	Days	If less than one day
51	5	12	hr. min.

9. Birthplace Texas (Town, county, and state)
10. Usual Occupation associate with Govt. C.O.E.
11. Industry or business

FATHER
12. Name Rev. H. B. Henry
13. Birthplace ?

MOTHER
14. Maiden Name Mamie L. Stockton
15. Birthplace ?

16 (a) Informant Mrs. Ruth S. Henry
(b) Address Homewood Rd., Linthicum Hts., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 11/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Road

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) Filed Dec 10 1943 (b) Huntington Mitchell, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/9 1943, at 3:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/2 1943 to 12/9 1943, and that I last saw h. i. m alive on 12/9 1943.

Immediate cause of death	Duration
Hyperpyrexia	
Due to Carcinoma of pancreas & metastasis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. McMillan M. D.
Address University Hosp. Date signed 12/9/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 11071 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 406 Loudon Avenue
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-9
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 Loudon Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) **FULL NAME** Annie V. Poulton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1867

8. AGE:	Years	Months	Days	If less than one day
	76	2	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Charles M. Poulton
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Irene Rea
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Susan P. Westcott
(b) Address 406 Loudon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place

19 (a) DEC 10 1943 (Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9th 1943 at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2nd 1943 to Dec 9th 1943, and that I last saw h alive on Dec 8th 1943

Immediate cause of death	Duration
Heart Failure	1 day
Due to myocarditis	1 mo
Due to arteriosclerosis senility	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. E. Poulton M. D.
Address 3909 Garrison Blvd. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11072 — 131a — XG 11072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1202 Argyle ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 2
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Worcester
(c) City or town Berlin
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edna L. Smack

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	married

6 (b) Name of husband or wife John Smack
6 (c) If alive, give age 4 years

7. Birth date of deceased (mo., day, yr.) Oct 13 - 1902

8. AGE: Years	Months	Days	If less than one day
41	1	25	hr. min.

9. Birthplace Berlin Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Purnell
13. Birthplace Berlin Md

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant John Smack
(b) Address Berlin Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12-43 (month) (day) (year)
(c) Cemetery or crematory Evergreen
Location Berlin Md

18 (a) Funeral director Sam'l H. Chase Sons
(b) Address 636 N. Gilmor St

19 (Date received by registrar) DEC 10 1943 Livingston Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-8-43 at 9:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-4 1943 to 12-8 1943 and that I last saw h alive on 12-8 1943.

Immediate cause of death Hypertension Cardio Vascular renal Disease — Duration 2 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Atwell Jones M. D.
Address 53-4 Dolphin Date signed 12-9-43

G 11073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 11073 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4415 Fairhaven Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4415 FAIRHAVEN Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anthy Saravanos

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F. | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Pete Saravanos
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Greece
(Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER
12. Name NOT KNOWN
13. Birthplace Greece

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace Greece

16 (a) Informant Pete Saravan
(b) Address 4415 Fairhaven Ave.

17 (a) Burial (b) Date thereof 12-10-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Edward J. Feaney & Son
(b) Address 1938 E. Lafayette Ave.

19 (Signature) DEC 10 1943 Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8, 1943, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec-8 1943 to Dec-8 1943, and that I last saw h[illegible] alive on Dec-8 1943

Immediate cause of death Pulmonary Thrombosis

Due to

Due to

Other Conditions Cardiac Hypertrophy, Chronic Nephritis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
7.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 320 Patapsco Ave Date signed 12/10/43

Rice

G 11074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

G 11074 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 30 W Cross
(c) Hospital or institution: —
23
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 30 W Cross
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Estella Thomas Rice

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Fem.
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Charles Rice
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) — — 1906
8. AGE: Years 37 | Months | Days | If less than one day hr. min.
9. Birthplace Balto md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business "

FATHER
12. Name James H.K. Thomas
13. Birthplace md

MOTHER
14. Maiden Name Florence Dashiell
15. Birthplace md.

16 (a) Informant Jas. H.K. Thomas
(b) Address 30 W Cross St.

17 (a) Burial (b) Date thereof Dec 12-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director James A Stayer
(b) Address 142 Wolfe St

19 (a) (Signature of registrar) Huntington Williams (Date received)

DEC 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7th 1943, at 430 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/30/1943, to 12/7/1943, and that I last saw h[illegible] alive on 12/7/1943

Immediate cause of death — Duration
Bronchopneumonia — 7 da
Due to Recurrent Bronchitis — 10 da
Due to Influenzal Type.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Finney Bartley, M.D.
Address 579 N Arlington Ave. Date signed 12/9/43

G 11075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11075 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 24-B
(c) Hospital or institution: South Baltimore General

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County CALVERT
(c) City or town Cedar Hill
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM WARE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Va

MOTHER
14. Maiden Name Emily —
15. Birthplace Va

16 (a) Informant Lawson Ware
(b) Address Cedar Hill Md

17 (a) Burial (b) Date thereof Dec 13-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a a Co. Md

18 (a) Funeral director James Costagna
(b) Address 1142 W Fair St

19 (a) DEC 10 1943 (b) Huntington Va
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1943 at 9 15 M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardiovascular disease
Due to Fracture of both tibia and fibula
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: 25-2
(a) Date of injury 12-7-43 at 9 a M.
(b) Where did injury occur? Hanover St & Cherry Hill Rd
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work?
(d) Means of injury pedestrian struck by auto

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 12-8-43

G 13076 ✓ G 13076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1140 N. Carrollton
(c) Hospital or institution:
16
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1140 N. Carrollton
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Stephen H Stanley

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex Male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ruth Stanley
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) .....

8. AGE: Years	Months	Days	If less than one day
53			..... hr. ..... min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation .....
11. Industry or business .....

FATHER
12. Name Charles H Stanley
13. Birthplace Md

MOTHER
14. Maiden Name Mackey Miller
15. Birthplace Pa

16 (a) Informant Ruth Stanley
(b) Address 1140 N. Carrollton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location .....

18 (a) Funeral director James A. Sayes
(b) Address 1042 Eutaw St.

19 (a) DEC 10 (Date rec'd by registrar) (b) ..... Registrar

VS 8

Huntington Intelligencer, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/8/43 19 ..., at 3:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/8/43 19 ..., and that I last saw him alive on 12/8/43.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration
1 hr

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Henry C. Waldron M. D.
Address 1431 Harlem Ave Date signed 12/13/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 11077 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1640 Milliman (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace N. Carolina (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Nathan Albritton
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Lollia ?
15. Birthplace N. Carolina

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) ✓ (Burial, cremation, or removal) (b) Date thereof 12-13-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto, Md

18 (a) Funeral director Jno Ked H Holland
(b) Address 1631 Druid Hill Ave

19 (a) DEC 10 1943 (Date received by Registrar) (b) Harrington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1943 at 3:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2 1943, to Dec 7 1943, and that I last saw her alive on Dec 7 1943.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John R. Birmingham M.D. J.H.H.
Address Date signed 12-9

G 11078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 81a

G 11078 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 713 School St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence Moore

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1943

8. AGE: Years	Months	Days	If less than one day
	2	13	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name John A. Morris
13. Birthplace Md

MOTHER
14. Maiden Name Gertrude Deyo
15. Birthplace Md

16 (a) Informant John Morris
(b) Address 713 School St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Wes. H. Kelson
(b) Address 303 Presstman St

19 (a) (Date rec'd by registrar) (b) [signature] Registrar

DEC 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-7 1943, at 10.05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/30 1943, to 12-7 1943, and that I last saw h[illegible] alive on 12-7 1943

Immediate cause of death Pneumococcic Meningitis — Duration 1 day
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Gepetan M. D.
Address [illegible] Hospital Date signed 12-7-43

G 11079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 11079 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1121 Holland St
(c) Hospital or institution: 18

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 Holland St.
(If rural give location)
(e) Citizen of foreign country? HOLLINS (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Comas

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Theodore Comas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Sparta, Greece
(Town, county, and state)
10. Usual Occupation Home duties
11. Industry or business

FATHER
12. Name George Kontsibas
13. Birthplace Sparta, Greece

MOTHER
14. Maiden Name Panagiota unknown
15. Birthplace Sparta, Greece

16 (a) Informant George Panos
(b) Address 1121 Holland St

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec 12 1943 (month) (day) (year)
(c) Cemetery or crematory
Location Newport News, Va.

18 (a) Funeral director Yagunck & Cole
(b) Address 220 W Lombard St.

19 (a) (b) Huntington Williams Md.
(Date rec'd by registrar) Registrar
DEC 10 1943

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9, 1943, at 1:15 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral hemorrhage, spontaneous

Due to Hypertensive cardiovascular disease

Other Conditions Obesity, marked

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec. 9, 1943

G 11080

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 11080 Registered No. 1780

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 425 S. Augusta ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 425 S. Augusta ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marion Isaacs

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary C. Isaacs
6 (c) If wife, give age 79 years

7. Birth date of deceased (mo., day, yr.) April 4, 1859

8. AGE: Years	Months	Days	If less than one day
84	8	4	hr. min.

9. Birthplace Howard Co. Md
(Town, county, and state)

10. Usual Occupation Carpenter
11. Industry or business Retired

FATHER
12. Name Richard Isaacs
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Elizabeth Carr
15. Birthplace Howard Co. Md.

16 (a) Informant Mr. C. H. Isaacs
(b) Address 425 S Augusta ave

17 (a) Burial (b) Date thereof 12-11-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore

18 (a) Funeral director Frederick J. Cole
(b) Address 1900 Pennsylvania Ave
(c) DEC 10 1943 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-6- 1943, at 7:47 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Asphyxiation
Due to Accidentally Gas

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-6-43 at 7 P.M.
(b) Where did injury occur? 425 S. Augusta ave
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? no
(d) Means of injury Unlit gas range

23. Signature Howard J. Lueders M.D.
Medical Examiner.
Date signed 12-9-43

G 11081 445588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11081

Registered No. 130

MARGIN RESERVED FOR BINDING

Every item of information should be carefully supplied. Please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Even if correct age is especially important. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 5-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 34 N Caroline (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gustavia Perry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-29-05

8. AGE: Years 38 | Months 4 | Days 10 | If less than one day hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

MOTHER / FATHER

12. Name Bartley Perry

13. Birthplace VA

14. Maiden Name Leigh Carter

15. Birthplace VA

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Shipment (b) Date thereof 12/10/43 (burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Calvary

Location Norfolk Va

18 (a) Funeral director Robert L. Young

(b) Address 604 N. Carolide St.

DEC 10 1943 (a) (Date received by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1943, at 405 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1943 to Dec 9 1943 and that I last saw her alive on Dec 9 1943

Immediate cause of death Uremia — Duration 1 week

Due to Subacute Nephritis, Nephrotic Syndrome — Duration 4 mos +

Due to

Other Conditions Anemia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Large Pale Kidneys

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John R Birmingham M. D.

Address JHH Date signed 12-9

G 11082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 11082 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2046 E. Preston St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Stemmers Run (If outside L. and give town)
(d) Street No. Spring Lane (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ferdinand C. Bender

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-6282

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Marion B. Brandon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13, 18

8. AGE: Years 45 yr. Months 11 Days 25 If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Sanitation Dept.

11. Industry or business Glenn L. Martin

FATHER 12. Name Joseph Bender

13. Birthplace Bohemia

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Mrs. John Wesson for

(b) Address 3rd Rd. Middle River

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/43 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Parkville, Balto. Md.

18 (a) Funeral director Lasahn Funeral Home

(b) Address 7401 Belair Road

DEC 10 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 8 1943, at 9.50 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Thrombosis -

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.

Date signed 12/8/43.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1700

G 11083 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital 25

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Hale Thorpe
(If outside city or town limits, write RURAL and give town)
(d) Street No. 741 Winans ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Schenfele

3 (b) If veteran, name war World War I —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lillian nee Rehling

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18/1891

8. AGE: Years 52 | Months 8 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace Balto, Md.
(Town, county, and state)

10. Usual Occupation Machinist Helper

11. Industry or business B+O. R.R.

FATHER
12. Name Frederick Schenfele
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Emerich
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Lillian Schenfele
(b) Address 1741 Winans Ave.

17 (a) Burial (b) Date thereof 12-11-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto Md

18 (a) Funeral director Harry H Webster
(b) Address 4101 Edmondson Ave.

19 DEC 10 1943 (Date rec'd by Registrar) Livingston Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-8- 1943, at 7 P. M

21. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Shock

Due to 2nd & 3rd degree burns

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-6- at 6.30 A M.
(b) Where did injury occur? Hale Thorpe Crossing
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? Yes
(d) Means of injury Auto. struck by R.R. Train

23. Signature Howard J Weedon M.D.
Medical Examiner.
Date signed 12-9-43

VS 151

G 11084 ✓ G 11084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Payson & Fayette Sts.
(c) Hospital or institution:
Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 T
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 23 N. Morley St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Martha. L. Curry

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: J. Miles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Apr. 17, 1869

8. AGE: Years 74 | Months 7 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace: Harford Co., Md.
(Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: William D. Bartleson
13. Birthplace: Bucks Co., Pa.

MOTHER
14. Maiden Name: Caroline N. Twining
15. Birthplace: Pa.

16 (a) Informant: Mr. John M. Curry
(b) Address: 416 Illchester Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/43 (month) (day) (year)
(c) Cemetery or crematory: Ebenezer Cem.
Location: Harford Co., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) DEC 10 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/9 1943, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/29 1943, to 12/9 1943 and that I last saw h[illegible] alive on 12/9 1943.

Immediate cause of death	Duration
Hypostatic pneumonia	
Due to Congestive Heart Failure	
Due to Hypertensive C.V. Disease	
Other Conditions: Adeno Ca Caecum.	

(Include pregnancy within 3 months of death)

Date of operation 12/8/43
Major findings of operation: Same
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Symmonds Royer M.D.
Address Bon Secours Hosp. Date signed 12/11/43

G 11085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 11085

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution: Church Home & Hospital 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 633 McKewin Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mr. William Dunn (William Roland Dunn)

3 (b) If veteran, name war: none

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mrs. Bertha E. Dunn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/29/84

8. AGE: Years	Months	Days	If less than one day
59	9	21 11	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Laborer & Collector
11. Industry or business Wm. Dunn Co.

FATHER
12. Name Wm. Dunn
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Mary Harris
15. Birthplace Virginia

16 (a) Informant Mrs. Bertha E. Dunn
(b) Address 633 McKewin Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.

DEC 10 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-10 19 43, at 12:18 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-29-84 19 43 to 12-10 19 43, and that I last saw him alive on 12-10 19 43.

Immediate cause of death	Duration
Coronary thrombosis	
Due to Arteriosclerotic heart disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Church Home & Hospital Date signed 12/11/43

45669

G 11086 ✓X G 11086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 - 5
(e) Length of stay in Baltimore (yrs., mos., or days) 9 - 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6120 Bonair Rd
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Jerry Paglia ✓

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife.....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 3 - 1 - 43

8. AGE: Years | Months: 9 | Days: 7 | If less than one day: ..... hr. ..... min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Anthony Paglia
13. Birthplace Italy

MOTHER
14. Maiden Name Mary Colletti
15. Birthplace Italy

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 11-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 (a) Huntington Williams, M.D. (Date rec'd by Registrar) Registrar

Issued DEC 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1943 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4 1943 to Dec 8 1943 and that I last saw h[illegible] alive on ..... 19.....

Immediate cause of death Cardiac failure

Duration

Due to Congenital heart disease.

Due to.....

Other Conditions Pneumonia

(Include pregnancy ~~within~~ 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at ..... M
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury.....

23. Signature Helen Bessie M.D.
Address Johns Hopkins Hosp Date signed 12/8/43

G 11087 — BALTIMORE CITY HEALTH DEPARTMENT — G 11087

CERTIFICATE OF DEATH

95c

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution: Maryland Gen. Hospital 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 South Exeter St.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Joseph Trevisonno

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Elvira

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11 1884

8. AGE: Years 59 | Months 9 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace Larino Italy
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Daniel Trevisonno
13. Birthplace Italy

MOTHER
14. Maiden Name Theresa Miozzi
15. Birthplace Italy

16 (a) Informant Elvira Trevisonno (Wife)
(b) Address 207 S. Exeter St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) (Date rec'd by Reg.) (b) Huntington Williams, M.D. Registrar

DEC 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-10-43 19..., at 1:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-9 1943 to 12-10 1943 and that I last saw him alive on 12-10 1943

Immediate cause of death: Acute pulmonary edema.
Due to: Acute cardiac decompensation
Due to:

Other Conditions: Chronic asthmatic
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stephen O'Connor Jr. M.D.
Address Md. Gen. Hosp. Date signed 12/10/43

G 11088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 11088 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3720 Mt. Pleasant Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Bonadio

3 (b) If veteran, name war: none

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 27 1890

8. AGE: Years 53 | Months 3 | Days 13 | If less than one day hr. min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ferdinando Bonadio
13. Birthplace Italy

MOTHER
14. Maiden Name Rosa Morelli
15. Birthplace Italy

16 (a) Informant Carolina Policastro (Cousin)
(b) Address 3720 Mt. Pleasant Ave

17 (a) Burial (b) Date thereof Dec 11-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St

19 (a) DEC 10 1943 (b) Thomas Jos. Fitzpatrick M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 9 1943, at 12:10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-27 1943 to 12-9 1943, and that I last saw h[illegible] alive on 12-9 1943

Immediate cause of death: Gas gangrene -

Duration: 12 da.

Due to: Post amputation - L/Forearm for dry gangrene

Due to:

Other Conditions: Diabetes mellitus Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation 12-3-43

Major findings of operation: Dry gangrene - L/F arm.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Stanley D. Rhyanowicz M.D.

Address 54 - [illegible] Date signed 12-9-43

4439 G 11089 BALTIMORE CITY HEALTH DEPARTMENT V G 11089

CERTIFICATE OF DEATH 45f

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2703 Roslyn Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ruth Belth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Jacob

6 (c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): 7-8-91

8. AGE: Years 52 | Months 5 | Days 1 | If less than one day: hr. min.

9. Birthplace: N.Y. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: MORRIS Rosen
13. Birthplace: Poland

MOTHER
14. Maiden Name: MARIAM HANZ
15. Birthplace: Poland

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 10 43 (month) (day) (year)
(c) Cemetery or crematory
Location: Troy. N.Y.

18 (a) Funeral director: Sol Levinson + Bro
(b) Address: 1124-26 W. North ave

19 (a) (b) Huntington Williams M.D.

DEC 10 1943
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 9 1943, at 10 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 3 1943, to Dec 9 1943, and that I last saw h CR alive on Dec 9 1943

Immediate cause of death: (a) Carcinoma of oesophagus and Mouth, Cachexia &

Due to: Generalized metastasis

Due to: (b) Heart failure

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation: none

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Henry F. Hamer M.D.
Address: Johns Hopkins Hosp Baltimore Md Date signed

G 11090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 11090 Registered No. 176

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 wk.
(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2028 E 31st St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA MACHULCZ

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. WIDOWED

6 (b) Name of husband or wife JOHN

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12/29/61 or 70

8. AGE: Years 72 | Months 11 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace POLAND
(Town, county, and state)

10. Usual Occupation NONE

11. Industry or business —

FATHER
12. Name JOHN HILLA
13. Birthplace POLAND

MOTHER
14. Maiden Name CAROLYN OSIAKIENSKA
15. Birthplace POLAND

16 (a) Informant MRS. BERTHA RICHARDSON
(b) Address 2028 E. 31st Street

17 (a) BURIAL (b) Date thereof 12/11/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location GERMAN HILL ROAD

18 (a) Funeral director M. F. Sobieski & Son
(b) Address 1808 Eastern Ave, Huntington Apts, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7, 1943, at 11 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerosis	
Cardiorrhexis	
Due to disease	
Due to Avulsion of right hand.	
Other Conditions Hematoma left adrenal	

(Include pregnancy within 3 months of death)

Date of operation 11-30-43

Major findings of operation: as above

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 9/6
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 11-30-43 at M
(c) Where did injury occur? Home Baltimore Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? —
(Specify type of place)
(e) Means of injury hand crushed in wringer

23. Signature H. L. Williamson M.D.
Medical Examiner.
Date signed 12-7-43

C 11091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. C 11091

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2507 Francis St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 3

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2507 Francis St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME OLIVER W. LOWRY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Engine Wiper

11. Industry or business Telephone Steamboat

FATHER
12. Name Leon O. Lowry
13. Birthplace Md

MOTHER
14. Maiden Name Eleanore Benner
15. Birthplace Md.

16 (a) Informant Mrs. M. Marshall
(b) Address 7611 Poplar Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-43 (month) (day) (year)
(c) Cemetery or crematory Leakin Park
Location Annapolis Rd

18 (a) Funeral director Leo. J. Cook
(b) Address 1701-03 Pennsylvania Ave, Baltimore, Md.

19 (a) DEC 10 1943 (Date rec'd by registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/8/1943, at 10.00 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Thrombosis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 12/8/43.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 11092

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 9

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Somerset
(c) City or town Crisfield 9
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Ernest Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 23 1874

8. AGE: Years 69 (70) | Months 11 | Days 26 | If less than one day: hr. min.

9. Birthplace Pocomoke, Worcester, Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER — 12. Name Wm. F Jones
13. Birthplace Pocomoke Md

MOTHER — 14. Maiden Name Ella Powell
15. Birthplace Pocomoke Md

16 (a) Informant Geo. D. Beadstaun
(b) Address Crisfield Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 22/43 (month) (day) (year)
(c) Cemetery or crematory Sunny Ridge Park
Location Crisfield Md

18 (a) Funeral director John A Beadstaun
(b) Address Crisfield Md

DEC 10 1943 (Date received by local registrar) Washington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19 1943 at 5 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 14 1943 to Nov. 19 1943 and that I last saw h[im] alive on Nov. 19 1943

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to Cerebral Arteriosclerosis and Hypertensive C-V Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fueting M. D.
Address St. Joseph's Hosp. Date signed 11-19-43

G 11093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 11093 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St and Rutland Ave
(c) Hospital or institution: Sinai Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2008 Park Heights Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joyce Ellen Sachs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Never Born

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2 1943

8. AGE: Years	Months	Days	If less than one day
		1 days	hr. min.

9. Birthplace Sinai Hospital (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Sidney Sachs
13. Birthplace Berkley Va

MOTHER
14. Maiden Name Hilda Cohen
15. Birthplace Oxford N.C.

16 (a) Informant Mother
(b) Address 2008 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-43 (month) (day) (year)
(c) Cemetery or crematory Washington Park
Location Silver Spring Md

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

DEC 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-9-43 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-2-1943, to 12-9 1943, and that I last saw h[illegible] alive on 12-9- 19 43

Immediate cause of death Bronchopneumonia ?

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1039 Calvert St Date signed 12/10/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be careful... correct age is especially important. Physicians: please write the causes of death clearly and legibly...

G 11094 — Cawley — G 11094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home and Hospital 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1047 Greenmount Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. John Cawley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 11, 1878

8. AGE: Years 65 | Months 3 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Francis Cawley
13. Birthplace Baltimore

MOTHER
14. Maiden Name Bridget Twomey
15. Birthplace Ireland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 11. 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Windefeld
(b) Address 914 Greenmount Ave

19 (a) (Date rec'd by registrar) (b) Registrar

Dec 10 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 1943, at 4 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/7 1943, to 12/9 1943, and that I last saw him alive on 12/8 1943.

Immediate cause of death: Lobar Pneumonia — Duration: 7

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. A. Goetsch M. D.
Address Church Home & Hospital Date signed 12/9/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 11095 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution:
South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 617 Radnor Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Franzoni

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 9, 1943

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation baby.

11. Industry or business

FATHER 12. Name Frank Franzoni

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Julia Bergermaier

15. Birthplace Baltimore, Md.

16 (a) Informant Frank Franzoni

(b) Address 617 Radnor Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 11 1943 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill Cem

Location Sec A Lot 6

18 (a) Funeral director Charles P Dilg

(b) Address 1501 E Fort Ave

19 (a) DEC 10 1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1943, at 1:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1943, to Dec 10 1943, and that I last saw her alive on Dec 10 1943.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul G. Lukato M. D.

Address 1213 Light St Date signed 12/10/43

VS 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 11096
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 hours.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1210 Fremont St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eleanor Frances Langner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 8, 1943

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Baby
11. Industry or business

FATHER
12. Name Emil Langner
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Helen Zalenski
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Helen Langner.
(b) Address 1210 Fremont St

17 (a) Burial (b) Date thereof Dec 11 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location A. A. Co. Md.

18 (a) Funeral director Charles F. Dill
(b) Address 1501½ Fort Ave

DEC 10 1943
(a) (b) Registrar Williams, Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 1943, at 11:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 8 1943, to Dec 9 1943, and that I last saw her alive on Dec 9 1943.

Immediate cause of death Atelectasis — Duration 2 Days

Due to Premature birth — 38 hrs.

Due to

Other conditions Mal nutrition - about 34 weeks pregnant.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Z. Berry M. D.
Address Mercy Hospital Date signed 12/9/43

CHISNICK

11097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 11097

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 N. Monroe St
(c) Hospital or institution:

2033

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 66yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 N. Monroe St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Chisnick (CHISNICK)

3 (b) If veteran, name war: Spanish American
3 (c) Social Security Account No.: none

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nettie Chisnick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14, 1876

8. AGE: Years 67 | Months 10 | Days 6 | If less than one day hr. min.

9. Birthplace Philadelphia, Pa. (Town, county, and state)
10. Usual Occupation Steel Worker.
11. Industry or business Retired.

FATHER
12. Name Walter D. Chisnick
13. Birthplace Philadelphia, Pa.

MOTHER
14. Maiden Name Mary Hasson
15. Birthplace Philadelphia, Pa

16 (a) Informant Nettie Chisnick
(b) Address 602 N. Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-43 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location Baltimore Md

18 (a) Funeral director Leonard D. Covington
(b) Address 1913 W. Lafayette Ave. Baltimore, Md

19 (a) DEC 11 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8, 1943 19 at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1, 1941 to Dec. 8 1943. and that I last saw him alive on Dec. 7, 1943.

Immediate cause of death Hypertension-
Cardio Vascular Disease
Bronchial Asthma.
Due to
Due to
Other Conditions Pulmonary Oedema.
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert C. Nickels M. D.
Address 2151 Wilkens Ave Date signed 12/10/43

VS 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 46 D

G 11098 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos.16 days

12

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Somerset
(c) City or town Rt. 2, Princess Anne
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rt. 2, Princess Anne
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

6

3 (a) FULL NAME DWIGHT MOODY HORNER

3 (b) If veteran, name war	3 (c) Social Security Account No.
Sp. American	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary A. Horner (Pritchett) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 11, 1879

8. AGE: Years	Months	Days	If less than one day
64	7	27	hr. min.

9. Birthplace Princess Anne, Md. (Town, county, and state)
10. Usual Occupation Fisherman
11. Industry or business "

FATHER
12. Name Franklin Horner
13. Birthplace Princess Anne, Md.

MOTHER
14. Maiden Name Emily Horner
15. Birthplace Princess Anne, Md.

16 (a) Informant Records, U.S.Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-43 (month) (day) (year)
(c) Cemetery or crematory Family Armstrong
Location Princess Anne

18 (a) Funeral director Dallas Daskiells
(b) Address Princess Anne Md

19 (a) DEC 11 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION P.

20. DATE OF DEATH Dec. 8, 1943, at 1:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 23, 1943, to Dec. 8, 1943, and that I last saw him alive on Dec. 8, 1943

	Duration
Immediate cause of death Hemorrhage of rectum	1 day
Due to Adenocarcinoma of rectum, extension to pelvis & bladder	About 12/1942
Due to	
Other Conditions Generalized arterio-sclerosis	Unk.

(Include pregnancy within 3 months of death)
Date of operation None this admission
Major findings of operation
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Forrest, Jr. M.D.
Address Baltimore, Md. Date signed 12/8/43 (M) (D)

MS-47613

G 11099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11099 Registered No. 1220

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 W. Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gilbert Caldwell.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1943

8. AGE: Years | Months: 2 | Days: 3 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Augustine
13. Birthplace Va

MOTHER
14. Maiden Name Carter
15. Birthplace Va S.R.

16 (a) Informant Gilbert Caldwell
(b) Address 1220 W Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 11/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Maryland Ave

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Hartley Ave

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 11 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-10 1943, at 11:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-19 1943 to 12-10 1943. and that I last saw h. alive on 12-10 1943.

Immediate cause of death: fecal fistula a wound disruption — Duration: 12 days

Due to:

Due to: Hernia. Omphalocele hernia. — 2 days.

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Hernia repair. hernia — fecal fistula.
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1401 Eutaw Pl Date signed 12.10.43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. G 11100

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert St
(c) Hospital or institution: Union Memorial Hosp 14-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 55

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1402 Linden ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Lester B. Waterman (Maude E. Waterman)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Lester B. Waterman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/23/1888

8. AGE: Years	Months	Days	If less than one day
55	6	17	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ? Jerome Hollis
13. Birthplace Unknown

MOTHER
14. Maiden Name ? Rachel Knight
15. Birthplace Unknown

16 (a) Informant Mrs. Lester Waterman
(b) Address 1402 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/43 (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Levenstein & Son
(b) Address 902 Eastern Ave

19 (a) ..... (Date rec'd by registrar) (b) .....

DEC 11 1943

Huntington Wilkinson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1943 at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1943 to Dec 10 1943 and that I last saw her alive on Dec 10 1943

Immediate cause of death Cardio-resp failure — Duration 2 weeks

Due to coronary thrombosis — Duration ?

Due to Arteriosclerosis — Duration ?

Other Conditions Asthma, Kyphosis - marked — Duration ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Mustard Jr. M. D.
Address Union Memorial Hosp Date signed 12-10-43

H. S. Mustard, Jr., M.D.

G 11161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11161 Registered No. 1145

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1933 Pearlmans Place
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Margaret J. Neighoff

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife.....
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 21st 1929

8. AGE: Years	Months	Days	If less than one day
14	5	19	.....hr. .....min.

9. Birthplace Baltimore Co., Md.
(Town, county, and state)
10. Usual Occupation Scholar
11. Industry or business Public School

FATHER
12. Name Martin E Neighoff Sr.
13. Birthplace Baltimore

MOTHER
14. Maiden Name Lena Walker
15. Birthplace Baltimore

16 (a) Informant Martin Neighoff
(b) Address 1933 Pearlman Place

17 (a) Burial (b) Date thereof 12/13/43
(Burial, ~~cremation~~, or removal) (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Howard Co., Md.

18 (a) Funeral director William Cook, Inc
(b) DEC 11 1943 St Paul & Hunting ton Williams

19 (a)..... (b).....
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10 1943, at 3:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Multiple Abscesses of Lungs

Due to.....

Other Conditions Erosion of Pulmonary Vessels

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury.....at.....M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?.....While at work?.....
(d) Means of injury.....

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec 10 1943

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 11102 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1740 Homestead st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1740 Homestead st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John J. Geary

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Nettie Geary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 15th 1880

8. AGE: Years: 63 | Months: 9 | Days: 25 | If less than one day: hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business Bro R.R.

FATHER
12. Name John F. Geary
13. Birthplace Ireland

MOTHER
14. Maiden Name Julia Bane
15. Birthplace Ireland

16 (a) Informant Mrs Nettie Geary
(b) Address 1740 Homestead St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/43 (month) (day) (year)

(c) Cemetery or crematory Balto
Location Md

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St.

19 (a) (Date received by registrar) (b) Registrar

UC 11104 Washington Hospitals, Md.

VS 116

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10th 1943, at 3a.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 27 1943, to Dec 10 1943, and that I last saw him alive on Dec 10 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Cardiac Dilatation	
Due to Arteria-sclerotic Heart	
Other Conditions Disease	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Vincent M Insana M. D.

Address 1403 S Charles St Date signed 12/10/43

G 11103 Rehmert

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

Registered No. G 11103

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Fruit Bapto Gen. Hospital 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 407 E. Cross Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maude J. Rehmert

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-20-6019

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles C

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-27-1884

8. AGE: Years	Months	Days	If less than one day
59	9	11	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Laundress

11. Industry or business

FATHER
12. Name George W. North
13. Birthplace Maryland

MOTHER
14. Maiden Name Mardeleana Ozmon
15. Birthplace Maryland

16 (a) Informant Mrs Myrtle E Peterson
(b) Address 405 E Hamburg St

Burial (b) Date thereof 12/11/43
(a) (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Bon Bapto Nat.
Location Frederick Ave

18 (a) Funeral director William M Marsek
(b) Address 716 Lisbon St

19 (a) DEC 11 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-8- 1943, at 2.45 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Shock

Due to 2nd degree burns

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-6-43 at 24/2 P.M.
(b) Where did injury occur? 407 E. Cross Street
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Clothes caught fire from

23. Signature Howard J Mardelis M.D.
Medical Examiner.
Date signed 12-9-43 Love

VS 151

G 11104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G 11104

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 935 Light St
(c) Hospital or institution:

22

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 935 Light St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Elizabeth Wood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 27 1861

8. AGE: Years	Months	Days	If less than one day
82	2	12	hr. min.

9. Birthplace Calvert Co Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER
12. Name Elaid Simmons
13. Birthplace Md

MOTHER
14. Maiden Name Mary A Phenix
15. Birthplace Md

16 (a) Informant Mary E Young
(b) Address 935 Light St

17 (a) Burial (b) Date thereof 12-12-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Central Methodist Episcopal
Location Calvert Co Md

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

DEC 11 1943 (b) Huntington Williams M.D.
(Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1943 at 12 15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1943 to Dec 9 1943, and that I last saw h[illegible] alive on Dec 6, 1943.

Immediate cause of death
Coronary (Atrial)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. H. Friedman M. D.
Address 1319 Light St Date signed 12/[illegible]/43

AB-60075 G 11105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G 11105 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Yrs.-1 mo.-24 days

(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

Street No. 939 N. Bond St.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Deloga Chambers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Lucille

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10-1905

8. AGE: Years	Months	Days	If less than one day
38	2	18 28	hr. min.

9. Birthplace Va.

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Robert Chambers

13. Birthplace Va.

MOTHER

14. Maiden Name Inda Borner

15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals

(b) Address Records

17 (a) Burial (b) Date thereof 12/11/43

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location A. A. Co.

18 (a) Funeral director Raynor Sanders

(b) Address 1412 E. Preston St.

19 (a) (b) Huntington Williams, M.D.

(Signature of Registrar) Registrar

DEC 11 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-8 1943, at 7:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/14 1940, to 12-8 1943, and that I last saw h[illegible] alive on 12-8 1943.

Immediate cause of death	Duration
Pulmonary Tuberculosis	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Paul Matz M. D.

Address BCH Date signed 12-9

43

G 11106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 106 B

Registered No. G 11106

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mad & Linden
(c) Hospital or institution: Med. Gen. Hosp 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto Co.
(c) City or town Balto Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6 Lingamore (If rural give location)
(e) Citizen of foreign country? Md. (Yes or No)
If yes, name country

3 (a) FULL NAME Julia E. Gaffron

3 (b) If veteran, name war None

3 (c) Social Security Account No. 215-09-1367

4. Sex F. | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sidney Gaffron

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31-1894

8. AGE: Years 49 | Months 4 | Days 8 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Charles M. Dayhoff.
13. Birthplace Balto Md

MOTHER
14. Maiden Name Augusta Dayhoff.
15. Birthplace Balto -

16 (a) Informant Husband. Sidney Gaffron
(b) Address 6 Lingamore Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Mem
Location Parkville Md

18 (a) Funeral director Geo E. Boyer Jr
(b) Address 10-12 Holliday St

19 (a) DEC 11 1943 (Date rec'd by registrar) Washington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-8-1943, at 12-10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec-10-1943 to 12-8-1943, and that I last saw he alive on 12-8-1943.

Immediate cause of death	Duration
Respiratory failure	
Due to Arteriosclerosis & abscess.	wks -
Due to C.B. bronchitis	3 mo.
Other Conditions Chr. Cellulitis	life.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: (Yes or No)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alexia Watson M.D.
Address 7301 York Rd Date signed 12-8-1943

G 11107

G 11107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

Registered No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Sinai Hospital 2014

(c) Hospital or institution: Monument & Rutland ave

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 wks

(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2234 Frederick ave

(If rural give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country .....

3 (a) FULL NAME Mary Vaughn

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Richard

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mch. 23 - 1891

8. AGE: Years	Months	Days	If less than one day
52	8	15	..... hr. ..... min.

9. Birthplace D. C.

(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name George Hill

13. Birthplace D.C.

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Mrs. Doris Ingle

(b) Address Severn Md. Box 270 R 1

17 (a) Burial (b) Date thereof 12-11-43

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Western Cem

Location Balto Md

18 (a) Funeral director Geo. L. Beyer Jr

(b) Address 1512 Hollins St

19 (a) (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

12-11-43

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8 1943, at 5:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct-14, 1913 to Dec. 8, 1943, and that I last saw h.e.r alive on Dec. 8, 1943.

Immediate cause of death Pulmonary embolism

Due to ?

Due to .....

Other Conditions Cancer of bladder with metastasis, hypertension CVD, Colitis

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: Cancer of Bladder with metastasis, Hypertension Colitis, Pulmonary embolism

Duration
5-4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? .....

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....

(Specify type of place)

(e) Means of injury .....

23. Signature Henry Murnick M. D.

Address Sinai Hosp. Date signed 12/9/43

G 17108 — G 11108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

330 — Registered No.

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 778 W Hamburg St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 778 W Hamburg St (If rural give location)
(e) If foreign born, how long in U. S. A.? Years

3 (a) FULL NAME Frederick A. Tracy

3 (b) If veteran, name war: —
3 (c) Social Security Account No. 219-10-3497

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Widowed

6 (b) Name of husband or wife Louise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Checker
11. Industry or business

FATHER
12. Name ?
13. Birthplace Baltimore

MOTHER
14. Maiden Name ?
15. Birthplace Baltimore

16 (a) Informant Albert Tracy
(b) Address 778 W Hamburg St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 11 43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd

18 (a) Funeral director Joseph Rasmuson Inc.
(b) Address 602 (W) Lexington Pl.

19 (a) (Date rec'd by registrar) (b) Registered

DEC 1 1943 Huntington Hillman Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-9 1943, at 5 30/60 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-27 1943, to 12-9 1943, and that I last saw h[illegible] alive on 12-9 1943

Immediate cause of death	Duration
Bronchopneumonia	3 da
Due to Inflammed Infection	10 day
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph A. Lankart M. D.
Address 602 W Lexington St Date signed 12/10/43

G 11109

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 11109 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 154
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1638 Gilmor St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Shipley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-28-1877

8. AGE: Years	Months	Days	If less than one day
66	5	11	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Albert Shipley
13. Birthplace Md.

MOTHER
14. Maiden Name Harriett ?
15. Birthplace Md

16 (a) Informant Geneva Calhoun.
(b) Address 335 N. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 13 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsylvania ave

DEC 11 1943 (a) (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/9 1943, at 12:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/5 1943 to 12/9 1943 and that I last saw him alive on 12/9 1943

Immediate cause of death Pulmonary embolus

Due to ?

Due to

Other Conditions Bilateral lobar pneumonia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Embolus; pneumonia

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Francis F. Reynolds, Jr. M.D.
M.D.
Address University Hosp. Date signed 12/9/1943

G 11170

G 11110

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1108

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 533 Oxford St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-2
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 533 Oxford St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Thaxton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-9-1858.

8. AGE: Years 55 | Months 6 | Days — | If less than one day ___ hr. ___ min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Samuel Thaxton
13. Birthplace N. C.

MOTHER
14. Maiden Name Ann. S
15. Birthplace N. C.

16 (a) Informant John Thaxton Jr.
(b) Address 531 Dolphin St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12-11-43 (month) (day) (year)

(c) Cemetery or crematory Dunbarton Cemetery
Location Dunbarton North Carolina

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

19 (a) 12-11-1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1943 at 6P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-7 1943 to 12-9 1943 and that I last saw him alive on Dec 9 1943.

Immediate cause of death Lobar Pneumonia — Duration 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Hafetz

Address 1725 Pa Ave Date signed 12/13/43

G 11111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92

Registered No. G 11111

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkins Aves
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2621 Gorsuch Town Rd.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mattie Wheeler (Mattie Wheeler)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-09-1286

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Benjamin Wheeler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 6, 1874

8. AGE: Years	Months	Days	If less than one day
69	2	3	hr. min.

9. Birthplace Baltimore County, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Ace Gerber
13. Birthplace Balto. County Maryland

MOTHER
14. Maiden Name Alder
15. Birthplace Balto. County, Md.

16 (a) Informant Benjamin Wheeler
(b) Address 2621 Gorsuch Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3501 Frederick Ave., Balto. Md.

18 (a) Funeral director George L. Schwab
(b) Address 2101 Frederick Avenue

19 (a) DEC 11 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 1943, at 5:30 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Jesus death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic Valvular Heart disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham, M.D.
Medical Examiner.
Date signed Dec. 10, 1943

G 11112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 11112 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2910 Evergreen Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2910 Evergreen Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hester A.D.Vinton

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Leo W.Vinton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1861

8. AGE: Years 82 | Months 7 | Days | If less than one day hr. min.

9. Birthplace Balto.Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Henry Legg
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Frazier
15. Birthplace Md.

16 (a) Informant E.Wilmer Edel
(b) Address 2910 Evergreen Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec.11/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Balto.Md.

18 (a) Funeral director Philip Sterury Sons
(b) Address 2024 Orleans St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

DEC 11 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec.8th/43 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1941 to Dec 8 1943, and that I last saw h alive on Dec 7 1943

Immediate cause of death Chronic myocarditis — Duration 2 yrs 11 m

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence — at M
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury none

23. Signature H. A. Lordy M.D. M. D.
Address 5106 Harford Rd Date signed 12-10-43

G 11113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11113 Registered No. 4813

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 647 S. Macon St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 647 S. Macon St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME MARY ANNA MALKUS

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife: John Daniel Malkus
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): February 17, 1880

8. AGE: Years	Months	Days	If less than one day
63	9	22	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: at home
11. Industry or business

FATHER
12. Name: John Heimbuch
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Anna Suter
15. Birthplace: Baltimore, Md.

16 (a) Informant: Wm. E. Malkus
(b) Address: 269 W. 31st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/43 (month) (day) (year)
(c) Cemetery or crematory: St. Paul's 5th Ref. Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: Henry Sander & Sons, Inc.
(b) Address: North Ave. & Broadway

19 Dec 11 1943 Date received by Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 1943 8.15A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mond 1 1943 to Dec 9 1943, and that I last saw her alive on 19

Immediate cause of death	Duration
(a) Lobar pneumonia	12/6/43
Due to (b) Concussion of Brain	12/1/43
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Baum M. D.
Address 801 E. Lexington Date signed 12/11/43

C 11114 ✓ C 11114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2908 Overland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-2
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2908 Overland Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME MARY ELISE SCHUCHHARDT

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: William G. Schuchhardt
6 (c) If alive; give age years

7. Birth date of deceased (mo., day, yr.): Oct. 2, 1869

8. AGE: Years 74 | Months 2 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: William Sanders
13. Birthplace: Germany

MOTHER
14. Maiden Name: Christine Snyder
15. Birthplace: Germany

16 (a) Informant: Mr. E. C. Schuchhardt
(b) Address: 2908 Overland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/43 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: North Ave. & Broadway

19 (a) Filed [illegible] (b) Recorded by [illegible] Registrar

DEC 17 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 10 1943, at 11 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 19..., to Dec. 1943, and that I last saw h. alive on 10-7-43.

	Duration
Immediate cause of death: Chronic Myocarditis	4 years
Due to: Arterial Hypertension	8 years
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: C. W. Peake M. D.
Address: 456 S. Harford Rd. Date signed: 12-11-43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

927 ✓ G 11115 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Frederick Road
(c) Hospital or institution:
Gonzales Sanitarium - Asthol
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs 11 mos 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cecile L. Fisher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Henry E. Fisher

6 (c) If alive, give age deceased years

7. Birth date of deceased (mo., day, yr.) 6/7/1871

8. AGE: Years 72 | Months 6 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Toledo Ohio
(Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Dr. Alfred Gundry
(b) Address Athol, Frederick Rd., Balto.

17 (a) Burial (b) Date thereof 12/11/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3501 Frederick Ave.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1501 Eutaw Place

19 (a) DEC 11 1943 (b)
(Date rec'd by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8 1943, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2, 1943, to Dec 8 1943, and that I last saw h-- alive on Dec 8th 1943.

Immediate cause of death	Duration
Acute Cerebral Embolism	
Due to Valvular Heart Disease	
many years duration	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alfred J. Gundry M. D.
Address 1002 Fremont Ave Date signed 12/9/43

Huntington Williams, M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11116 ✓ X G 11116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 114E

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT WHITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4-
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 419 Oriole Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christina Mary Williams ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July - Nat 1943

8. AGE: Years	Months	Days	If less than one day
	4	19	hr. min.

9. Birthplace Balto Co Md.
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Bernard Williams
13. Birthplace Balto Md

MOTHER
14. Maiden Name Ann Anna Mary Williams
15. Birthplace Balto Co Md

16 (a) Informant Parents
(b) Address 419 Oriole Ave.

17 (a) Burial (b) Date thereof Dec-13-1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave & Rd.

18 (a) Funeral director John B. Connelly
(b) Address 418 Eastern Ave

19 (a) DEC 11 1943 Hunting for Williams, M.D.
(Date received by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10 1943, at 3:30 A. M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Interstitial pneumonia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed December 10, 1943

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11117

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

Registered No. G 11117

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 321 E. 24th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 321 E. 24th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie E. Scott

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Wm. W. Scott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11, 1877

8. AGE: Years	Months	Days	If less than one day
65	11	29	hr. min.

9. Birthplace Northumberland, Pa.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Berget
13. Birthplace Pa.

MOTHER
14. Maiden Name --
15. Birthplace --

16 (a) Informant Mr. Claud L. Scott
(b) Address 321 E. 24th St.

17 (a) Burial (b) Date thereof 12/13/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge Cem.
Location Howard Co., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

DEC 11 1943
(Date received by registrar)

(b) Huntington Williams, M.D.
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10, 1943, at 6:45AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6 1943, to Dec 10 1943 and that I last saw he alive on Dec 9 1943.

Immediate cause of death

Due to Carcinoma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. Ephraim M.D.

Address 443 E 25th St Date signed Dec 13 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~G 11118~~ 94a

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11118

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4206 Maine Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICK JOHN WEHRMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	028-05-4552

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary S. Wehrman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1883

8. AGE: Years	Months	Days	If less than one day
60	7	16	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Jno. Pilling Co., (Shoes)

FATHER
12. Name Frederick J. Wehrman
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Elizabeth Stewart
15. Birthplace Balto., Md.

16 (a) Informant Mrs. M. S. Wehrman
(b) Address 4206 Maine Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 DEC 11 1943 (a) (Date rec'd by registrar) (b) Washington, D. C. (Registrar)

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-9 1943, at 2:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-7 1943, to 12-9 1943, and that I last saw h[illegible] alive on 12-9 1943.

Immediate cause of death Acute Pulmonary Edema, Heart Failure due to Coronary Thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature], M. D.
Address Univ. Hospital Date signed 12-10-43

G 11119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. G 11119

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address BALTIMORE, MARYLAND
(c) Hospital or institution:
ST. JOSEPHS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 JACKSON STREET (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME E. ELIZABETH HOLLAND

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	WIDOW

6 (b) Name of husband or wife John J. Holland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1869

8. AGE: Years	Months	Days	If less than one day
74	9	4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Hugh O'Connor
13. Birthplace Ireland

MOTHER
14. Maiden Name Anne Kenny
15. Birthplace Ireland

16 (a) Informant Mr. Carl E. Spott
(b) Address 725 Brookwood Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto., Md.

18 (a) Funeral director Wm. J. Tupener & Bro
(b) Address Baltod, Md.

19 (a) DEC 11 1943 (Date rec'd by registrar) (b) Huntington Willis, Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH DECEMBER 10, 1943, at 9:45 A. M

21. I certify that I took charge of the remains described above, held an inquiry Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral embolism.

Due to

Other Conditions Fracture of hip. (femur)

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☒ cause of death, fill in the following: 24/4
(a) Date of injury December 7, 1943 M.
(b) Where did injury occur? 1711 Jackson St.
(c) Did injury occur at home, on farm, industrial place, in public place? Home. While at work? No
(d) Means of injury Fell down the steps at her hom

23. Signature W. L. Wallenweber M.D.
Asst. Medical Examiner.
Date signed December 11, 1943

11120

AB-85259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30E

G 11120 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 22
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1day
(e) Length of stay in Baltimore (yrs., mos., or days) 18 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 542 Welcome Ave-(Alley)
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Douglas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23-1900

8. AGE: Years	Months	Days	If less than one day
43	6	14	hr. min.

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Doll Senior
15. Birthplace N.C.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (b) Date thereof 12/11/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto. Co. Md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

19 DEC 11 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VE 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-7 1943, at 1.55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-6 1943, to 12-7 1943, and that I last saw h[illegible] alive on 12-7 1943.

Immediate cause of death	Duration
Cardiac failure	5
Due to Syphilitic heart disease with insufficiency	?
Due to	
Other Conditions Profound anemia from uterine fibroids	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Hebb M. D.

Address B.C.H. Date signed 12/8/43

G 11121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 11121 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 239 S. Duncan Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 239 S. Duncan St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Stanislawa Karczewska

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Joseph Karczewski
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Nov 1879

8. AGE: Years	Months	Days	If less than one day
64	1		hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Wojtysiak
13. Birthplace Poland

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant Joseph Karczewski
(b) Address 239 S. Duncan St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 13 (month) (day) (year) 43

(c) Cemetery or crematory St Stanislaus Cem
Location Baltimore City

18 (a) Funeral director John M. Welby
(b) Address 401 S. Chester St

19 (a) DEC 11 1943 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1943, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1943, to Dec 9 1943, and that I last saw her alive on Dec. 8 1943.

Immediate cause of death	Duration
Acute Lobar Pneumonia	2 wks
Due to Acute Cold	
Due to	
Other Conditions Chr. Hodgkin's Disease ? Hypertension	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mary L. Karczewska
Address 700 N. Patterson Date signed 12/10/43 M.D.

11122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. C 11122

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 230 S. Patterson Park ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 wk
(e) Length of stay in Baltimore (yrs., mos., or days) 34 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 230 S. Patterson Park ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) **FULL NAME** Richard Dmurek

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Anna Dmurek
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sep 8 1879

8. AGE: Years	Months	Days	If less than one day
64	3	1	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Paul Dmurek
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Orlowska
15. Birthplace Poland

16 (a) Informant Mrs Anna Dmurek
(b) Address 230 S. Patterson Park ave

17 (a) Burial (b) Date thereof Dec 13 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John Jr. Welsh
(b) Address 401 S. Chester street

DEC 11 1943
(Date rec'd by registrar)

19. (a) Filed by Wm. Ullrich (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 19 43 to Dec 9 19 43 and that I last saw h- alive on Dec 9 19 43

Immediate cause of death Myocardial failure — Duration 1 week

Due to Cerebral Hemorrhage — 2 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leo J. Kulack M. D.
Address 126 S. Patterson Pk Ave. Date signed Dec 9/43

VS 150

6884

G 11123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157 M

G 11123 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Cecil
(c) City or town Bainbridge (If outside city or town limits, write RURAL and give town)
(d) Street No. U. S. Naval Training Station (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothy Rogers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-4-43

8. AGE: Years | Months | Days: 45 | If less than one day: hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Paul Rogers
13. Birthplace ?

MOTHER 14. Maiden Name Dorothy ?
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 11 43 (month) (day) (year)
(c) Cemetery or crematory
Location Bowerton Ohio

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 1 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9 1943, at 2 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 8 1943, to Dec 9 1943 and that I last saw her alive on Dec 9 1943.

Immediate cause of death: Heart failure — Duration:
Due to: Postoperation
Due to: Acc. intest. Obstruction
Other Conditions: Congenital atresia

(Include pregnancy within 3 months of death)

Date of operation 12-9-43
Major findings of operation: Jejunal atresia + limited diverticula
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Helen Bacon
Address Johns Hopkins Hosp Date signed M 12 D 10/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 11124

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5707 Bland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5707 Bland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HOWARD NELSON RITCHIE

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	705 - 10 - 0802

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4, 1899

8. AGE: Years	Months	Days	If less than one day
44	11	25	hr. min.

9. Birthplace Adamstown, Md. (Town, county, and state)
10. Usual Occupation Conductor
11. Industry or business B. & O. R. R.

FATHER
12. Name Cyrus E. Ritchie
13. Birthplace Doubs, Frederick Co., Md.

MOTHER
14. Maiden Name Nellie C. Scarff
15. Birthplace Adamstown, Md.

16 (a) Informant Mrs. Helen M. Ritchie
(b) Address 5707 Bland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olive Cem.
Location Frederick, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

DEC 11 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9, 1943, at 1:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/24/43 1943, to 12/9/1943, and that I last saw him alive on Dec. 9 1943

Immediate cause of death: Hypotensive cardio - vascular disease — Duration: 10 months

Due to

Due to

Other Conditions chronic bronchitis; broncial asthma — Duration: ?
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deitel, M. D.
Address 1226 Hanover St. Signed 12/10/1943

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11125

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1005 Andover Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 -
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 Andover Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gaetano Rizzo

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Frances Provenzano

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 14th 1873

8. AGE: Years 70 | Months 1 | Days 26 | If less than one day hr. min.

9. Birthplace Italy (town, county, and state)

10. Usual Occupation Baker

11. Industry or business Marconto Bros.

FATHER 12. Name Maiello Rizzo

FATHER 13. Birthplace Italy

MOTHER 14. Maiden Name Lorenza Carcadi

MOTHER 15. Birthplace Italy

16 (a) Informant Wife Frances Rizzo

(b) Address 1005 Andover Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 13 - 43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Frank V. Pipitone

(b) Address 2818 E. Baltimore St

19 (a) (Registrar) (b) Huntington Williams M.D.

DEC 11 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1943 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1943 to Dec 10 1943 and that I last saw h-- alive on Dec 10 1943

Immediate cause of death	Duration
Terminal Pneumonia	
Due to	
Due to	
Other Conditions Cerebral arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wallace Wakes M. D.

Address 422 Medical Arts Bldg Date signed Dec 10/43

G 11126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1310

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3017 Lochs Raven Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 H
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3017 Lochs Raven Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida C. Sapp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Joseph S.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1866

8. AGE: Years	Months	Days	If less than one day
77	2	27	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name John Pipins
13. Birthplace Baltimore

MOTHER
14. Maiden Name Regia Melchoir
15. Birthplace Baltimore

16 (a) Informant Mrs. J. Leo Kernan
(b) Address 701 Belle Isle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 530 E. Hartford Road
(c) Burlington Williams, Md.

DEC 12 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9 1943 at 10 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10, 1935, to Dec. 9, 1943, and that I last saw her alive on Dec. 7, 1943.

Immediate cause of death Pulmonary embolus — Duration Sudden

Due to Arteriosclerotic cardio-renal disease — Duration Years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. B. Sylent M. D.
Address 3902 Harford Rd Date signed 12-10-43

G 11127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11127 Registered No. 1310

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2231 McElderry St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2231 McElderry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lillian H. Lusty

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife John J. Lusty (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22 1897

8. AGE: Years	Months	Days	If less than one day
46	8	17	hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Raymond J. Crowley
13. Birthplace U.S.A.

MOTHER
14. Maiden Name Anna M. Laughan
15. Birthplace U.S.A.

16 (a) Informant John J. Lusty
(b) Address 2231 McElderry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road

19 (a) DEC 12 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1937 to Dec 9 1943 and that I last saw h[illegible] alive on Dec 9 1943.

Immediate cause of death Acute Cardiac Failure
Due to Hypertensive Cardiovascular renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration
1 day
5 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Israel Rosen M.D. M. D.
Address 2413 E. Monument Date signed

G 11128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 11128 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5225 Wenmore Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 5225 Wenmore Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Ellis

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ester

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1885

8. AGE: Years 58 | Months 3 | Days 24 | If less than one day hr. min.

9. Birthplace Mt. Airy N. C. (Town, county, and state)

10. Usual Occupation Butler

11. Industry or business

FATHER 12. Name Albert Ellis
13. Birthplace Virginia

MOTHER 14. Maiden Name Lorney Harper
15. Birthplace North Carolina

16 (a) Informant Herman Ellis
(b) Address 5225 Wenmore Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location Baltimore Co. Md.

18 (a) Funeral director Mrs George W. Holland
(b) Address 1631 Druid Hill Ave

19 (a) DEC 12 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1943, at 11 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 30 1943, to Dec 8 1943, and that I last saw him alive on Dec 8 1943.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify yes or no)
(e) Means of injury

23. Signature H. H. Woolridge M. D.
Address 7034 Holabird Ave. Date signed 12-11-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 11129 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 766 W. Lexington St

(c) Hospital or institution: H

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME John Sexton Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1943

8. AGE: Years	Months	Days	If less than one day
	2	12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name John Sexton Sr.

13. Birthplace Cuba, Ala.

MOTHER 14. Maiden Name Elizabeth Witt

15. Birthplace Culpeper, Va.

16 (a) Informant John Sexton Sr.

(b) Address 766 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-43 (month) (day) (year)

(c) Cemetery or crematory Orthodox Va.

Location Orthodox, Va.

18 (a) Funeral director Frederick S. Cole

(b) Address 1210 W. Lombard St

DEC 12 1943 (b)

(Date received by Registrar) Registrar

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 11 1943, at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from DEC 4 1943, to DEC 10 1943, and that I last saw him alive on DEC 10 1943

Immediate cause of death	Duration
Bronchial Pneumonia	7 Days
Due to	
Due to Perforation Gastric Ulcer	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Thad W Kaczmarczyk M.D.

Address 715 W Pratt Date signed 12/14/43

G 11130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133a

G 11130 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3328 W. Garrison Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21-18
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3328 W Garrison Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3 (a) FULL NAME Harry Rifkin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Merchant

11. Industry or business

FATHER
12. Name Luken
13. Birthplace Russia

MOTHER
14. Maiden Name —
15. Birthplace Russia

16 (a) Informant Sarah Rifkin
(b) Address 3328 W. Garrison Ave

17 (a) Funeral (Burial, cremation, or removal) (b) Date thereof 12-12-43 (month) (day) (year)
(c) Cemetery or crematory Pleasant Hill Cem.
Location Joseph Lewis Inc

18 (a) Funeral director
(b) Address 1439 E Baltimore St

DEC 12 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1943 at 9 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1943 to Dec 10 1943 and that I last saw him alive on Dec 8 1943

Immediate cause of death: arterio sclerosis — Duration 15 yrs
Due to: Pyelo - nephritis chronic — 4 yrs
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jacob Cohen M. D.
Address 1804 Eutaw Place Date signed 12-10-43

G 11131 G 11131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Typewriting is preferred. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 807 N. Dallas St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 807 N. Dallas St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Harold Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1943

8. AGE: Years | Months: 4 | Days: 20 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER
12. Name Sylvester Smith
13. Birthplace Columbia S.C.

MOTHER
14. Maiden Name Catherine Lawrence
15. Birthplace Baltimore, Md.

16 (a) Informant Catherine Smith
(b) Address 807 N. Dallas St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert L. Gourley
(b) Address 804 N. Carrollton St.

DEC 12 1943 (Date rec'd by Registrar)

(b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 11 1943, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-10 1943, to 12-11- 1943, and that I last saw h[illegible] alive on 12-10- 1943.

Immediate cause of death	Duration
Broncho Pneumonia	10 dys
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. B. Courgies M. D.

Address 611 N. Carrollton St Date signed 12-11-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11132

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 11132 Registered No. 492

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Bal.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 Myrtle Ave. City
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Roland Tyner

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	M

6 (b) Name of husband or wife Sally Tyner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1906

8. AGE: Years	Months	Days	If less than one day
37			hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Roland Tyner
13. Birthplace N.C.

MOTHER
14. Maiden Name Rosie Johnson
15. Birthplace N.C.

16 (a) Informant Sally Tyner
(b) Address 1215 Myrtle Ave. Bal

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec. 13 1943 (month) (day) (year)
(c) Cemetery or crematory Sheldon.
Location Hall Head

18 (a) Funeral director A. Hall Head
(b) Address 918 Druid Hill Ave

19 (a) DEC 12 1943 Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/11 1943, at 3:24 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/8 1943 to 12/11 1943, and that I last saw h i alive on 12/11 1943.

Immediate cause of death	Duration
Carcinoma of lung & diffuse metastases	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Carcinoma-bronchiogenic

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. McMullan M. D.
Address University Hosp. Date signed 12/11/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11133

BALTIMORE CITY HEALTH DEPARTMENT G 11133
CERTIFICATE OF DEATH 1927 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2920 St. Paul ST
(c) Hospital or institution: 12

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2920 St. Paul ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Charles S. Spencer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~. Widowed

6 (b) Name of ~~husband~~ or wife Eva Spencer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17th 1860

8. AGE: Years	Months	Days	If less than one day
83	4	24	hr. min.

9. Birthplace Wallingford, Conn.
(Town, county, and state)

10. Usual Occupation Retired
11. Industry or business Salesman

FATHER
12. Name Oliver W. Spencer
13. Birthplace Conn

MOTHER
14. Maiden Name Martha Dudley
15. Birthplace Conn.

16 (a) Informant Mrs Madeline Shakeman
(b) Address 2920 St. Paul St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/12/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Sanford, Conn.

18 (a) Funeral director Wm Cook Inc
(b) Address 127 St. Paul st

19 (a) DEC 12 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11th 1943 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10th 1943 to Dec. 11th 1943, and that I last saw him alive on Dec. 11th 1943.

Immediate cause of death Cardiac Insufficiency
Collapse

Duration

Due to Cardiac Sclerosis

Due to Arteriosclerotic Heart Disease

Other Conditions Bronchitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm Leonard Edward Day M. D.
Address 2734 St Paul St Date signed Dec 14 1943

G 11134 BALTIMORE CITY HEALTH DEPARTMENT G 11134

CERTIFICATE OF DEATH

Registered No. 1310

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Belloma Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2612 E. Oliver St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Tabitha C. Benson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, ~~or divorced~~: Widowed

6 (b) Name of husband ~~or wife~~: Charles A. Benson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 27th 1861

8. AGE: Years	Months	Days	If less than one day
82	0	14	hr. min.

9. Birthplace Spencer Sta. Ohio (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name John Doddna
13. Birthplace Ohio

MOTHER
14. Maiden Name Mary J. Carter
15. Birthplace Ohio

16 (a) Informant Carl D. Benson
(b) Address 3601 Reisterstown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/43 (month) (day) (year)
(c) Cemetery or ~~Friends~~ Burying Ground
Location Fallston Md

18 (a) Funeral director Williams Cook Inc
(b) Address 127 St. Paul St

DEC 12 1943 (Date filed by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11th 1943, at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1943 to Dec 11 1943 and that I last saw h~~e~~r alive on Dec 11 1943

Immediate cause of death: Chronic Myocarditis

	Duration
Due to:	
Due to:	
Other Conditions: Senility Chronic Nephritis (Include pregnancy within 3 months of death)	1 yr 1 yr

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: L. A. Richardson

Address 117 W. 25th St Date signed Dec 9th 43

G 11135

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 11135 Registered No. 65a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Stoneleigh (If outside city or town limits, write RURAL and give town)
(d) Street No. 624 Regester Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carmelita Newton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband George W. Newton (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 5th 1902

8. AGE: Years	Months	Days	If less than one day
41	0	5	hr min.

9. Birthplace A. A. Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name August Weidenhan
13. Birthplace Richmond, Va

MOTHER
14. Maiden Name Annie Rohleder
15. Birthplace Balto. Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) DEC 2 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1943 at 10.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1943 to Dec 10 1943, and that I last saw he alive on Dec 10 1943.

Immediate cause of death Lobar Pneumonia, 1 day
Addison's disease 7 years

Duration
1 day
7 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Abraham Genecin
Address J. Hopkins Hospital Date signed 12-14-43 M. D.

G 11136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11136

Registered No. 1111a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Rd
(c) Hospital or institution:
Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 wk
(e) Length of stay in Baltimore (yrs., mos., or days) 1 wk

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass (b) County
(c) City or town Lowell
(If outside city or town limits, write RURAL and give town)
(d) Street No. St. Francis Seminary
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Brother Anthony De Jules O.F.M.

3 (b) If veteren, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/11/1875

8. AGE: Years	Months	Days	If less than one day
68	—	11	hr. min.

9. Birthplace Italy
(town, county, and state)
10. Usual Occupation Religious
11. Industry or business

FATHER
12. Name Rosario De Jules
13. Birthplace Italy

MOTHER
14. Maiden Name Giovanna Cinta
15. Birthplace Italy

16 (a) Informant Mount Hope Retreat
(b) Address 6420 Reisterstown Road

17 (a) Burial (b) Date thereof Dec. 14, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Francis Seraphic
Location Seminary Cemetery (Lowell, Mass

18 (a) Funeral director Stewart & Mowen Company
(b) Address 108 W. North Ave., Balto., Md.

19 (a) 12 1943 (b) Livingston Williams M.D.
(Entered by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1943, at 4:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 5 1943, to Dec. 12 1943, and that I last saw him alive on Dec. 12 1943.

Immediate cause of death	Duration
Pulmonary Embolus	6 days
Due to Psychosis with cerebral arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Francis P. Hayes M. D.
Address 836 Boylston St. Date signed

G 11137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 M

G 11137 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully inquired. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3718 Brightwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3718 Brightwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susie E Conner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Walter H Conner

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.): March 19 1878

8. AGE: Years 65 | Months 8 | Days 12 | If less than one day: hr. min.

9. Birthplace: Johnsville, Frederick Co. Md. (Town, county and state)

10. Usual Occupation: House wife

11. Industry or business: At Home

FATHER
12. Name: Thomas Jones
13. Birthplace: Detrick, Frederick Co. Md

MOTHER
14. Maiden Name: Susan Dorsey
15. Birthplace: Maryland

16 (a) Informant: Walter H. Conner
(b) Address: 3718 Brightwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 14 1943 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cem
Location: Woodlawn, Balto Co. Md.

18 (a) Funeral director: D. Willis Sumwalt
(b) Address: 4510 Liberty Heights Ave

19 (a) DEC 12 1943 (Date rec'd by registrar) (b) Hunter Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 1943 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1943 to Dec 11 1943 and that I last saw h[er] alive on Nov 13 1943.

Immediate cause of death: Malignancy of Cardia - Intestinal Tract — Duration: 2 yrs

Due to: See reverse side

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. V. Harper
Address: 5201 Grayson Oak Ave Date signed: M 12 D 12/43

Mrs. Cronin is a Christian Scientist - refused all diagnostic & therapeutic procedures - would give no help in history taking, but became sick 2 years ago (according

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

to husband) - has lost 70 or 80 pounds in weight - vomited - was constipated. Hemoglobin was 28. Malignancy - best diagnosis

G 11138

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

G 11138 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3706 Harlem Ave -
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Alfred Collins Sr. Alfred C. Collins, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed or divorced. Widowed

6 (b) Name of husband or wife: Rose E. Collins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 19, 1887

8. AGE: Years	Months	Days	If less than one day
57 56	2	21	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Machinist - Proprietor
11. Industry or business: Collins Machine Shop

FATHER
12. Name: Rev. George T. E. Collins
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Rose Estelle Taylor
15. Birthplace: Maryland

16 (a) Informant: Mr. Alfred C. Collins, Jr.
(b) Address: 7505 Lange St., Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13, 1943 (month) (day) (year)
(c) Cemetery or crematory: Lorraine Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: Willis Funeral
(b) Address: 4510 Liberty Heights Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10 1943, at 10:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 7th 1943, to Dec 10 1943, and that I last saw him alive on Dec 10 1943.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to Diabetic Acidosis	3 "
Due to Diabetes Mellitus	3 yrs
Other Conditions Chronic Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(c) Means of injury

23. Signature Walter E Crumpler M. D.
Address 1013 Poplar Grove St Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 11139

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eutaw Place & Lanvale St.
(c) Hospital or institution:
Balto. Eye, Ear & Throat Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Whitepark Apts.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME PAUL CHONIN.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1941.

8. AGE: Years	Months	Days	If less than one day
2	10	4	hr. min.

9. Birthplace Philadelphia, Pa.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Louis Chonin,
13. Birthplace New York.

MOTHER
14. Maiden Name Nell Okun,
15. Birthplace New York.

16 (a) Informant Mr. Louis Chonin,
(b) Address Whitepark Apts.

17 (a) Removal (b) Date thereof 12/ /43.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Lebanon
Location Queens County, New York.

18 (a) Funeral director Harris Levy Mortuary
(b) Address 1902 Eutaw Place.

19 (a) DEC 13 1943 Huntington Williams, M.D.
(Date received by registrar) (Signature of registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12, 1943, at A M

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 1942, to Dec 12, 1943, and that I last saw h[illegible] alive on 12/12 1943.

Immediate cause of death Acute Dilatation of Heart
Due to Acute Pneumonia.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 12 hours

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A Aston M.D.
Address 2206 Park Ave. Date signed 12/14/43

To be approved by medical examiner. Dec. 12. 1943

G 11140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1312

Registered No. G 11141/G 11140

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1239 N Central ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1239 N. Central ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Clayton E Dresh

3 (b) If veteran, name war WW #2

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed or divorced. Married

6 (b) Name of husband or wife Rena R

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1. 24. 1897

8. AGE: Years 46 | Months 10 | Days 17 | If less than one day hr. min.

9. Birthplace Wilmington Del.
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Arrang Dept

FATHER
12. Name Clayton J Dresh
13. Birthplace Del

MOTHER
14. Maiden Name Thersa Lentz
15. Birthplace Wilmington Del

16 (a) Informant Mrs Sherman Hunt
(b) Address 2113 Carter St Wilmington

17 (a) Burial (b) Date thereof 12/14/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Riverview, Wilmington
Location Wilmington De

18 (a) Funeral director Williams & Jenkins sons
(b) Address North & Eaves.

19 (a) (b) Huntington Willington
(Date received by Registrar)

DEC 13 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/11 1943, at 11P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/6 1943 to 12/11 1943, and that I last saw h alive on 12/11/1943.

Immediate cause of death: Acute Dilatation of Heart — Duration 1 hour

Due to

Due to

Other Conditions Chronic Myocarditis
Chronic Nephritis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wright Sadler M. D.

Address 3323 E Baltimore Date signed 12/14/43

SUDLER

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47d

Registered No. C/G 11141

1. PLACE OF DEATH:
Baltimore City, Maryland
(b) Street address U. S. Marine Hospital
(c) Hospital or institution:
Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) Since Nov. 2, 1943
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town North Linthicum
(If outside city or town limits, write RURAL and give town)
(d) Street No. Charles & Patapsco Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME LEONARD TOLLEY

3 (b) If veteran, name war	3 (c) Social Security Account No.
World's War	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret M. Schroeder
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Jan. 3, 1895

8. AGE: Years	Months	Days	If less than one day
48	11	7	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation U.S.Govt. 8/43-Labor Foreman
11. Industry or business "

FATHER
12. Name Toledeziecki, Tolley
13. Birthplace Poland

MOTHER
14. Maiden Name Madaline Kolozieski
15. Birthplace Poland

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13. 43 (month) (day) (year)
(c) Cemetery or crematory LoudenPark Cem.
Location Frederick Ave. City.

18 (a) Funeral director Robert. L. Brooks.
(b) Address 1338 Hollins Street.

19 (a) DEC 13 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH December 10, 1943, at 7:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 2, 1943, to Dec. 10, 1943, and that I last saw him alive on Dec. 10, 1943.

Immediate cause of death	Duration
Bronchogenic carcinoma, right lung	Since approx. 2/1942
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 11/4/43-Thoracentesis
Major findings of operation: Bronchogenic carcinoma rt.lung (350 cc. cloudy straw col. fluid removed)
of autopsy:---As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide. No
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. O. Brown M. D.
Address Baltimore, Md. Date signed 12/10/43

VS 180

Va-13934

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 1112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11142

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd and Calvert

(c) Hospital or institution: Union Memorial hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28days

(e) Length of stay in Baltimore (yrs., mos., or days) 28 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Carroll

(c) City or town Westminster (If outside city or town limits, write RURAL and give town)

(d) Street No. Route 2 (If rural give location)

(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Phillip Allen Chrest

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1943

8. AGE: Years	Months	Days	If less than one day
	1	16	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER — 12. Name Charles F. Chrest

FATHER — 13. Birthplace Maryland

MOTHER — 14. Maiden Name Ruth Anne Kemper

MOTHER — 15. Birthplace Pennsylvania

16 (a) Informant Father

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 13 43 (month) (day) (year)

(c) Cemetery or crematory Cemetery Location Westminster, md.

18 (a) Funeral director J. A. Shoemaker & son

(b) Address Westminster, Md.

DEC 13 1943 (Date filed by Registrar) Huntington Williams, M.D. Registrar

V8 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1943, at 8 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1943, to Dec. 12 1943, and that I last saw him alive on Dec. 12, 1943.

Immediate cause of death	Duration
Respiratory failure	
Due to Prematurity	28d
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operations:	
of autopsy:	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles H. Ingon M. D.

Address Union Memorial Hosp. Date signed 12-13-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

444943
143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137a

Registered No. G 11143

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town Elmira (If outside city or town limits, write RURAL and give town)
(d) Street No. 419 Standish St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William White
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 9-19-76
8. AGE: Years 67 Months 2 Days 23 If less than one day hr. min.
9. Birthplace N.Y. (Town, county, and state)
10. Usual Occupation Cigar Maker
11. Industry or business
FATHER 12. Name John White
13. Birthplace Ireland
MOTHER 14. Maiden Name Margaret Shea
15. Birthplace Ireland
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14/43 (month) (day) (year)
(c) Cemetery or crematory St Peters & Paul Cem. Location Elmira N.Y.
18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1201 Eutaw St.
DEC 13 1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1943 at 8 02 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 20 1943 to Dec 12 1943, and that I last saw him alive on Dec 12 1943

Immediate cause of death: Coronary occlusion?

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 11-23-43

Major findings of operation: B.P.H.

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James A. Shrigley M. D.
Address Johns Hopkins Date signed 12/12/43

VS 150

11144

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

11a ✓ C 11144
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3918 Old York Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3918 Old York Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY SULLIVAN

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1852

8. AGE: Years	Months	Days	If less than one day
91			hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name James Sullivan
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Bridget ?
15. Birthplace Unknown

16 (a) Informant Mrs. Chas. Ensor
(b) Address 3918 Old York Rd.

17 (a) Burial (b) Date thereof 12-13-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore, Md.
Location Philip Henry Sheridan
2024 Orleans St

18 (a) Funeral director
(b) Address

19 (a) DEC 13 1943 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10, 1943, at 2P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Bronchopneumonia

Due to Fracture of left clavicle

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-4-43 at 3 P. 9-1 M.
(b) Where did injury occur? above address
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work?
(d) Means of injury fell off chair

23. Signature J. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 12-11-43

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11145 #88897 G 11145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 13 1-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2516 Washington Blvd. (If rural give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country

3 (a) FULL NAME Anne B. Harris

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Separated

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1888

8. AGE: Years	Months	Days	If less than one day
55	6 5	18	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Paul P. Clark
13. Birthplace ?

MOTHER
14. Maiden Name Mary ?
15. Birthplace Md.

16 (a) Informant Records, Baltimore City Hosp.
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Harry H. Witzke
(b) Address 410 E Lanvale

19 DEC 13 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VE 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10, 1943, at 8:35A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-8 1943, to 12-10 1943, and that I last saw h[illegible] alive on 12-10 1943.

Immediate cause of death	Duration
Congestive failure	?
Due to Arteriosclerotic Heart disease with fibrillation	?
Due to	
Other Conditions Pulmonary Tuberculosis (Include pregnancy within 3 months of death)	?

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Mattman M. D.
Address B.C.H. Date signed 12/10/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Jo [illegible] G 11146 ✓ G 11146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [illegible]
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr. 55 min
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County [illegible]
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1809 E. Biddle St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country [illegible]

3 (a) FULL NAME Bishop Mack

3 (b) If veteran, name war [illegible]
3 (c) Social Security Account No. [illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife [illegible]
6 (c) If alive, give age [illegible] years

7. Birth date of deceased (mo., day, yr.) May, 3, 1900

8. AGE: Years	Months	Days	If less than one day
43	7	6	hr. [illegible] min.

9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation [illegible]
11. Industry or business [illegible]

FATHER
12. Name Joseph Mack
13. Birthplace S.C.

MOTHER
14. Maiden Name Jane Rosebore
15. Birthplace S.C.

16 (a) Informant Records, Baltimore City Hosp.
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. Co., Md.

18 (a) Funeral director Charles R. Lawn
(b) Address 802 Harlem Ave.

19 (a) [illegible] (Date received by local registrar) (b) [illegible]
Registrar for Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9, 1943, at 4:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-9 1943, to 12-9 1943, and that I last saw h[illegible] alive on 12-5 1943.

Immediate cause of death	Duration
Congestive failure	?
Due to Hypertensive cardiovascular disease	
Due to [illegible]	
Other Conditions [illegible]	

(Include pregnancy within 3 months of death)

Date of operation [illegible]
Major findings of operation: [illegible]
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide [illegible]
(b) Date of occurrence [illegible] at [illegible] M
(c) Where did injury occur? [illegible] (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? [illegible] While at work? [illegible] (Specify type of place)
(e) Means of injury [illegible]

23. Signature P. Mall M. D.
Address B.C.H. Date signed 12/10/43

G 11147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G 11147

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 409 Cedarcroft Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) n/a
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 409 Cedarcroft Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida M Shoemaker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Robert E Shoemaker

6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Sept 11 - 1863

8. AGE: Years 80 | Months 3 | Days | If less than one day ____ hr. ____ min.

9. Birthplace Springfield Ill
(Town, county, and state)

10. Usual Occupation

11. Industry or business Retired

FATHER
12. Name [illegible] Sayers

13. Birthplace Unknown

MOTHER
14. Maiden Name Honora Joyce

15. Birthplace Ireland

16 (a) Informant Mrs Charles C Frederick

(b) Address 409 Cedarcroft Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 13-43 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location

18 (a) Funeral director Chas P Bonsell

(b) Address 2427 Edmondson Ave

DEC 13 1943 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 1943, at 5:12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 7 1943 to Dec 11, 1943, and that I last saw her alive on Dec 10, 1943.

Immediate cause of death Chronic cardio-renal disease

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Months
Years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robt B Shubert M. D.

Address 2862 Harford Rd Date signed 12-11-43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~G 11148~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 132

Registered No. G 11148

~~85332~~

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:
BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 312 N. Paca St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen S. Enright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Patrick V.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1902

8. AGE: Years	Months	Days	If less than one day
41 ?	10	0	hr. min.

9. Birthplace Hazleton, Pa.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Constanty Lesko
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Removal (b) Date thereof 12/14/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Allentown, Pa.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 DEC 13 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-10 1943, at 2:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-9 1943, to 12-10 1943, and that I last saw h[illegible] alive on 12-10 1943.

Immediate cause of death Uremia — Duration ?

Due to ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Paul Holt M. D.

Address B. C. H. Date signed 12-14-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 1149 — G 11149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. 1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2502 Elsinor Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2502 Elsinor Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: MAURICE JOHNS ELTONHEAD

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14, 1886

8. AGE: Years 57 | Months 8 | Days 26 | If less than one day hr. min.

9. Birthplace Harford Co., Md.
(Town, county, and state)

10. Usual Occupation Decorator

11. Industry or business Retired 17 years.

FATHER
12. Name Wm. T. Eltonhead
13. Birthplace Balto.

MOTHER
14. Maiden Name Agnes L. Johns
15. Birthplace Harford Co.

16 (a) Informant Mrs. Carlisle P. Woodall
(b) Address 2502 Elsinor Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Filed DEC 13 1943 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10, 1943, at 7:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18/43 19 to Dec 9 1943, and that I last saw h IM alive on Dec 9 1943

Immediate cause of death: Cerebral hemorrhage and paralysis — Duration: 4 days

Due to:

Due to: Advanced arteriosclerosis & hypertension — Duration: ? ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles S. Abbott, M.D.

Address 2220 Garrison Blvd Date signed 12/10/43

G 11150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87C

Registered No. G 11150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2722 Auchentoroly Terr.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2722 Authentoroly Terr.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDITH A. LUCAS

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles K. Lucas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1873

8. AGE: Years	Months	Days	If less than one day
70	1	6	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Atkinson
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Elinore Watson
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Charles K. Lucas
(b) Address 2722 Auchentoroly Terrace

17 (a) Burial (b) Date thereof 12/13/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Date received DEC 13 1943 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11, 1943, at 12:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1943 to Dec 10/43 and that I last saw h[illegible] alive on Dec 10 1943

Immediate cause of death	Duration
Chronic Nephritis	10 dys
Due to Paralysis Agitans	13 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address [illegible] Date [illegible]

G 11151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 11151

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2610 Orleans St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2610 Orleans St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** WANDA M. METZGER

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Andrew R. Matzger
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) 3/19/1870

8. AGE: Years 73 | Months 7 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name George Monath
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Ochse
15. Birthplace Germany

16 (a) Informant Andrew R. Matzger
(b) Address 2610 Orleans St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville, Md.

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St.

19 (a) DEC 13 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-9 1943 at 12:20 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1937 to Dec 1943 and that I last saw her alive on Dec 9 1943.

Immediate cause of death: myocardosis

Due to: arteriosclerosis
Diabetic acidosis

Due to:

Other Conditions: Diabetes mellitus
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John J Gould M. D.
Address 14 N. Eastern Date signed 12-10-43

VS 180

G 71452 ✓ G 71152

BALTIMORE CITY HEALTH DEPARTMENT

T.M 84662

CERTIFICATE OF DEATH 584

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month & 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3930 E. Pratt St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Corbin F88383 ✓

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Charles
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 31st, 1908
8. AGE: Years 35 | Months 1 | Days 10 | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Julius Richter
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Lienkuber
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Rural

18 (a) Funeral director Wilbert Funeral Home
(b) Address 2004-6 Orleans St

19 (a) (b) Arrington Williams Registrar
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-11-1943, at 12:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-3 1943 to 12-11 1943, and that I last saw h[illegible] alive on 12-11 1943

Immediate cause of death	Duration
Pulmonary embolism.	
Due to Subacute bacterial endocarditis	
Due to Rheumatic Cardio-vascular disease	poor
Other Conditions pregnancy delivered 7th month	

(Include pregnancy within 3 months of death)

Date of operation none
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto. City Hosp. Date signed 12-14-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

G 11153 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Harford Convalescent Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Mos

(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No 2905 S Ellwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Germany

3 (a) FULL NAME Bertha A Gotsch

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 16, 1880

8. AGE: Years 62 | Months 11 | Days 24 | If less than one day hr. min.

9. Birthplace Schumann
(Town, county, and State)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Fredk A Gotsch
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Gutsky
15. Birthplace Germany

16 (a) Informant Mrs Anna R Gotsch
(b) Address 2905 S Ellwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 13 (month) (day) (year)

(c) Cemetery or crematory Dr Mt Olivet
Location City

18 (a) Funeral director Ulrich Funeral Home

(b) Address 2006 E Baltimore St

19 (a) (Date rec'd by registrar) (b) Huntington for Hillsdale Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 19[illegible] at 6:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1943 to Dec 10 1943, and that I last saw her alive on Dec 10 1943.

Immediate cause of death: Congestive pneumonitis — Duration 7

Due to: Chronic myocarditis Arteriosclerosis

Due to:

Other Conditions: Hypertrophic cirrhosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

(of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

25. Signature H. V. Harold M.D. M. D.

Address 4206 Harford Road Signed 12/14/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131 b

G 11154 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2108 E Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Elizabeth J. Lusby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harry Lusby

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1878

8. AGE: Years 65 | Months 6 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business At home

FATHER
12. Name John L Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Dora Knorr
15. Birthplace Germany

16 (a) Informant Harold J Lusby
(b) Address 5115 Benton Heights Ave

17 (a) Parkwood (Burial, cremation, or removal) (b) Date thereof Dec 15 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Rural

18 (a) Funeral director Wilmot Funeral Home
(b) Address 2006-8 Arlington

19 (a) ... (b) ... (Registrar)

DEC 13 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1943, at 12-30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 11 1943 to Dec. 12 1943, and that I last saw her alive on Dec. 12 1943.

Immediate cause of death: Chronic Nephritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Fuesting M. D.
Address St. Joseph's Hosp. Date signed 12-12-43

G 11155 ✓ G 11155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 924 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3 N. Schroeder St. City
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore 17 Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 Edmondson Ave. City
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Charles Joseph Stewart

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Widowed

6 (b) Name of husband or wife Elizabeth Anna (Dead)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 25, 1865

8. AGE: Years	Months	Days	If less than one day
78	0	16	hr. min.

9. Birthplace Eastern Shore Maryland (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business —

FATHER
12. Name Not known
13. Birthplace

MOTHER
14. Maiden Name Not known
15. Birthplace

16 (a) Informant Mrs Annabelle Clarke (Daughter)
(b) Address 3 N. Schroeder St. City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A B & O Md

18 (a) Funeral director Jacob L. Brown Son
(b) Address 1018 Montgomery St

19 (a) DEC 13 1943 (Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11th Dec 1943, at 3:45 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 9, 1943, to Dec. 10, 1943, and that I last saw him alive on Dec. 9, 1943.
Immediate cause of death Mitral Insufficiency
Due to Hypertensive Cardio-vascular disease
Due to
Other Conditions Chronic Bronchitis
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy

Duration over a period of Years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. S. Victor Smith M. D.
Address 844 N. Carey St. City Date signed 12/11/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11156

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 117 W Hamburg
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs.) mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 117 W Hamburg (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Wilson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Venus

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25, 1886

8. AGE: Years 56 | Months 11 | Days 18 | If less than one day hr. min.

9. Birthplace Phelam Georgia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James Wilson
13. Birthplace Georgia

MOTHER
14. Maiden Name Novella ?
15. Birthplace Georgia

16 (a) Informant Venus Wilson (W)
(b) Address 117 W Hamburg St

17 (a) Burial (b) Date thereof 12-13-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co Md

18 (a) Funeral director Isaiah L Brown & Son
(b) Address 108 W Montgomery St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7 1943, at 4:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov-1 1943 to Dec 7 1943, and that I last saw h[illegible] alive on Dec-6 1943.

Immediate cause of death Pneumonia — Duration 6 hrs
Endocarditis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 12/11/43

DEC 13 1943

Huntington Williams, M.D.

G 11157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G 11157

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1027 Sharpe Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
JAMES McKNIGHT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Katie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 45 | Months | Days | If less than one day hr. min.

9. Birthplace Sumbmerton Co S. C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Ship Yard

FATHER
12. Name Weston McKnight
13. Birthplace S C

MOTHER
14. Maiden Name Delia Moore
15. Birthplace S C

16 (a) Informant George McKnight
(b) Address 1027 Sharp St

17 (a) Removal (b) Date thereof 12/
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Winston Salem
Location N.C.

18 (a) Funeral director Isaiah L Brewster Inc
(b) Address 108 W Montgomery

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 11, 1943, at 5:45 A. M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Pneumonia lobar, left.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 12-11-43

VS 151

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. USE INK. WRITE PLAINLY. WITH UNFADING INK.

G 11158 ✓ G 11158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8 W. Madison St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8 W. Madison St
(If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Germany

3 (a) FULL NAME META RABBE

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1859

8. AGE: Years	Months	Days	If less than one day
84	—	—	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Servant
11. Industry or business House maid

FATHER
12. Name unknown
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace Germany

16 (a) Informant Margaret E Trimble
(b) Address 8 W Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14 43 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director Henry W Lukens Sons
(b) Address McCulloh & Eastland

19 (a) DEC 10 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/11 1943, at 7 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/11 1943, to 19, and that I last saw her alive on Several months ago

Immediate cause of death: Old Age — Duration
Arterio - sclerosis
Due to Sudden death - Cause
Due to unknown - probably vascular
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
Signature Walter L Baetjer M. D.
Address 1115 St Paul St Date signed 12/12/43

VS 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11159 ✓ G 11159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 932

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1746 Moreland Ave
(c) Hospital or institution: 15

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1746 Moreland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hyman Bressler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sophie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 1902

8. AGE: Years 41 | Months 10 | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business Butcher

FATHER
12. Name Israel Bressler
13. Birthplace Russia

MOTHER
14. Maiden Name Mollie Korman
15. Birthplace Russia

16 (a) Informant Sophie Bressler
(b) Address Russia

17 (a) Burial (b) Date thereof Dec, 13, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cem
Location Hamiltom Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Registrar
DEC 13 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1943, at 6 15 P M

21. I certify that death occurred on the date above stated: that I attended deceased from Nov 5 1943, to Dec 6 1943, and that I last saw h.m. alive on Dec 6 1943.

Immediate cause of death Coronary thrombosis
Myocardial degeneration
Due to Arteriosclerosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration
Months
1941

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph H Zierler M. D.
Address 2018 Eutaw Place Date signed Dec 13/43

G 11160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 902

G 11160 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto. (15)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3110 Fioga Parkway
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sheila Kerbel

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 13, 1943

8. AGE: Years	Months	Days	If less than one day
9	10 11	29	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Child
11. Industry or business —

FATHER
12. Name Albert Kerbel
13. Birthplace Balto; Md.

MOTHER
14. Maiden Name De Nance Sikes
15. Birthplace Indianapolis Indiana

16 (a) Informant Mrs. Albert Kerbel
(b) Address 3110 Fioga Parkway

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12/13/43 (month) (day) (year)
(c) Cemetery or crematory Windsor Mills Rd
Location Windsor Mill Road

18 (a) Funeral director Sol Levinson Bro
(b) Address 1124 W North Ave

19 (a) DEC 13 1943 (b) (Date rec'd by registrar) Registrar
Thurlow for Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12, 1943, at 11:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7, 1943, to Dec 12, 1943, and that I last saw her alive on Dec 12, 1943

Immediate cause of death	Duration
a Respiratory Failure	
Due to Encephalitis	7 mos.
Due to Cerebral atrophy	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Dec. 9, 1943 - Ord
Major findings of operation: Infection - Suppuration
of autopsy: Cerebral atrophy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert B Tunney M. D.
Address Mercy Hosp Date signed 12/12/43

11161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1649

Registered No. C-11161

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1523 Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Myrtle Myrtle Harrington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) —

8. AGE: Years	Months	Days	If less than one day
22			hr. min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation Operator
11. Industry or business Glen Martin Co

FATHER
12. Name John —
13. Birthplace N. C.

MOTHER
14. Maiden Name Beulah Smith
15. Birthplace N. C.

16 (a) Informant Mrs Smith
(b) Address Salisbury N. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-1943 (month) (day) (year)

(c) Cemetery or crematory
Location Salisbury N. C.

18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N. Patterson Park ave

19 (a) Dec 13 1943 (Date received by registrar) (b) Harrington Williams Hyatt

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 1943, at 2:45 P. M.

21. I certify that I took charge of the remains described above, held an Inspection & autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Asphyxiation due to illuminating Gas.

Due to

Other Conditions Mental Irresponsibility

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury December 9, 1943 2:00 P. M.
(b) Where did injury occur? 1523 Park Ave
(c) Did injury occur at home, on farm, industrial place, in public place? At home While at work? No
(d) Means of injury Turned on gas stove burners

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed 12-9-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

G 11162

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

631

G 11162
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto. Md.
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 21

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Yorkville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 401 Martha St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Catherine Elizabeth Adams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife George Adams
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) August 8 - 1901

8. AGE: Years	Months	Days	If less than one day
42	4	1	..... hr. ..... min.

9. Birthplace Baston, Ohio
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Michael Gallagher
13. Birthplace

MOTHER
14. Maiden Name Bridget Leonard
15. Birthplace

16 (a) Informant George Adams
(b) Address 402 Raleigh St

17 (a) Burial (b) Date thereof 12/13/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn Md

18 (a) Funeral director Walter Booker Bradley Dept
(b) Address 1922 Mt Auburn Ave

19 (a) DEC 13 1943
(Date rec'd by registrar)

Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/9 1943 at 2.40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/27 1943 to 12/9 1943, and that I last saw her alive on 12/9 1943.

Immediate cause of death Cerebral thrombosis ??
Acute Cardiac Failure ??

Duration

Due to Hypertension, prob. yrs.

Due to

Other Conditions Amputation Fibroid Uterus
(Include pregnancy within 3 months of death)

Date of operation 12/6/43

Major findings of operation: Hysterectomy Fibroid Uterus

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Raymond B Hirtelberg M.D.
Address Huntingtown Prince Georges, Md. Date signed 12/9/43

11163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11163 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2715 Towanda Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2715 Towanda Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MILTON FREEBERGER (FREBURGER)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Esther C. Benhoff

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1890

8. AGE: Years	Months	Days	If less than one day
53	7	0	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Engineering dept.

11. Industry or business Marine Hospital

FATHER
12. Name Carroll S. Freeberger
13. Birthplace Md.

MOTHER
14. Maiden Name Mary C.
15. Birthplace Dorking Md.

16 (a) Informant Mrs. E. Freeburger
(b) Address 2815 Pinewood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-43 (month) (day) (year)

(c) Cemetery or crematory Moreland Pk. Cem
Location Balto. Md.

18 (a) Funeral director Leonard J. Rude
(b) Address 5305 Harford Rd.

19 (a) DEC 13 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1943, at 10:40 P.M.

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Hypertensive cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. T. Wollenweber M.D.
Asst Medical Examiner.
Date signed 12-14-43

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered, and the correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

11164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G-11164

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1763 Darley Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1763 Darley Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine F. Droat

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Julius M.

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) 12-29-1877

8. AGE: Years	Months	Days	If less than one day
66	11	10	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name John Reinhold
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Zimmerman
15. Birthplace Germany

16 (a) Informant Mrs. Helen Flayhart
(b) Address 3102 Northwood Dr.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Leonard J. Buck
(b) Address 5705 Harford Road

DEC 13 1943 Huntington Williams M.D.
(Date received by local registrar) (Registrar)

VS 158

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1920 to Dec 9 1943, and that I last saw h.. alive on Dec 4 1943.

Immediate cause of death Hypertension Cerebral Vas. disease — Duration 3 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fritz J. Hinzer M. D.
Address 2700 Harford Road Date signed Dec 11 1943

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146a

Registered No. G 11165

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town ~~Baker Ave~~ Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baker Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mrs. Mary Katherine Hood #Hood F90369

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John W. Hood

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec-23-1916

8. AGE: Years 27 | Months 11 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER 12. Name Frank J. Martin

FATHER 13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Dora Lucas

MOTHER 15. Birthplace Baltimore, Md.

16. (a) Informant John W. Hood

(b) Address Baker Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 15-43 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore Md.

18 (a) Funeral director J. Howard Strong

(b) Address 3707 W. North Ave

19 DEC 13 1943 (Signature for Williams M.D.)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1943, at 1 43 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1943 to Dec 12 1943, and that I last saw h[illegible] alive on 12-12-1943

Immediate cause of death Acute Pneumonia - Acute Hemorrhagic Nephritis — Duration 7 days

Due to

Due to

Other Conditions Tobacco amblyopia Post Op. Caesarian Section

(Include pregnancy within 3 months of death)

Date of operation Dec-3-1943

Major findings of operation: Placenta previa

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alfred Garrison M. D.

Address St Agnes Hosp Date signed 12-12-43

G 11166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161a

G 11166 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and 33rd
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Sparks (If outside city or town limits, write RURAL and give town)
(d) Street No. Calvert & 33rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl McCann

3 (b) If veteran, name war: 0
3 (c) Social Security Account No.: 0

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife: Mrs. Ralph McCann
6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Dec. 11, 1943

8. AGE: Years: 3 days | Months: 0 | Days: 3 | If less than one day: hr. min.

9. Birthplace Union Memorial Hosp., Balt, Md (Town, county, and state)

10. Usual Occupation 0

11. Industry or business 0

FATHER 12. Name Mr. Oscar D. Emrich May Emrich

13. Birthplace Baltimore, Baltimore County Md

MOTHER 14. Maiden Name Hester Frances Ralph McCann

15. Birthplace Baltimore Baltimore Co., Md

16 (a) Informant Mrs. Ralph McCann

(b) Address Sparks, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14, 1943 (month) (day) (year)

(c) Cemetery or crematory Black Rock

Location Butler, Balto. Co., Md

18 (a) Funeral director Landon M. Bunting

(b) Address Sparks Md.

19 (a) DEC 13 1943 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 1943, at 7:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11, 1943 to 13 1943 and that I last saw h[illegible] alive on Dec 11, 1943.

Immediate cause of death Cardio-respiratory failure — Duration: from Dec 11, 43 to Dec 13, 43

Due to Congenital atelectasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George W. Winegardner Jr. M. D.
Address 332 E. University Pkwy Date signed 12-13-43

VS 180

G 11167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

62a Registered No. G 11167

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-10-29
(e) Length of stay in Baltimore (yrs., mos., or days) 3-10-29

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 210 1 New Hampshire Ave, N.W. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country

3 (a) FULL NAME Florence I. Steward

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21, 1863

8. AGE: Years	Months	Days	If less than one day
80	2	22	hr. min.

9. Birthplace Philadelphia, Penna (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Steward
13. Birthplace Philadelphia

MOTHER
14. Maiden Name Mary Ann Dull
15. Birthplace Philadelphia

16 (a) Informant Mount Hope Retreat
(b) Address 6420 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-15-1943 (month) (day) (year)
(c) Cemetery or crematory Old Cathedral Cemetery
Location Philadelphia, Penna

18 (a) Funeral director Steward & Mowen Company
(b) Address 108 W. North Avenue, City

19 (a) (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13 1943, at 1:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 14, 1942 to Dec. 13 1943, and that I last saw her alive on Dec. 13 1943.

Immediate cause of death	Duration
Myocardial Injury with repeated Coronary Thrombosis	1 yr
Due to	
Due to	
Other Conditions Senile Psychosis	4 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel M. Steward M. D.
Address 3316 Eutaw Place Date signed

VS 3

G 11168 ✓ G 11168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 17

(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 309 E. 25th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Lavender

3 (b) If veteran, name war

3 (c) Social Security Account No. 249-20-0256

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife MRS. Odell LAVENDER

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 9-27-1901

8. AGE: Years	Months	Days	If less than one day
42	2	15	hr. min.

9. Birthplace S.C.
(Town, county, and state)

10. Usual Occupation SHIPYARD WORKER

11. Industry or business Bethlehem-FAIRfield

FATHER
12. Name JOHN A. LAVENDER
13. Birthplace S.C.

MOTHER
14. Maiden Name MAMIE LAKHAM
15. Birthplace S.C.

16 (a) Informant MRS. Odell LAVENDER
(b) Address Route #1. GAFFNEY, S.C.

17 (a) Burial (b) Date thereof Dec/16/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory OAKLAND CEM. Gaffney, S.C
Location South Carolina

18 (a) Funeral director Stewart & Howard Co
(b) Address [illegible] North Ave, City

DEC 13 1943

19 (a) (b) Registrar
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1943, at 6:00 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec. 17, 1943

(OVER)

G 11169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117a

G 11169 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1315 Conkling St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carl John Ullrich

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-18-3789

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 21, 1902

8. AGE: Years 47 | Months | Days 19. | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Grocery Store

FATHER
12. Name John W. Ullrich
13. Birthplace Germany

MOTHER
14. Maiden Name Emma C. Berger
15. Birthplace Germany

16 (a) Informant Mr. John W. Ullrich
(b) Address 1214 Chesapeake Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 13 43 (month) (day) (year)
(c) Cemetery or crematory Immanuel Cem
Location Dundalk Md

18 (a) Funeral director J. Fleming & Son
(b) Address 32 S. Broadway

19 (a) (Date rec'd by registrar) (b) Registrar
DEC 13 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 10 1943, at 3 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12 - 7 1943 to 12 - 10 1943 and that I last saw him alive on 12 - 10 1943

Immediate cause of death Hemorrhage — Duration 4 days.

Due to Bleeding Peptic Ulcer

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stanley B. Klyanowski M. D.
Address St. Joseph's Hosp Date signed 12-10-43

G 11170 ✓ G 11170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 192a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3021 St. Paul street
(c) Hospital or institution: -------
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County --
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3021 St. Paul street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HERBERT J. LATCHFORD

3 (b) If veteran, name war ----
3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widower

6 (b) Name of husband or wife Anna Rice Latchford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 8, 1871

8. AGE: Years	Months	Days	If less than one day
72	9	3	hr. min.

9. Birthplace Anne Arundel Co., Md. (Town, county, and state)
10. Usual Occupation Retired Telegraph
11. Industry or business Operator

FATHER
12. Name Joseph H. Latchford
13. Birthplace Anne Arundel Co., Md.

MOTHER
14. Maiden Name Mary Jane Fitzsimmons
15. Birthplace Ireland

16 (a) Informant Miss Mary G. Latchford
(b) Address 3021 St. Paul street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Evans & Son
(b) Address 118 N. Pkt. Royal Ave

19 (a) Dec 13 1943 (b) Date received by Registrar Washington Williams, Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11 1943 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1943 to Dec 11 1943, and that I last saw him alive on Dec 10 1943

Immediate cause of death: Coronary thrombosis — Duration 2 days

Due to Arterial Sclerosis — 3 yrs

Due to Mitral and aortic regurgitation

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert E. Zepp
Address 3048 N. Howard St Date signed 12/8/43 M. D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 11171 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Moreland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Solomon

3 (b) If veteran, name war
3 (c) Social Security Account No. 216-01-0898

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Clothing Jobber
11. Industry or business

FATHER
12. Name Jacob Solomon
13. Birthplace Russia

MOTHER
14. Maiden Name Nash
15. Birthplace Russia

16 (a) Informant Abe Solomon
(b) Address 1712 Moreland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-43 (month) (day) (year)
(c) Cemetery or crematory Bnai Israel
Location Smithson Ave

18 (a) Funeral director Jos. Levin & Sons
(b) Address 1439 E. Balto. St

19 (a) Date rec'd by local reg. DEC 13 1943 (b) Livingston Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/13 1943, at 1.40 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/12 1943 to 12/13 1943, and that I last saw him alive on 12/13 1943.

Immediate cause of death: Intracranial hemorrhage — Duration

Due to: Hypertension

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Josephine E. Renshaw M. D.
Address Univ. Hosp. Date signed 12/13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2126

G 11172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11172

Registered No. 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address West Balto General Hosp
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5020 Pimlico Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Stuck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Mayer Stuck

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

MOTHER / FATHER

12. Name Benj. Apter

13. Birthplace Russia

MOTHER

14. Maiden Name -

15. Birthplace Russia

16 (a) Informant Paul V. Stuck

(b) Address 5020 Pimlico Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-43 (month) (day) (year)

(c) Cemetery or crematory Hebrew Herring Run

Location Dundalk Md

18 (a) Funeral director Jos. Levine Inc

(b) Address 1439 E. Baltimore St

19 (a) (Date rec'd by reg'r) (b) Registrar's No. 1313

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-12-43 19 , at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1940, to Dec 12 1943, and that I last saw h[illegible] alive on Dec. 12 1943

Immediate cause of death

(a) Coronary Occlusion — Duration 3 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Benj. Levine

Address 2128 W. North Ave Date signed 12/13/43

Approved: Robert Lee Graham M.D. Asst. Med. Examiner 12/13/43

1173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 C

Registered No. G 11173

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
Baltimore City Hosp. 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Greencastle North Pt. Rd & Wise Ave.
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Anthony Bernard Andrusa andros

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March? 1914

8. AGE: Years 29 | Months 9 | Days | If less than one day .....hr. .....min.

9. Birthplace Bayley Pa.
(Town, county, and state)

10. Usual Occupation Fireman

11. Industry or business

FATHER
12. Name Simon Andros.
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Brzezinsky
15. Birthplace Poland

16 (a) Informant Lawrence J Andros.
(b) Address Ashcake Pa

17 (a) Removal (b) Date thereof 12/13/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Connellsville Pa
Location Connellsville Pa

18 (a) Funeral director Geo. L Bayer Jr
(b) Address 1512 Hollins St

19. DEC 13 1943 (Date rec'd by registrar) (b) Huntington Williams H.T. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7 1943, at 3:10 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to.....

Other Conditions.....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury December 7, 1943 13-00 M.
(b) Where did injury occur? Holabird Ave & Trappe Pl
(c) Did injury occur at home, on farm, industrial place, in public place? Public Place While at work? No
(d) Means of injury Passenger in auto Head struck pole

23. Signature Robert L. Foster M.D.
Medical Examiner.

Date signed 12-7-43

INSTRUCTIONS: Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11174 G 11174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 Woodbourne Ave St., 46 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William R. Bowen

If U. S. Veteran specify WAR .....

(a) Residence: No. 512 Woodbourne Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or WIFE of) Rosie Robinson Bowen

6. DATE OF BIRTH (month, day, year) Mch 30 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

FATHER

13. NAME Geo. V. Bowen

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary F. Gorsuch

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Rosie R. Bowen
(Address) 512 Woodbourne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Prospect Hill Date 12-13-43

19. UNDERTAKER Geo. L. Beyer Jr
(Address) 1512 Wilkens Ave

20. FILED DEC 13 1943 19.. Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1943

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1943 to Dec. 11, 1943

I last saw him alive on Dec. 10, 1943 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Carcinoma Liver	6 mos.
Bronchopneumonia	

Other contributory causes of importance:

Bronchopneumonia	6 days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Karl H. Bowman M. D.

(Address) 5111 York Rd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

11175 HEALTH DEPARTMENT—CITY OF BALTIMORE 11175

CERTIFICATE OF DEATH 13 4

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 Madison Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter Bailey

(a) Residence: No. 1800 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Bailey

6. DATE OF BIRTH (month, day, year) Dec 25 - 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42 41	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Henry Bailey

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Blanche Bailey

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Margaret Bailey
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 12/14 43

19. UNDERTAKER Geo. S. Kelson
(Address) 1303 Eastern Ave

DEC 13 1943 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 1943

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1943, to Dec 10, 1943

I last saw him alive on Dec 10, 1943 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	,
	,

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edw. J. Shuster M. D.

(Address) 1220 Linden Ave

VS 3

Information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 1376 — BALTIMORE CITY HEALTH DEPARTMENT — C 1376

CERTIFICATE OF DEATH 1943

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 620 Gold St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 Gold St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) **FULL NAME** Lillian Ford

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Booker Ford
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Apr 12, 1889

8. AGE: Years 54 | Months 7 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Lancaster Co. Va. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER — 12. Name Lindsay Johnson
13. Birthplace Va.

MOTHER — 14. Maiden Name Finch Lee
15. Birthplace Va.

16 (a) Informant Father Johnson
(b) Address 1803 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/43 (month) (day) (year)
(c) Cemetery or crematory Lancaster Co.
Location Va.

18 (a) Funeral director Geo. H. Kelso
(b) Address 1303 Presstman St

19 (a) DEC 13 1943 (Date received by registrar) Hunter Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1943, at 3.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1943, to Dec 10 1943, and that I last saw h[illegible] alive on Dec 10 1943.

Immediate cause of death	Duration
Cardio Vascular Disease	3
Due to Cerebral Hemorrhage	2 days
Due to	
Other Conditions Hypertension	?

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. William Frey M. D.
Address 1928 Eastern Ave Date signed 12/13/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 93d

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Dawson st
(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1914 Ethan St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe.	Negro	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15 1869

8. AGE: Years	Months	Days	If less than one day
74	5	9th	hr. min.

9. Birthplace St. Mary's Co. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Oscar Henden
13. Birthplace St. Mary's Co. Md

MOTHER
14. Maiden Name Rosa Downey
15. Birthplace St Mary's Co. Md.

16 (a) Informant 1914 Ethan St
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-13-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore City

18 (a) Funeral director Geo E Kelson
(b) Address 1363 Presstman St.

19 (a) DEC 13 1943 (b) Burlington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-9- 1943, at 2 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-13 1943, to 12-9- 1943, and that I last saw h.Her alive on 12-9- 1943.

Immediate cause of death Hypostatic Pneumonia
Carolin Vaccination
Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. E. Wilson M. D.
Address Provident Hosp. Date signed 12/13/43

VE 150

G 11178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 11178 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1607 Division St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1607 Division St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hezikiah Taylor.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Mae

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-15-1890

8. AGE: Years	Months	Days	If less than one day
53 52	9	26	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Taylor
13. Birthplace Maryland

MOTHER
14. Maiden Name Priscilla Jackson
15. Birthplace Maryland

16 (a) Informant Mae Taylor
(b) Address 1607 Division St.

17 (a) Burial (b) Date thereof 12 13 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A. A. County Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Penna Ave

19 (a) Date received by Registrar DEC 13 1943 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/11 1943, at 10:45 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hypertensive Cardio-vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Joseph B. McNally M.D.
Medical Examiner.
Date signed 12/14/43.

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 d.

G 11179 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 529 S. Monroe St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 529 S. Monroe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma M. Heck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John F. Heck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27, 1867.

8. AGE: Years	Months	Days	If less than one day
76	6	13	hr. min.

9. Birthplace Carroll Co. Md.
(Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business Own Home

FATHER
12. Name George Stater
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Wunder
15. Birthplace Md.

16 (a) Informant John F. Heck
(b) Address 529 S. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/43. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Kuhlke
(b) Address 4101 Edmondson Ave.

19 (a) DEC 13 1943 (Date rec'd by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10/43. 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1943 to Dec 10 1943.
and that I last saw h[illegible] alive on Dec 10 1943.

Immediate cause of death Asthenia Pneumonia

Due to

Due to

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Norbert C. Stater M. D.
Address 145 Wilton Date signed 12/13/43

G 11180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

G 11180 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1727 Penna Ave
(c) Hospital or institution: 14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 37yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1727 Penna Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura Jackson

3 (b) If veteran, name war: ne

3 (c) Social Security Account No.

4. Sex: Fem

5. Color or race: A.A.

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: William Jackson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 56 | Months 5 | Days 4 | If less than one day hr. min.

9. Birthplace Rochester Co., Miss
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Phillip Spencer
13. Birthplace Mississippi

MOTHER
14. Maiden Name Babinette Jones
15. Birthplace Miss

16 (a) Informant Louise Billette
(b) Address 1727 Penna Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A. County Md

18 (a) Funeral director Charles B. Cooper
(b) Address 572 W. Carrollton Ave

19 (a) DEC 13 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/9 1943, at 8 56 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/7 1943 to 12/9 1943 and that I last saw h.e. alive on 12/9 1943

Immediate cause of death: Pneumonia

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration: 1wk

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Carson C. Johnson M.D.
Address 1802 Penna Ave Date signed 12/11/43

VS 160

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11181

YA-83898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47d

G 11181 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: BALTIMORE CITY HOSPITAL 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 81 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1505 Penna. Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John T. Grimes

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Colored	Married

6 (b) Name of husband or wife Hind/ Lina
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/24 1882

8. AGE: Years	Months	Days	If less than one day
61	7	17	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Levy Grimes
13. Birthplace N.C.

MOTHER
14. Maiden Name Louise ?
15. Birthplace N.C.

16 (a) Informant Baltimore City Hosp. Records
(b) Address 4940 Eastern Aye

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A. Co. Md

18 (a) Funeral director Charles S. Cooper
(b) Address 502 K. Carrollton Ave

19 (a) DEC 13 1943 (Date received by Registrar) Huntington Willis, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 1943, at 7.55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1943, to Dec 11 1943, and that I last saw h— alive on Dec 10 1943

Immediate cause of death	Duration
Carcinoma of lung (left)	1 yr
Due to	
Due to	
Other Conditions Abscess of left lung	5 wks

(Include pregnancy within 3 months of death)

Date of operation Nov 23, 1943
Major findings of operation: Abscess left lung -
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. Pierpont M. D.
Address Balto City Hosp Date signed Dec 14 '43

VS 150

11182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 C

G 11182

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lutin Memorial Hospital 6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs 11 mos 23 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 139 N. Kenwood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stephen Dobrey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Anna Dobrey

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Dec 18, 1897

8. AGE: Years 45 | Months 11 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Great Pochang

FATHER
12. Name Charles Dobry
13. Birthplace Bohemia

MOTHER
14. Maiden Name Anna Kulag
15. Birthplace Bohemia

16 (a) Informant Anna Dobry
(b) Address 139 N. Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Frank G Rochford
(b) Address 849 N. Chester St

19 (a) DEC 13 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-12-1943, at 3.25 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Ruptured Heart

Due to

Other Conditions Ruptured Liver & fractured ribs
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-12-43 at 3.05 A.M. 9-3
(b) Where did injury occur? E. 33rd St. near Edmondson Rd
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Auto ran off road, struck tree.

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 12-12-43

VS 151

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11183 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2215 E Oliver Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Shimek

3 (b) If veteran, name war: No
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: ANTOINETTE
6 (c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): Sept 6, 1887

8. AGE: Years: 56 | Months: 3 | Days: 5 | If less than one day: hr. min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual Occupation: Janitor
11. Industry or business: School Board

FATHER
12. Name: Philip Shimek
13. Birthplace: Czekoslovakia

MOTHER
14. Maiden Name: ANNA SIANA
15. Birthplace: Czekoslovakia

16 (a) Informant: records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-15-43 (month) (day) (year)
(c) Cemetery or crematory: Oakfield
Location: Galto. Md.

18 (a) Funeral director: Wood Broschdorf
(b) Address: 900 N. Chester St

DEC 13 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12-11 1943, at 7:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-8 1943, to 12-11 1943 and that I last saw him alive on 12-11 1943.

Immediate cause of death: RESPIRATORY FAILURE — Duration

Due to: PNEUMONIA

Due to: POST OPERATIVE COMPLICATION

Other Conditions: PATIENT HAD CA OF ESOTHAGUS
(Include pregnancy within 3 months of death)

Date of operation: 12-10-43

Major findings of operation: Cancer unresected

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: J. H. H. Jr.
Address: J. H. H. Date signed: 12/13/43 M. D.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 1184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

G 11184 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3819 Juniper Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. [redacted] Aurelia S. Ebe.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: W

6 (b) Name of husband or wife Richard A. Ebe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 75 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Ferdinand Seyfple
13. Birthplace Ohio

MOTHER
14. Maiden Name Mary Meythe
15. Birthplace Ohio

16 (a) Informant Hospital Record
(b) Address 33d. & Calvert Sts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.

18 (a) Funeral director Bloomingdale & Son
(b) Address 805 W. Calvert St

19 (a) ... (b) ... (Registrar) Registrar

DEC 13 1943
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11 1943, at 3:35 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 9 1943, to Dec. 11 1943, and that I last saw her alive on Dec. 11 1943

Immediate cause of death Cardiac and Respiratory Failure — Duration: 8 Dys.

Due to Acute Myocardial Infarction — Duration: 1 yr mos

Due to Hypertensive Heart Disease — Duration: yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Voehl Jr. M. D.
Address Union Memorial Hosp Date signed 12-11-43

11185

BALTIMORE CITY HEALTH DEPARTMENT 552 X G 11185
CERTIFICATE OF DEATH
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3123 Rosalie Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Timonium
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harvey T. Stuller

3 (b) If veteran, name war

(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Annie V. Fishpaw
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1870

8. AGE: Years	Months	Days	If less than one day
73	2	26	— hr. — min.

9. Birthplace Carroll Co., Maryland
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Farmer

FATHER
12. Name Joshua Stuller
13. Birthplace Maryland

MOTHER
14. Maiden Name Rebekiah Cornell
15. Birthplace Maryland

16 (a) Informant J. D. Stuller
(b) Address 323 Rosalie Ave, Balto, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/43 (month) (day) (year)
(c) Cemetery or crematory Meadowbranch Cem.
Location Westminster, Md.

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Md. Westminster, Md.

19 DEC 13 1943 (Date received by Local Reg.) (by) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 11, 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1941, to Dec 11 1943. and that I last saw h[illegible] alive on Dec 9 1943.

Immediate cause of death Lymphosarcoma.

Duration 3 yrs.

Due to (Primary Lesion Cervical Glands.)

Due to

Other Conditions Senility.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Confirmed - Biopsy

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wilmer C. Ensor M.D.
M. D.
Address Cockeysville Md. Date signed 12/12/43

C 11186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 S Schroeder St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred A. Handley

If U. S. Veteran specify WAR

(a) Residence: No. 116 S Schroeder St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married.

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gertrude Handley

6. DATE OF BIRTH (month, day, year) Feby 4-1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71 70	10	7 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Screenshifter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Ames E. Handley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME MARY C. KNOX

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Gertrude Handley
(Address) 116 S Schroeder St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Dec. 14 1943

19. UNDERTAKER Robert L. Brooks
(Address) 1338 Hollins Street

20. FILED DEC 13 1943 19 Hunting for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 1943

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1943 to Dec 10, 1943

I last saw him alive on Dec 10, 1943. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of Heart	2 dys.

Other contributory causes of importance:

Pulmonary Tuberculosis	Indef.

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) R. L. Campbell M. D.

(Address) 1644 Hanover St

12/13/43

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v. s.

11187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-

Registered No. C 11187

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1731 Lamont Avenue
(c) Hospital or institution: 9

(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1731 Lamont Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ANDREW J STAFFORD

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	216-05-9122

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1903

8. AGE: Years	Months	Days	If less than one day
40	10	5	hr. min.

9. Birthplace Ireland
(Town, county, and state)
10. Usual Occupation Bartender
11. Industry or business Tavern

FATHER
12. Name Patrick Stafford
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Hall
15. Birthplace Wales, England

16 (a) Informant Mrs. Catherine Mackin (Sister)
(b) Address 1731 Lamont Avenue

17 (a) Burial (b) Date thereof Dec. 15, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave., Balto. Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1225 Harford Ave. Balto, Md.

DEC 13 1943
(Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH DECEMBER 11, 1943 at 10:15 A. M

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Valvular heart disease mitral, rheumatic basis.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D.
Ex-Medical Examiner.
Date signed 12-11-43

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11188

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 2852 W. Mulberry St.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2852 W. Mulberry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MR. JOSEPH. HUGHES.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Margaret B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1893

8. AGE: Years 50 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Retired Chauffeur

11. Industry or business

FATHER 12. Name Burgess Hughes

13. Birthplace Md.

MOTHER 14. Maiden Name Hannah Sellman

15. Birthplace Md.

16 (a) Informant Mrs. Margaret B. Hughes

(b) Address 2852 W. Mulberry St. Balto.

17 (a) Burial (b) Date thereof Dec. 14, 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Brandenburg Cem.

Location Carroll Co., Md.

18 (a) Funeral director C. Harry Weer

(b) Address Sykesville, Md.

19 (c) Date Rec'd by Local Registrar DEC 13 1943 (d) Registrar Huntington Williams Registrar

VS 150

10 - A.M.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/11/43 19 , at 11:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1/43 19 , to 12/11/43 19 , and that I last saw h[illegible]M alive on 12/11 19 43.

Immediate cause of death Cerebral Decompensation
Pneumonia
Due to Rheumatic C.V.D.
Due to
Other Conditions Mucormycosis

(Include pregnancy within 3 months of death)

Date of operation –

Major findings of operation –

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Francis T. Reynolds M.D.

Address University Hospital Date signed 12/14/43

11189

HEALTH DEPARTMENT—CITY OF BALTIMORE

11189

CERTIFICATE OF DEATH

1. PLACE OF DEATH S.E.C. 183a

CITY OF BALTIMORE: (No. Greenmount Ave + 42nd St., 1 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 9 mos. 9 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Fannie F. Guyton

If U. S. Veteran specify WAR.....

(a) Residence: No. Greenmount Ave + 42nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Jan. 8, 1867

7. AGE: Years 76 | Months 11 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teacher-Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year): Jun 1933
11. Total time (years) spent in this occupation: 48

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Maryland

FATHER

13. NAME: Norval W. Guyton
14. BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

MOTHER

15. MAIDEN NAME: Katharine Duff
16. BIRTHPLACE (city or town) (State or country): Bucks Co. Penna.

17. INFORMANT: James B. Guyton
(Address): York Rd. & 42nd St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Greenmount Date: Dec 14th 1943

19. UNDERTAKER: John C. Moran
(Address): 3000 E. Baltimore St.

20. FILED: DEC 13 1943 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 11, 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1937, to Dec. 10th, 1943

I last saw her alive on Dec. 10, 1943. Death is said to have occurred on the date stated above, at 7.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6 days
General Arterio-Sclerosis	5 yrs.
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Wm. M. Pannebaker, M. D.

(Address) 2740 St. Paul Street

VS 9

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11190

BALTIMORE CITY HEALTH DEPARTMENT 33a G 11190

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address I228 Hull Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town ~~xxx~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. I228 Hull Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James J. Clarke

3 (b) If veteran, name war

3 (c) Social Security Account No. 26I,IO,I544

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary Carden Clarke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-I5-I879

8. AGE: Years	Months	Days	If less than one day
64	2 8	27	hr. min.

9. Birthplace Ireland
(Town, county, and state)
10. Usual Occupation Furniture Worker
11. Industry or business

FATHER
12. Name John Clarke
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Robert E. Clarke
(b) Address I228 Hull Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof I2, I5, I943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Flynn and Fleming
(b) Address I426 Light Street

19 (a) (Local registrar) Huntington Williams, M.D. Registrar

DEC 13 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH I2, I2, 1943 at 6A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/7 1943, to 12/12 1943, and that I last saw h[illegible] alive on 12-/11 1943.

Immediate cause of death Bronchopneumonia — Duration 5 days
Due to Grippe
Due to
Other Conditions Chr. Myocarditis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address I436 E. Fort Ave. Date signed 12/14/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 br

Registered No. C 11191

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 341 S. Strieker St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 341 S. Strieker St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Henry Scheidle

3 (b) If veteran, name war None

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Elizabeth Scheidle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 18, 1859

8. AGE: Years 84 Months 9 Days 23 If less than one day hr. min.

9. Birthplace Catonsville, Balto. County, Md. (Town, county, and state)

10. Usual Occupation Retired Engineer

11. Industry or business

FATHER 12. Name Scheidle

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace Germany

16 (a) Informant John Scheidle

(b) Address 608 N. Steiner St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location 3701 Frederick Ave. Balto. Md.

18 (a) Funeral director George W. Schwab

(b) Address 2101 Frederick Avenue

(a) DEC 13 1943 (Date received by Registrar) (b) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 11 1943, at 11:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 16 1943, to 12/9 1943 and that I last saw him alive on Dec 9 1943

Immediate cause of death Mitral Insufficiency — Duration ?

Due to Arteriosclerosis — ?

Due to —

Other Conditions Auricular Fibrillation — 11/16/43

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?

(e) Means of injury —

23. Signature Carl P. Rowling

Address 134 W. Lanvale St. Date signed 12/12/43 M. D.

C 11192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

C 11192

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto Md
(b) Street address
(c) Hospital or institution: 1719 Baker
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1719 Baker
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie C Washington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles Washington

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 44 | Months 10 | Days 5 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Daniel W Cuttles

13. Birthplace Md

MOTHER 14. Maiden Name Rebecca Ashley

15. Birthplace Md

16 (a) Informant Charles Washington

(b) Address 1719 Baker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-43 (month) (day) (year)

(c) Cemetery or crematory Cathedral cem

Location Md

18 (a) Funeral director George H. Kelson

(b) Address 1313 Pennsylvania Ave

19 (c) Dated 12-13-1943 (d) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-10-1943, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-6-1943 to 12-10-1943, and that I last saw h[illegible] alive on 12-10-1943

Immediate cause of death Bronchopneumonia; Cerebral Hemorrhage

Due to

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm N Boykin M.D.

Address 1[illegible] Date signed 12/14/43

VS 8

11193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 11193

Registered No. 97

Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2018 Linden Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2018 Linden Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BERTHA SAMUELS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1872

8. AGE: Years 71 | Months 0 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph Samuels,
13. Birthplace Germany.

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Germany.

16 (a) Informant Mr. Joseph Sussman,
(b) Address 3629 Cottage Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/ 14/ 43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Harris Levine & Sons
(b) Address 1902 Eutaw Place.

DEC 13 1943
(Date rec'd by registrar)

(b) [illegible] Williams M.D.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11, 1943, at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/10 1941, to Dec. 6 1943 and that I last saw h[illegible] alive on Dec. 5 1943

Immediate cause of death: Chronic arteriosclerosis

Due to: Age —

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration: Stated years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature Wm H Cumin M. D.

Address 2310 Eutaw Place. Date signed

11194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 11194 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct are is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 205 S Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 M
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 S Fulton Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ferdinand L Miller

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M
5. Color or race W
6 (d) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Herman Gina C
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 24 1873
8. AGE: Years 70 Months 5 Days 16 If less than one day hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Clothing Cutter
11. Industry or business Retired

FATHER
12. Name Not Available
13. Birthplace Germany

MOTHER
14. Maiden Name Not Available
15. Birthplace Germany

16 (a) Informant Herman Gina & Miller
(b) Address 205 S Fulton Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md
18 (a) Funeral director George A Farley
(b) Address Fulton & Fayette
19 DEC 13 1943 (Date rec'd by Registrar) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1943, at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4 1943, to Dec 10 1943, and that I last saw him alive on Dec 10 1943

Immediate cause of death	Duration
Generalized Lymphoadenoma	
Due to	
Due to	
Other Conditions Bronchopneumonia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Scognello M. D.
Address 1129 W Lanvale St Date signed 12/12/43

G 11195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 13174

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2102 E. Hoffman St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Louisa Rainey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John T. Rainey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6 1877

8. AGE: Years 66 | Months 11 | Days 5 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Starling
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Hannah
15. Birthplace Spredden Md

16 (a) Informant Louisa Rainey
(b) Address 2102 E. Hoffman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3804 Frederick Ave

18 (a) Funeral director William M Marock
(b) Address 215 Light St

19 (a) DEC 13 1943 (Date filed by Registrar) (b) Huntington Baltimore, Md.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/11 1943, at 10:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27 1943, to Dec. 11 1943, and that I last saw h alive on Dec. 11 1943.

Immediate cause of death Uremia

Due to Chronic nephritis

Due to

Other Conditions Urethrical Stenosis

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Carroll Mayer M. D.
Address Mercy Hospital Date signed 12/14/43 M. D.

G 11196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95C

G 11196 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 833 Williams St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 833 William st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Wesley Figgs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7 1867

8. AGE: Years: 76 | Months: 3 | Days: 3 | If less than one day: hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation Retired B. C. F.

11. Industry or business

FATHER
12. Name Wm Figgs
13. Birthplace Md

MOTHER
14. Maiden Name Rebecca Pohlhamus
15. Birthplace Md

16 (a) Informant Mrs Catherine E Williams
(b) Address 643 Harvey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Brooklyn a a Co Md

18 (a) Funeral director William M Marsek
(b) Address 715 Light St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-10-43 19 , at 5:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1943 to Dec 12 1943 and that I last saw him alive on Dec 9 1943

Immediate cause of death Chronic Cardiac Hypertrophy — Duration: 1 yr 6 mos

Due to Arteriosclerosis — Duration: 1 yr

Due to — Duration:

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Wards Chenoweth M. D.
Address 933 Hanover Street Date signed Dec 11/43

VS 150

G 11197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C

Military Police - Middle River

G 11197

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) 2 MOS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Camp Holabird
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul F. Townsley

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife -

6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) SEPT 12 1920

8. AGE: Years 23 | Months 3 | Days 0 | If less than one day hr. min.

9. Birthplace INDANNA
(Town, county, and state)

10. Usual Occupation SOLDIER

11. Industry or business U.S.GOVERMENT

FATHER
12. Name JAMES TOWNSLEY
13. Birthplace INDANNA

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace INDANNA

16 (a) Informant U.S.ARMY RECDS.
(b) Address CAMP HOLABIRD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC.15/43 (month) (day) (year)
(c) Cemetery or crematory YPSLANTI MICHIGAN
Location YPSLANTI MICHIGAN

18 (a) Funeral director Lilly and Geiler INC.
(b) Address 403 S.WOLFE ST.

19 DEC 13 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-12- 1943, at 2.37 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured Skull

Due to

Other Conditions Fractures humerus, multiple abrasions, contusions, head trauma & laceration
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: 13-00
(a) Date of injury 12-12- at 2.20 A.M.
(b) Where did injury occur? Martin Highway, under R.R.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury auto. left road & turned over.

23. Signature Howard J. Mendelsohn M.D.
Medical Examiner.
Date signed 12-13-43

VS 151

...item of information should be carefully supplied. The ...the causes of death clearly and legibly. ...correct age is especially important. Physicians: please write ...

198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

G 11198
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2200 Brookfield Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2200 Brookfield Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Chilcoat

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ethel H. nee Hilton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1859.

8. AGE: Years 84 | Months 4 | Days 3 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Retired 10 yrs.

11. Industry or business Real Estate

FATHER
12. Name George Chilcoat
13. Birthplace Md.

MOTHER
14. Maiden Name Josephine Griffith
15. Birthplace Md.

16 (a) Informant Mrs. Ethel Chilcoat
(b) Address 2200 Brookfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry A. Wilke
(b) Address 4101 Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11/43, 19, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941 to Dec. 10 1943, and that I last saw h[illegible] alive on Dec. 10 1943.

Immediate cause of death	Duration
Arterio-sclerosis	Indefinite
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.

Address 1720 Date signed 12/13/43

G 11199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

127a

Registered No. G 11199

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3821 Dolfield Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles I. Campbell

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-7608

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widowed

6 (b) Name of husband or wife Georgia Conaway
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1876

8. AGE: Years	Months	Days	If less than one day
67	0	3	hr. min.

9. Birthplace Md. Baltimore
(Town, county, and state)

10. Usual Occupation Traveling Salesman
11. Industry or business Dry Goods & Notions

FATHER
12. Name Thomas Henry Campbell
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine M. Flynn
15. Birthplace Brooklyn, N. Y.

16 (a) Informant Rev. Gregory A. Campbell C.M.
(b) Address 3824 Dolfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/43 (month) (day) (year)

(c) Cemetery or crematory Cathedral
Location Balto. City.

18 (a) Funeral director C. Vernon Lemmon.
(b) Address 4611 Park Heights

19 (a) DEC 13 1943 (Date received by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/11/1943, at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/7 1943, to 12/11 1943, and that I last saw h alive on 12/11 1943.

Immediate cause of death Bilateral Bronchopneumonia — Duration

Due to

Due to

Other Conditions Bronchial asthma chronic Endocarditis, pulmonic valves
(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy: bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard W. Stier M. D.
Address St Agnes Hosp. Date signed 12-11-43

G 13200 G 13200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

192a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Marylapd
(b) Street address 108 S. Poppleton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 83yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 108 S Poppleton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis W. Eckhardt

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Lola Lamar C. Eckhardt
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 1, 1855

8. AGE: Years	Months	Days	If less than one day
88	8	11	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired.
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr Charles W Eckhardt
(b) Address 108 S. Poppleton St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location 4430 Belair Road
18 (a) Funeral director Chas Cowardin Son
(b) Address 911 Hollins Street

DEC 13 1943 (Date rec'd by Registrar)

Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12, 1943 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1942 to Dec 12 1943 and that I last saw h[illegible] alive on Dec 8 1943

Immediate cause of death	Duration
Aortic Regurgitation	17 yrs
Due to General Arterio-	
Due to sclerosis	8 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Geo A Straus
Address 1800 N. Charles St Date signed 12/13/43 M D

Remarks: Interment Westminster, Md.

correct age is especially important. Physicians: please write

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11201
T.N 84900

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ G 11201 Registered No. 1042

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1037 N. Mount St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie Mae White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1927

8. AGE: Years	Months	Days	If less than one day
16	10	23	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation School girl

11. Industry or business

FATHER
12. Name Joseph White
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Bantly
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (" Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16 1942 (month) (day) (year)

(c) Cemetery or crematory Hopping
Location Howard County Maryland

18 (a) Funeral director Joseph A. Direly
(b) Address 409 N. Mount St. Baltimore 23 Md

19 (a) (Date rec'd by registrar) (b) Registrar

VS 189 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1942 at 4:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 16 1942 to Dec 12 1942, and that I last saw h.r alive on Dec 11 1942

Immediate cause of death: Brain Abscess (Right frontal Lobe)

Due to: Right frontal sinusitis

Due to: Osteomyelitis Frontal Bone

Duration
one week
one month
3 weeks

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Dec 5 1942 Dec 10 1942

Major findings of operation: Brain abscess Right frontal lobe, Osteomyelitis Frontal bone

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. S. Pregnant M. D.
Address Balt City Hosp Date signed Dec 14 42

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11202

Registered No. 12 to

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Usual address
(c) Hospital or institution: Nursery Hospital 4

(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 113 W. Mulberry St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Delos M. Yates

3 (b) If veteran, name war ?

3 (c) Social Security Account No. ?

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1895

8. AGE: Years 48 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Baltimore Police Dept.
(b) Address

17 (a) Burial (b) Date thereof 12-15-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Catonsville Pa.

18 (a) Funeral director A. Lee Oden
(b) Address 4644 York Rd.

19 (a) (Date received by Registrar) (b) Registrar

DEC 17 1943
Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10 1943, at M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Fatty degeneration of liver.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec. 10, 1943

(over)

G 11203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11203 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Hayes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown 1870

8. AGE: Years	Months	Days	If less than one day
73	—	—	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER
12. Name John Crowley
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann O'Brien
15. Birthplace Ireland

16 (a) Informant Little Sisters of the Poor
(b) Address 1201 Valley St. Balto Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location Catonsville Md

18 (a) Funeral director John E. Conway & Son
(b) Address 961 W. Lafayette Ave. Baltimore Md

19 (a) DEC 14 1943 (Date rec'd by registrar) (b)

MEDICAL CERTIFICATION 4.39 a

20. DATE OF DEATH Dec. 11 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1- 1943 to Dec 11- 1943, and that I last saw her alive on Dec 10- 1943

Immediate cause of death	Duration
Edema Lungs	1 day
Due to	
Chronic Myocarditis	3 Yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Ave Date signed Dec 13-43

VS 150

1204 ✓ G 11204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1619 E. Preston St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1619 E. Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Elizabeth Patterson ✓

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C.	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
77	2	12	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name George Langford
13. Birthplace Md

MOTHER
14. Maiden Name Mary ?
15. Birthplace Md.

16 (a) Informant Louise Wilson
(b) Address 1619 E. Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 15 43 (month) (day) (year)
(c) Cemetery or crematory Auburn Cemetery
Location Eastern Ave & Md.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1343 21 Jefferson Sts

19 (a) (Date rec'd by registrar) (b) Huntington Willi Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-12-1943 at 11. A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/7 1943. to 12/12 1943.
and that I last saw h[illegible] alive on 12/12 1943.

Immediate cause of death Bronchopneumonia — Duration 7 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jas. R. Blake M. D.
Address 1327 N. Central Ave Date signed 12/13/43

VS 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11205

83a

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: St Joseph's Hospital G
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Rural Baltimore Co
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16 Beech Drive (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) **FULL NAME** Mary Ann Bradley

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Infant
6 (b) Name of husband or wife.....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1943

8. AGE: Years: 22 day | Months: 0 | Days: 22 | If less than one day ..... hr. ..... min.

9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name William Perry Bradley
13. Birthplace Perth Amboy N.J.

MOTHER
14. Maiden Name Marguerite Yumber
15. Birthplace Fords, N.J.

16 (a) Informant William P. Bradley
(b) Address 16 Beech Drive Middle River Md

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12 13 43 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Perth Amboy N.J.

18 (a) Funeral director None Cook, Inc.
(b) Address 1217 St Paul St. Balto

19 DEC 14 1943 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-13 1943, at 12:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-3 1943, to 12-13 1943, and that I last saw her alive on 12-13 1943.

Immediate cause of death Cerebral Hem. hemorrhage.
Due to.....
Due to.....
Other Conditions.....
(Include pregnancy within 3 months of death)

Duration

Date of operation.....
Major findings of operation:.....
of autopsy Minute Central Hemorrhage.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at ..... M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature William E Church M. D.
Address St Joseph's Hospital Date signed 12-13-43

11206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

✓ C 11206 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 112 S. Calver st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 112 S. Calver St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Annie Elizabeth Summers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of ~~husband~~ wife John H. Summers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20th 1870

8. AGE: Years 73 | Months 4 | Days 23 | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER 12. Name Summers

FATHER 13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Wimhart

MOTHER 15. Birthplace Balto Md.

16 (a) Informant Joseph A. Summers

(b) Address 112 S. Calver st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16-43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Road

18 (a) Funeral director William Cook Inc

(b) Address 1217 St. Paul st.

DEC 14 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13th 1943, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1943 to Dec 13 1943 and that I last saw h[illegible] alive on Dec 13 1943

Immediate cause of death Nephritis, ~~Arteriosclerotic~~ heart disease — Duration 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature J. McCollum M. D.

Address 332 Fredericke Rd Date signed 12-13-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. 11207

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 417 Notre Dame Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 417 Notre Dame Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Effie C. Youse

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 19th 1871

8. AGE: Years	Months	Days	If less than one day
72	4	23	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business At home

FATHER
12. Name Henry W. Youse
13. Birthplace Md.

MOTHER
14. Maiden Name Lydia Ida Musick
15. Birthplace Penna

16 (a) Informant Mrs. Mary B. Klages
(b) Address 4027 Greenmount Ave

17 (a) Burial (b) Date thereof 12/15/43
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) DEC 14 1943 (b) Funeral director for Williams M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12th 1943 6:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 8 43 Dec. 12 1943 and that I last saw her alive on Dec. 11 1943.

	Duration
Immediate cause of death	
Uremia	4 days
Due to Arteriosclerosis	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Karl H Bowman M.D.
M. D.
Address 5111 York Rd. Date Dec 13, 1943

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. C 11208

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4501 Wentworth Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4501 Wentworth Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Matilda Schwaab

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of ~~husband or wife~~ Wm F. T. Schwaab

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1st 1869

8. AGE: Years	Months	Days	If less than one day
74	4	11	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Frederick Kornecke
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia V.
15. Birthplace

16 (a) Informant Theodore F. Schwaab
(b) Address 4501 Wentworth Rd

17 (a) Burial (b) Date thereof 12/14/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Md

18 (a) Funeral director William Cook Inc
(b) Address 217 E. Paul St

19 DEC 14 1943 Huntington Williams M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1943, at 6 25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 6 1943 to Dec 12 1943 and that I last saw h~~er~~ alive on Dec 12 1943

Immediate cause of death (a) Coronary Thrombosis — Duration 3 mos

Due to (b) Arteriosclerotic Cardiac Vas — Duration yrs

Due to (c) Hypertension — Duration yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos F Gilbert M. D.

Address 4509 Tubeby Heights Date signed 12-13-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11209

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 18 N. Pine st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 18 N. Pine St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah J. Barrick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, ~~married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband or wife: John Fay Barrick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7th 1870

8. AGE: Years	Months	Days	If less than one day
73	6	4	hr. min.

9. Birthplace Pine Grove W. Va.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name John Judge
13. Birthplace Arkansas

MOTHER
14. Maiden Name Elizabeth Eckelberry
15. Birthplace Pa

16 (a) Informant Mrs Ethel Boyle
(b) Address Phillipi W. Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul st

DEC 14 1943 (Date received by Registrar) (b) Huntington Williams M.D.

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11th 1943 at 1:18 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1943 to Dec 11 1943, and that I last saw h[illegible] alive on Dec 11 1943

Immediate cause of death	Duration
(a) Hemiplegia	4 days
Due to (b) Hypertensive Artherio Sclerotic heart disease	7 yrs
Due to (c)	
Other Conditions Pneumonia	1 yr

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 321 Fed Ave Date signed 12-13-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 11210

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1306 E. Baltimore St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1306 E. Baltimore St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Herold Sr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Anna Herold
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 15th 1884

8. AGE: Years	Months	Days	If less than one day
59	8	27	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Self
11. Industry or business Fore Keeper

FATHER
12. Name Henry Herold
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Virginia "
15. Birthplace "

16 (a) Informant Henry Herold Jr.
(b) Address 2801 Bayonne, Apt

17 (a) Burial (b) Date thereof 12/15/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto
Location " Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St

19 (a) DEC 14 1943 (b) Huntington Williams, M.D.
(Date received by registrar) (Signature of registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12th 1943 12 08 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 10 1943 to Dec 12 1943 and that I last saw h- alive on Dec. 12 1943

Immediate cause of death Coronary Thrombosis — Duration two days

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Thos. H. Phillips M. D.
Address Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 f

G 11211 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4744 Alhambra Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4744 Alhambra Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME D. Frank Grady

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-9865

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Florence Grady

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 24th 1885

8. AGE: Years	Months	Days	If less than one day
58	2	19	hr. min.

9. Birthplace Kentucky
(Town, county, and state)

10. Usual Occupation Brick Layer

11. Industry or business Journeyman

FATHER
12. Name D. Frank Grady
13. Birthplace Kentucky

MOTHER
14. Maiden Name Margaret Muir
15. Birthplace Kentucky

16 (a) Informant Mrs Florence Grady
(b) Address 4744 Alhambra Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/43 (month) (day) (year)
(c) Cemetery London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

DEC 14 1943 (Date received by registrar) Huntington for Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13th 1943, at 1225 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1920 to Dec 13 1943 and that I last saw h[illegible] alive on Dec 11 1943

Immediate cause of death	Duration
(a) Pulmonary tuberculosis	5 yr
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Fritz J Klinger M. D.
Address 2700 Harford Rd Date signed Dec 13 '43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~17212~~ G 17212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 hr

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Hamilton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 62 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 220 Tunbridge Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bernhardine C. Kaufman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband or wife: Karl E. G. Kaufman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25th 1856

8. AGE: Years	Months	Days	If less than one day
87	5	18	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs C. Shindler
(b) Address 220 Tunbridge Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/43 (month) (day) (year)
(c) Cemetery ~~crematory~~ Balto.
Location " Md.

18 (a) Funeral director William Cook Sons
(b) Address 127 St. Paul St.

DEC 14 1943
(Date rec'd by registrar)

(Signature for Williams, M.D.)
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13th 1943 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 20 1943, to Dec 12 1943, and that I last saw her alive on Dec. 12 1943.

	Duration
Immediate cause of death: Generalized peritonitis	3 days
Due to: Perforated stomach	
Due to: Carcinoma & Chronic ulceration stomach	
Other Conditions: Chronic myocarditis	15 yrs.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. V. Harold M.D. M. D.
Address 4706 Harford Road Date signed 12/13/43

C 11213

FC - 84889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 132

Registered No. C 11213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(a) Street address 4940 Eastern Ave. 17
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 837 W. Franklin St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Preston Stevenson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Virginia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9, 1894

8. AGE: Years	Months	Days	If less than one day
49	1	3	hr. min.

9. Birthplace S. C.
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Preston Stevenson
13. Birthplace S. C.

MOTHER
14. Maiden Name Goldie Lenerd
15. Birthplace S. C.

16 (a) Informant B. C. H Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec 16 1943 (month) (day) (year)
(c) Cemetery or crematory Dillon, S C
Location

18 (a) Funeral director [illegible]
(b) Address [illegible]

19 (a) (Date of registry) (b) [illegible], Md.

DEC 14 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-12 1943, at 8 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/15 1943, to 12/12 1943, and that I last saw h[illegible] alive on 12/12 1943

Immediate cause of death [illegible] — Duration 2

Due to Malignant Lymphosarcoma — 7

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Mest M. D.
Address B. C. H. Date signed 12/13/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 11214 ✓ G 11214

T.N 46964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 132

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or Institution: Baltimore City Hospitals 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 642 E. Franklin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Taylor Page

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Seperated

6 (b) Name of husband or wife Pauline

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March ? 1874

8. AGE: Years	Months	Days	If less than one day
69	9	?	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edward Page
13. Birthplace ?

MOTHER
14. Maiden Name Mary Snead
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (b) Date thereof Dec. 17, '43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Haven Mem. Park
Location Chester, Penna.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (b) for Williams M.D.
(Date received by registrar) Registrar

DEC 14 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 12 1943, at 3:54 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/29 1939, to 12-12 1943, and that I last saw h alive on 19

Immediate cause of death	Duration
Pulmonary Tuberculosis	7
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Hatton M. D.

Address B.C.H. Date signed 12/14/43

G 11215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VA-34450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46a

Registered No. G 11215

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Belair
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anton Kocc or Kocz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Kathleen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1881

8. AGE: Years	Months	Days	If less than one day
62	1	15 16	hr. min.

9. Birthplace Hungary
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Anton (d)
13. Birthplace Hungary

MOTHER
14. Maiden Name Marie ?
15. Birthplace Hungary

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL DEC 13 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) DEC 14 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1 1943, at 11:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 21 1943, to Dec. 1 1943, and that I last saw him alive on Dec 1 1943.

	Duration
Immediate cause of death Bronchopneumonia	24 hrs.
Due to Cat. of Stomach	12 hrs.
Due to Carcinoma of Esophagus	? ?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Nov. 29, 1943
Major findings of operation: Carcinoma of esophagus
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Asa J. Benjamin
Address Balto City Hosp. Date signed Dec 1/43

VS 150

Over

0561

G 11216

T.N 64009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. G 11216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item o. information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 months
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Eastern Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Dittmar Or John Dittman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1876

8. AGE: Years	Months	Days	If less than one day
67	5	9	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Fred Dittmar
13. Birthplace Germany

MOTHER
14. Maiden Name Hanner Darby
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL DEC 13 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) DEC 14 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/6 1943, at 11:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943 to 12/6 1943, and that I last saw h~~im~~ alive on 12/6 1943.

Immediate cause of death Bronchopneumonia — Duration 1 wk.
Due to
Due to
Other conditions HCVD ± Nt.
hemiplegia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No Aut

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Surgman M.D.
Address JCH Date signed 12/9

0560

G 11217 X ✓ G 11217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital 75
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Canada (b) County Alberta
(c) City or town Calgary
(If outside city or town limits, write RURAL and give town)
(d) Street No. 327 24th Avenue, West
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Canada

3 (a) FULL NAME Judith Ann Lowe

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 4, 1943

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Frank F. Lowe
13. Birthplace Canada

MOTHER
14. Maiden Name Ruth Leone Newcombe
15. Birthplace Canada

16 (a) Informant Hospital Records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL DEC 13 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 DEC 14 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6 1943, at 10:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 4 1943, to Dec. 6 1943, and that I last saw her alive on Dec. 6 1943

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Prematurity

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip L. Stegloe, Jr. M. D.
Address Johns Hopkins Hospital Date signed 12-7-43

0562

G 11218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G 11218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Canada (b) County Alberta
(c) City or town Calgary (If outside city or town limits, write RURAL and give town)
(d) Street No. 327 24th Avenue, West (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country Canada

3 (a) FULL NAME John Lowe

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 4, 1943

8. AGE: Years | Months | Days | If less than one day: 7 hr. 17 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Frank F. Lowe
13. Birthplace Canada

MOTHER
14. Maiden Name Ruth Leone Newcombe
15. Birthplace Canada

16 (a) Informant Hospital Records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL DEC 13 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) DEC 14 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 210

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 1943, at 7:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 4 1943, to Dec. 4 1943, and that I last saw him alive on Dec. 4 1943.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Prematurity

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip F. Stephan, Jr. M. D.
Address Johns Hopkins Hospital Date signed 12-7-43

0563

G 11219

445576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 11219 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7-S
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town DUNDALK (If outside city or town limits, write RURAL and give town)
(d) Street No. 3206 Mc SHANEWAY (If rural give location)
(e) Citizen of foreign country?.....(Yes or No) If yes, name country.....

3 (a) FULL NAME Baby Boy CARDWELL

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-2-43

8. AGE: Years | Months | Days: 2 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation.....

11. Industry or business.....

FATHER 12. Name RAYMOND CARDWELL
13. Birthplace

MOTHER 14. Maiden Name Dorothy
15. Birthplace

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a).....(Burial, cremation, or removal) (b) Date thereof.....(month) (day) (year)
(c) Cemetery or crematory.....
Location JOHN HOPKINS MEDICAL SCHOOL DEC 13 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 DEC 14 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1943, at 2:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1943, to Dec 4 1943, and that I last saw HIM alive on Dec 4 1943

Immediate cause of death..... Duration

Due to Prematurity

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

Date of operation.....

Major findings of operation:.....

of autopsy:.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....at.....M
(c) Where did injury occur?.....(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?.....While at work?.....(Specify type of place)
(e) Means of injury.....

23. Signature Helen Bowie
Address Johns Hopkins Hosp. Date signed M. 12 D. 6/43

10564

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11220

83a

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3015 Grayson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3015 Grayson St.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John T. Elliott

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lena Elliott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1864

8. AGE: Years	Months	Days	If less than one day
79	4	9	hr. min.

9. Birthplace Salisbury, Md.
(Town, county, and state)
10. Usual Occupation Retired Gas Inspector
11. Industry or business Baltimore City

FATHER
12. Name James B. Elliott
13. Birthplace Md.

MOTHER
14. Maiden Name Mary McGrath
15. Birthplace Md.

16 (a) Informant Mrs. Lena Elliott
(b) Address 3015 Grayson St.,

17 (a) Burial (b) Date thereof Dec. 15, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave. Balto. Md.

18 (a) Funeral director W. Howard Strong
(b) Address 3207 W. North Ave.

DEC 14 1943

19 (a) (b)
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11, 1943 at 11.00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1943 to Dec 11 1943, and that I last saw h[illegible] alive on Dec 11 1943.

Immediate cause of death Apoplexy

Duration 3 hr

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address [illegible] M. D.
Date signed 12/13/43

Huntington Williams, M.D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-11221 ✓ S-11221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G-11221

159

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood St.
(c) Hospital or institution:
Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 722 Hanover St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Crawley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 27, 1943

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name A. L. Crawley
13. Birthplace Richmond Va

MOTHER
14. Maiden Name Jesse Wideman
15. Birthplace unknown

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 13 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (Date rec'd by registrar) DEC 14 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27, 1943, to Nov 30, 1943, and that I last saw her alive on Nov 30 1943

Immediate cause of death	Duration
Respiratory failure	1 day
Due to Premature Birth	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. C. Steele, M. D.

Address Univ. Hosp. Date signed 12-9-43

VS 150

0565

G 11222 ✓ G 11222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30 b

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2700 Whitney Ave

(c) Hospital or institution: Carpenters Convalescent Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Weeks

(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 2700 Whitney Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME KATHARINE WALL EASTER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Robert K. McEaster

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Feb 28 '84 Portsmouth Va

8. AGE: Years 62 | Months 9 | Days 14 | If less than one day ___ hr. ___ min.

9. Birthplace Portsmouth Va (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business Keeper of the home

FATHER

12. Name John Wall

13. Birthplace Unknown

MOTHER

14. Maiden Name Katharine Wall

15. Birthplace Unknown

16 (a) Informant Robert K McEaster

(b) Address 2700 Whitney Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14-43 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville Md.

18 (a) Funeral director Ellsworth Armgeort

(b) Address 3911 Liberty Heights Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williamsport

DEC 14 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1943 at 1:30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to Dec 12 1943 and that I last saw her alive on Dec 12 1943.

Immediate cause of death: Gangrene — Duration: 1 month

Due to: Necrosis + Sloughing lower spine — 6 Weeks

Due to: Bed sores

Other Conditions: Paresis Chronic

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Sherman Hartz M.D.

Address 2601 Manhattan Ave Date signed 12/13/43

G 11223 ✓ G 11223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1062

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2113 Ramsay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2113 Ramsay St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harriet R. Strauss

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Charles Strauss

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 11-1857

8. AGE: Years 86 | Months 1 | Days 0 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Gertrude C. Nash

(b) Address 2113 Ramsay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14-1943 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location

18 (a) Funeral director Pott & B. M. Walter Sons

(b) Address Pratt & Strieker Sts

19 (a) (Date rec'd by registrar) DEC 14 1943 (b) Signature Hunting for Williams Address

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 11 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-30 1943, to Dec 11 1943, and that I last saw h alive on Dec 10 1943.

Immediate cause of death Chronic Bronchitis — Duration 1 month

Due to

Due to acute apex pneumonia

Other Conditions Infection of Bladder — Duration 1 week

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. C. Hearn M. D.

2901 Garrison Date signed 12-14-43

G 11224 ✓ G 11224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No.....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Md.
(c) Hospital or institution:
Johns Hopkins Hospital 5

(d) Length of stay in hospital or inst. (yrs., mos., or days) d.c.a.
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 108 Aisquith Street
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME GLADYS McCORMICK

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	married

6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
22			hr. min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation.....
11. Industry or business

FATHER
12. Name Unk
13. Birthplace Unk

MOTHER
14. Maiden Name Unk
15. Birthplace Unk

16 (a) Informant O. H. Morris
(b) Address Laurinburg, N. C

17 (a) Burial (b) Date thereof Dec. 16-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Laurinburg
Location N. C

18 (a) Funeral director James A. Hayes
(b) Address 642 W. Hill St

19 (a) (b)
(Date rec'd by registrar) Huntington Williamsport, Md.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 11, 1943, at 2:40 A. M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Bullet wound of chest.

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Dec. 11, 1943; 2:20 A. M.
(b) Where did injury occur? Central Ave. & May St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Shot during argument. Murder

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 12-11-43.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11225

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp 12th

(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Parkville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1920 Taylor Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph H Scheper

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2nd 1885

8. AGE: Years 58 | Months 11 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Frederick Scheper
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Hackstedt
15. Birthplace Germany

16 (a) Informant Miss Eliz. Scheper
(b) Address 1920 Taylor Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 16 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Bares, Md.

18 (a) Funeral director Cassidy Funeral Home
(b) Address 7401 Belair Rd.

19 (a) DEC 14 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13 1943, at 1:25 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary occlusion; injury of myocardium

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec. 13 1943

Caution: Any alteration or erasure renders certificate void. Type or print plainly in ink. Physicians, please write the causes of death clearly and legibly.

G 11226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11226 Registered No. 1649

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Usual address 5200 Cuthert Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5200 Cuthert ave..
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellis Burrell

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace Bellaville Ontario Canada
(Town, county, and state)

10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown.
15. Birthplace "

16 (a) Informant Mrs Mary Dexter
(b) Address 5200 Cuthbert ave

17 (a) Burial (b) Date thereof 12-14-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director Lorenz Byers.
(b) Address 505 Park Heights Ave

19 (a) DEC 16 1943 (b)
(Date rec'd by Registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-11- 1943, at 10-25 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Asphyxiation

Due to Illuminating Gas

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-11-43 at P. M.
(b) Where did injury occur? 5200 Cuthert ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Gas heater, open, unlit

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 12-12-43

Hunting or Williams M.D.

Please write plainly. Physicians: please write the cause of death carefully and legibly.

G 11227 ✓ G 11227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
Street address 2703 HILLDALE AVE
If hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2703 HILLDALE AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WOLF FLAX

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex MALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced MARRIED

6 (b) Name of husband or wife LENA

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace RUSSIA (Town, county, and state)

10. Usual Occupation TAILOR

11. Industry or business

MOTHER / FATHER

12. Name NOT KNOWN

13. Birthplace RUSSIA

MOTHER

14. Maiden Name NOT KNOWN

15. Birthplace RUSSIA

16 (a) Informant WIFE

(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-15-43 (month) (day) (year)

(c) Cemetery or crematory HEBREW FRIENDSHIP

Location Phila. Rd. + Conkling Sts

18 (a) Funeral director Jack Lewis Inc.

(b) Address 1439 E. Balto St

19 (a) Date received by registrar DEC 1 1943 Hunter Williams, M.D. Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/13/43 19 25 7 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1943, to 12/13 1943, and that I last saw him alive on 12/13 1943

Immediate cause of death	Duration
Coronary Thrombosis	
Generalized Arteriosclerosis	
Due to	
Due to	
Other Conditions Bronchitis Hemiplegia	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Willard Applefeld M.D.

Address 2511 Reisters Court Date signed 12/14/43

G 11228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 1318

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3010 Rockwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3010 Rockwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sophia B. Feldser

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Leo
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 45 | Months | Days | If less than one day hr. min.
9. Birthplace: Poland (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: Abraham Berkenfeld
13. Birthplace: Poland

MOTHER
14. Maiden Name: Minnie
15. Birthplace: Poland

16 (a) Informant: Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-43 (month) (day) (year)
(c) Cemetery or crematory: Balto Hebrew
Location: Belair Rd
18 (a) Funeral director: Jack Levin Inc
(b) Address: 1459 E Balto St
19 (a) (Date rec'd by registrar) (b) Registered, M

VS 185 DEC 14 1943 Certificate for Wilson

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-13-43 19 at 5 P. M
21. I certify that death occurred on the date above stated, that I attended deceased from 12 1940 to 12/13 1943, and that I last saw h[illegible] alive on 12/13 1943
Immediate cause of death: Cardio-Renal
Due to: Vascular disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration: 3 yrs. 5 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature P. Jeng Davidson MD
Address 2138 W. Fredk St Date signed 12/14/43 (Coded)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 202 AISQUITH ST
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5

(e) Length of stay in Baltimore (yrs., mos., or days) 56 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 202 AISQUITH ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CELIA MYERS

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: FEMALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: ABRAHAM

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 70 | Months | Days | If less than one day: hr. min.

9. Birthplace: RUSSIA
(Town, county, and state)

10. Usual Occupation: NONE

11. Industry or business

FATHER
12. Name: ABRAHAM BASS
13. Birthplace: RUSSIA

MOTHER
14. Maiden Name: SARAH
15. Birthplace: RUSSIA

16 (a) Informant: HUSBAND
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-43 (month) (day) (year)
(c) Cemetery or crematory: ROSEDALE
Location: Phila Rd + Hamilton Ave

18 (a) Funeral director: Jack Louis Lou
(b) Address: 1439 E. Baltimore St

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar
Date rec'd by registrar [illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/13/43 19 , at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1942 to Dec. 1943, and that I last saw her alive on Dec. 13th 1943.

Immediate cause of death	Duration
Acute cardiac dilatation	
Due to Hypert. c.v.v. disease & arteriosclerosis	
Due to abdominal tumor Possible malignancy	
Other Conditions nephritis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Mary A. Dove M.D.
Address 116 Aisquith St Date signed 12/14/43

G 13230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11229

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1823 N. Bethel St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CATHERINE MARY MAGDALEN BRENT

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Howard Brent
6 (c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) August 22, 1878

8. AGE: Years	Months	Days	If less than one day
65	3	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Russell
13. Birthplace England

MOTHER
14. Maiden Name Not known
15. Birthplace Not known

16 (a) Informant Mrs. Elizabeth Neubeck
(b) Address Joppa, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway

19 (a) [illegible] Huntington Williamson M.D.
(Signature of local registrar) (Registrar)
DEC 14 1943
VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH December 11 1943 at 7 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 10 1943 to Dec. 11 1943 and that I last saw her alive on Dec. 11 1943

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Frueting M.D.
Address St. Joseph's Hosp. Date signed 12-11-43

G 11231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 932

G 11231 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 S. Curley St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 S. Curley St (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME ALVIN AUGUST EDWARD BARTELS

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 218-10-8251

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Emma A. F. Schaefer

6 (c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1879

8. AGE: Years 64 | Months 4 | Days 12 | If less than one day ... hr. ... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Baker

11. Industry or business

FATHER
12. Name Charles Bartels
13. Birthplace Germany

MOTHER
14. Maiden Name Alvina Schultz
15. Birthplace Germany

16 (a) Informant Mrs. Emma A. F. Bartels
(b) Address 1000 S. Curley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 15. 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) ... (Date rec'd by registrar) (b) ... Registrar

DEC 14 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11. 1943 at 10.10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1943. to Dec 11 1943. and that I last saw him alive on Dec 11 1943.

Immediate cause of death	Duration
Coronary Thrombosis	12-8-43
Hemorrhage of small intestine	12-10-43.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Nil

Major findings of operation: None

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Eastman M. D.

Address 842 V. Eutaw Ave. Date signed 12-13-43

G 11232 G 11232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 100 1-

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address U. S. Marine Hospital
(c) Hospital or institution:
U. S. Marine Hospital 9-7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2738 Alameda (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN FRANCIS CONNOR

3 (b) If veteran, name war: World's War #1

3 (c) Social Security Account No. 220-05-4192

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Marie Hamilton Connor

6 (c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1888

8. AGE: Years 55 | Months 9 | Days 27 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Port Watchman-1 week prior

11. Industry or business to admission.

FATHER
12. Name Thomas Connor
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Theresa Conway
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Marie Hamilton Connor
(b) Address 2738 Alameda

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE & BROADWAY

19 (a) (Date rec'd by registrar) (b) Hunting to Williamsport

VS 150 DEC 14 1943

MEDICAL CERTIFICATION P.

20. DATE OF DEATH Dec. 12, 1943, at 6:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to Dec. 12, 1943, and that I last saw him alive on Dec. 12, 1943

Immediate cause of death: Multiple pulmonary infarcts — Duration: Unk.

Due to: Acute thrombophlebitis, right lower leg. — Duration: Unk.

Due to: — Duration:

Other Conditions: — Duration:

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo Waitzkin M. D.

Address Baltimore, Md. Date signed 12/13/43

Va-14058 DR. Leo WAITZKIN

G 11233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

G 11233 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 S
(c) Hospital or institution:
City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. O. A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 903 S. Bouldin Sh
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank ~~Wett~~ Wett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lillian Wett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 1873

8. AGE: Years	Months	Days	If less than one day
69	8	12	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Baker Baker

11. Industry or business

FATHER
12. Name Henry Wett
13. Birthplace Balto

MOTHER
14. Maiden Name Dorothea
15. Birthplace Balto

16 (a) Informant Ada L Roach
(b) Address 602 S Bouldin

17 (a) Burial (b) Date thereof Dec 16
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location City

18 (a) Funeral director Wilson Funeral Home
(b) Address 2004 E. Orleans

19 (a) (b) Filed for record
(Date rec'd by registrar) Dec 14 1943

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 1943, at 9:15 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec 13, 1943

G 11234 — 108 — G 11234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2609 Gibbons Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town 2609 Gibbons ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. Balo Md
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James a Price

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-16-7252

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Alice M Price
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) June 2, 1882

8. AGE: Years	Months	Days	If less than one day
61	6	10	hr. min.

9. Birthplace Snow Hill Md
(Town, county, and state)
10. Usual Occupation Bookkeeper
11. Industry or business

FATHER
12. Name Hamel Price
13. Birthplace Md

MOTHER
14. Maiden Name Cordelia Richardson
15. Birthplace Md

16 (a) Informant Alice M Price
(b) Address 2609 Gibbons ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 15 (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location City

18 (a) Funeral director Ullrich Funeral Home
(b) Address 200 E 8 Allegan

19 (a) Dec 14 1943 (Date filed by Registrar) (b) Maurice Van Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1943, at 8:30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11 1943, to Dec 11 1943, and that I last saw h- alive on Dec 11 1943

Immediate cause of death	Duration
Cerebral Hemorrhage	5 Days
Due to Hypertension	10 yrs
Due to Cardiac hypertrophy	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. D.
Address 1136 Harford Rd Date signed 12/12/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G 11235 G 11235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 138

Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 612 Allendale Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 d

(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 612 Allendale ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** John William Morgan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband or~~ wife Mary Morgan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25th 1875

8. AGE: Years 68 | Months 4 | Days 17 | If less than one day hr. min.

9. Birthplace Chillicothe Ohio
(Town, county, and state)

10. Usual Occupation Painter

11. Industry or business U. S. Govt.

FATHER 12. Name Geo. William Morgan

13. Birthplace

MOTHER 14. Maiden Name Mary Coombs

15. Birthplace

16 (a) Informant L. Herbert Pazel

(b) Address 2736 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/43 (month) (day) (year)

(c) Cemetery or crematory Western Cem.

Location Baltimore

18 (a) Funeral director William Cook Inc

(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

DEC 14 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12-1943 at 10:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1943, to Dec 12 1943, and that I last saw him alive on Dec 12 1943.

Immediate cause of death Pulmonary tuberculosis — Duration: 3 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature W. Michel M. D.

Address 2901 Edmondson Date signed Dec 13 43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 11236 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2147 Hollins St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2147 Hollins St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Deens

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day 10 hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John A Deens
13. Birthplace Pa.

MOTHER 14. Maiden Name Lillie Riggin
15. Birthplace N. C.

16 (a) Informant John A Deens
(b) Address 2147 Hollins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-43 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location North Ave.

18 (a) Funeral director Wm Gogel Son
(b) Address 217 N Paca St.

19 (a) DEC 14 1943 (b) Huntington Williams M.D.
(City registrar) (Deputy registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-14 1943, at 8.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-13 1943, to 12-14 1943, and that I last saw him alive on 12-14 1943.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature P. Thompson Daughaday M. D.
Address 205 W. North Date signed 12-14-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 138

G 11237 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Usual address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 526 W. West St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HELEN MARIE BOOZE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 2, 1913

8. AGE: Years	Months	Days	If less than one day
30 25	11	9	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Alexander Booze
13. Birthplace Md

MOTHER
14. Maiden Name Mary Briscoe
15. Birthplace Md.

16 (a) Informant Mary Booze
(b) Address 526 W. West St.

17 (a) Burial (b) Date thereof 12/14/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Elroy W Dixon
(b) Address 1000 Brookfield Ave

19 (a) 12-4-1943 Huntington Williams M.D.
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 1943 at 1 55 M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Tuberculosis, pulmonary

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 12-11-43

11238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11238

Registered No. 64

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 6

(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 24 N. Bond St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellsworth Clarke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	4		hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph McClinton
13. Birthplace N C.

MOTHER
14. Maiden Name Bernice Clark
15. Birthplace N C

16 (a) Informant Bernice Clark.
(b) Address 24 N Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 15, 43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brookland Md

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Brantley's

19. (a) 12-13-43 Hastings for Williams M.D. Registrar
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1943 at 1:00 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Status Thymicus
by emphatiema

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec. 13, 1943

G 11239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. 11239

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1137 Argyle Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1137 Argyle Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret E Lloyd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Wesley Lloyd

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Not stated
13. Birthplace " "

MOTHER
14. Maiden Name Matilda Ennis
15. Birthplace Md.

16 (a) Informant Mary Beach Sister in law
(b) Address 1137 Argyle Ave

17 (a) Burial (b) Date thereof Dec 14 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) (Date rec'd by registrar) (b) Registrar
Huntington Williams, M.D.

DEC 14 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1943, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6 1943 to Dec 10 1943 and that I last saw h[er] alive on Dec 9 1943

	Duration
Immediate cause of death: Hypertension Cardio Vascular Disease	2 Yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Atwell Jones M. D.
Address 1-3-4 Dolphin St Date signed 12-14-43

Vs 3

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

131a

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Social security — 705-12-3824

PLACE OF DEATH

CITY OF BALTIMORE: (No. 233 N. Gilmore St. 9-V Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Thomas Wendelken

If U. S. Veteran specify WAR

(a) Residence: No. 233 N. Gilmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Harriet Wendelken

6. DATE OF BIRTH (month, day, year) Sept. 20, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freight handler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West River Maryland

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Lawrence

16. BIRTHPLACE (city or town) (State or country) West River

17. INFORMANT Mrs. Geither

(Address) 311 N. Bruce St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date Dec. 14 19 43

19. UNDERTAKER Mrs. Katie R. Wellington

(Address) 332 N. Schroeder St.

20. FILED DEC 14 1943 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 1943

22. I HEREBY CERTIFY, That I attended deceased from 11-25-, 19 43 to 12-10, 19 43

I last saw him alive on 12-9-, 19 43. Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro vascular renal disease	18 mos

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Observation, Signs & Symptoms Was there an autopsy? no

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John E. L. Samples M. D.

(Address) 639 N. Carey St., Balto.

OCCUPATION is very important. See instructions on back of certificate.

V9 3

G 11241 G 11241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1192 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 449 S. Drew St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Baby Kacsmarek

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20, '42

8. AGE: Years	Months	Days	If less than one day
26 Days	0	23	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Theodore Kacsmarek
13. Birthplace Balt. Md.

MOTHER
14. Maiden Name Gloria May Johns
15. Birthplace S. Carolina

16 (a) Informant Theodore Kacsmarek
(b) Address 449 Drew St.

17 (a) BURIAL (b) Date thereof 12 14 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Rd.

18 (a) Funeral director Martin E. Diffenderfer Sons
(b) Address Lombard & Eutaw Sts.

DEC 14 1943
(Registrar's signature)

(b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-13 1943, at 5:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-26 1943, to 12-13 1943, and that I last saw h alive on 19

Immediate cause of death Epedemic diarrhea of new born — Duration 17 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nathan E. Rhode M. D.
Address St. Joseph's Hosp. Date signed 12-13-43

G 11242

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 11242 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1937 E. FAIRMOUNT AVE
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 14
(e) Length of stay in Baltimore (yrs., mos., or days) 24 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1937 E. FAIRMOUNT
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EVA FINE

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
85			hr. min.

9. Birthplace Russia. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Chaim
13. Birthplace Russia.

MOTHER
14. Maiden Name Malowey
15. Birthplace Russia.

16 (a) Informant Mr. Fine - Grandson
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-43 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Jewish Rest Ref
18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St

19 (a) Filed 1943 (b) Date rec'd by registrar Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-13- 19 43, at 11:55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Autopsy~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph Wallenmeyer M.D.
Medical Examiner.
Date signed 12-14-43

11243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

G 11243 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1307 E. Lafayette Ave
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 E. Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Edward J. Ward

3 (b) If veteran, name war: World War No. 1.

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eleanor F. Ward (nee Mae Conbon)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1899

8. AGE: Years 44 | Months 5 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Policeman

11. Industry or business Baltimore City

FATHER 12. Name Michael J. Ward

13. Birthplace Ireland

MOTHER 14. Maiden Name ?

15. Birthplace Ireland

16 (a) Informant Mrs. Eleanor F. Ward

(b) Address 1307 E. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 15 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem.

Location 4300 Old Frederick Rd.

18 (a) Funeral director Elmer W. Conklin & Son

(b) Address 924 E. Eager St.

DEC 14 1943 (Date received by registrar)

(b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11, 1943, at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h[illegible] alive on 12/10 1943.

Immediate cause of death Coronary Thrombosis — Duration Sudden

Due to Myocarditis — Duration ?

Due to — Duration

Other conditions Broncho Pneumonia — Duration Week

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Joseph D. Blum M.D.

Address 1206 E. Preston St. Date signed 12/13/43

-11244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11244

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 408 E. Biddle St.
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 408 E. Biddle St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Rose C. Hennessy

3 (b) If veteran, name war: None
3 (c) Social Security Account No. No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 27, 1874

8. AGE: Years 69 | Months 3 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Home Work

11. Industry or business at Home

FATHER
12. Name John Hennessy
13. Birthplace Ireland

MOTHER
14. Maiden Name Alice Lyons
15. Birthplace Ireland

16 (a) Informant Miss Hennessy (Sister)
(b) Address 408 E. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17, 1943 (month) (day) (year)
(c) Cemetery or crematory St. Vincent Cemetery
Location at Clifton Park

18 (a) Funeral director Elmer W. Conklin & Son
(b) Address 924 E. Eager St

19 (a) DEC 14 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13th, 1943, at 10:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/8 1943, to 12/13 1943
and that I last saw her alive on 12/13: 1943.

Immediate cause of death	Duration
Cerebral hemorrhage	
due to hypertension.	3 days
Due to	
Due to	
Other Conditions Acute bronchitis	4 days

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. N. MacMurchy M.D.
J. N. MacMurchy
709 E. Chase St M. D.
Address Date signed 12/15/43

G 11245

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

G 11245
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 415 E Lorraine Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 415 E Lorraine Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PHILIP R. HUNT (Phillip R Hunt)

3 (b) If veteran, name war None

3 (c) Social Security Account No. 212-03-9718

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Theresa V. Maley

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) May 1, 1898.

8. AGE: Years 45 | Months 7 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Mailer

11. Industry or business Baltimore News Post

FATHER
12. Name Phillip J Hunt
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Estelle Smith
15. Birthplace Richmond Va

16 (a) Informant Mrs Theresa V. Hunt Wife
(b) Address 415 Lorraine Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd Balto; Md

18 (a) Funeral director George J Ruth Inc
(b) Address 1735 Hilford Ave

19 (a) DEC 14 1943 (Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13, 1943, at 2 30 P.M.

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. Z. Wallenmeyer M.D.
Medical Examiner.
Date signed 12-14-43

11246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 169

G 11246
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 701 S. Eaton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HENRY P. SLAWSKI

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7 / 29

8. AGE: Years	Months	Days	If less than one day
13	3	6	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Student
11. Industry or business

FATHER
12. Name Adam Slawski
13. Birthplace Poland

MOTHER
14. Maiden Name Agnes Lukowski
15. Birthplace Poland

16 (a) Informant Adam Slawski
(b) Address 701 Eaton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 15 / 43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore

18 (a) Funeral director Fred W Ozazewski
(b) Address 1930 Eastern Ave

19 (a) DEC 14 1943 (Date rec'd by registrar) Funeral by Williams M.P. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1943, at 1 05 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 26-7

(a) Date of injury 12-13-43 at 12:45 P. M.
(b) Where did injury occur? Penn. R.R. & Eastern Ave
(c) Did injury occur at home, on farm, industrial place, in public place? industrial While at work? no
(d) Means of injury Crushed by train while playing

23. Signature H. Z. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 12-14-43

M Crack

TRZECIAK

G 11247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G 11247

Write the causes of death clearly and legibly. Physicians: please write correct age in years.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2706 Elliott St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2706 Elliott St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Trzeciak

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Victoria Trzeciak
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1883

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unk
13. Birthplace Poland

MOTHER
14. Maiden Name Unk
15. Birthplace Poland

16 (a) Informant Victoria Trzeciak
(b) Address 2706 Elliott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 15/43 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave

19 (a) Date received by Registrar DEC 14 1943 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12 1943, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1943, to Dec. 12 1943, and that I last saw h[im] alive on Dec. 12 1943

Immediate cause of death: Lobar pneumonia — Duration: 1 week
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Schuman

Address 1716 Eastern Ave Date signed 12/13/43 (M. D.)

43 306875 Square #10

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 d

G 11248 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Prince Georges
(c) City or town Laurel
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wilbur C. Perdew

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-30-93

8. AGE: Years 50 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace Ill.
(Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name A & A Perdew
13. Birthplace Ill.

MOTHER
14. Maiden Name Marim ?
15. Birthplace Ill.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY DEC 14 1943

18 (a) Funeral director Commissioner of Health
(b) Address

DEC 14 1943 (Date filed by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27 1943 at 8:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 9 1943 to Nov 27 1943
and that I last saw h[illegible]ive on Nov 27 1943.

Immediate cause of death respiratory failure — Duration

Due to pressure of subclavian aneurysm

Due to syphilis of aorta

Other Conditions aortic regurgitation

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John R. Birmingham M. D.
Address JHH Date signed 11-28

VS 150

Surgeon

Square #11

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1243d

G 11249

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital W
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2008 Maryland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Stella I. Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 62 | Months | Days | If less than one day: hr. min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY DEC 14 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) DEC 14 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26, 1943, at 4 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic Myocardial degeneration

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Nov. 22 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11250 H60H6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11250 Registered No. 157 E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A ARundel
(c) City or town Lombardy Beach
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD PAUL MICK

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-11-43

8. AGE: Years | Months | Days 3 2 | If less than one day ... hr. ... min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Donald MICK
13. Birthplace W VA

MOTHER
14. Maiden Name Ruth
15. Birthplace W. VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 15/43 (month) (day) (year)
(c) Cemetery or crematory Lombard Street Cemetery
Location Baltimore Md

18 (a) Funeral director Otho D. Middleton Sons
(b) Address 1907 Eutaw St.

19 (a) (b) Washington Williams, M.D. Registrar
(Date rec'd by registrar) DEC 14 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1943, at 1138 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11 1943, to Dec 13 1943, and that I last saw h/M alive on Dec 13 1940.

Immediate cause of death — Duration

Prematurity
Due to Scleroema
& coug. heart
Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: intra abdominal hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Bowie
Address Johns Hopkins Hosp Date signed 12/14/43 M D

51 BALTIMORE CITY HEALTH DEPARTMENT 108 C 11251

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 167
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 713 N. Mound St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest Boyd

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Colored	Unknown

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant [redacted]
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL DEC 14 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (Date rec'd by Registrar) DEC 14 1943 Hunter Jon Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/9 1943 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/27 1943 to 12/9 1943, and that I last saw h[illegible] alive on 12/9 1943

Immediate cause of death Cerebro-pneumococcal

Due to

Due to

Other Conditions Lobar pneumonia

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Carl Myers M.D.
Address Mercy Hospital Date signed 12/9/43 M.D.

VS 180

0566

11252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

932

G 11252

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1329 S. Charles St
(c) Hospital or institution Mankat Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1329 S Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma A Harrington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, (widowed) or divorced.

6 (b) Name of husband or wife John A Harrington

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5 1876

8. AGE: Years 67 (67) | Months 7 | Days 8 | If less than one day ... hr. ... min.

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Thomas Moore
13. Birthplace Delaware

MOTHER
14. Maiden Name Sarah E Hill
15. Birthplace Delaware

16 (a) Informant Charles Harrington
(b) Address 1329 S Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17 (month) 43 (day) (year)

(c) Cemetery or crematory Odd Fellows Cemetery
Location Camden Delaware

18 (a) Funeral director Charles P Powell
(b) Address 2627 Edmondson Ave

19 (a) DEC 14 1943 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1943, at 4.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1941, to Dec. 13, 1943, and that I last saw h[illegible] alive on Dec. 13, 1943.

Immediate cause of death Hypertension Cardiovascular Renal Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. P. Friedman

Address 1319 Light St Date signed Dec 14 43

correct age is especially important

VS 2

11253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. C 11253

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3907 N. Rogers Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3907 N. Rogers Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM A. RENNINGER

3 (b) If veteran, name war --

3 (c) Social Security Account No. 217-03-9529

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Florence M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1878

8. AGE: Years	Months	Days	If less than one day
65	8	10	hr. min.

9. Birthplace Kane, Pa.
(Town, county, and state)
10. Usual Occupation Groceman
11. Industry or business W. O. Brown

FATHER
12. Name Charles Renninger
13. Birthplace Pa.

MOTHER
14. Maiden Name Theodesia Mill
15. Birthplace Pa.

16 (a) Informant Mrs. Florence M. Renninger
(b) Address 3907 N. Rogers Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 DEC 14 1943 (b) Huntington Williams M.D.
(Date received by Local Reg.) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 1943, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1943, to Dec 11 1943, and that I last saw him alive on Dec 11 1943.

Immediate cause of death	Duration
Acute Heart Failure.	1 day
Due to Myocarditis	10 h
Due to Asthma	10 yr
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation: —
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence — at — M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature Charles J. Grella M. D.
Address 1276 Park Ave Date signed Dec 13 43

11254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160a

Registered No. G-11254

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Doctors Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 335 S. Parrish st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Stull

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		1/2	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Okie Stull
13. Birthplace Rowlesburg, W. Va.

MOTHER
14. Maiden Name Edith Miller
15. Birthplace Dunbar Pa.

16 (a) Informant Okie Stull
(b) Address 335 Parrish st

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY DEC 14 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 DEC 14 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-7-1943, at 4.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-6-1943 to 12-7-1943, and that I last saw h alive on 12-7-1943

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Prematurity.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis J. Glass M. D.
Address 826 Walbrook Bld Date signed 12/14/43

VS 8

G 11255

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94 A

G 11255

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1115 W. 36th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 W. 36th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elias H. Phillips

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret Phillips

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.): March 5, 1869

8. AGE: Years 74 | Months 8 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace: Carroll Co., Md.
(Town, county, and state)

10. Usual Occupation: Carpenter

11. Industry or business: Branch Bros.

FATHER
12. Name: George H. Phillips
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Martha Barron
15. Birthplace: Maryland

16 (a) Informant: Mrs. Margaret Phillips
(b) Address: 1115 N. 36th St. City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-43 (month) (day) (year)
(c) Cemetery or crematory: Bethesda
Location: Near Carroll Co. Md

18 (a) Funeral director: C. M. Walz
(b) Address: Westminster, Md.

19 (a) DEC 14 1943 (Date rec'd by registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12 1943, at 9:48 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: Robert Lee Fratar M.D.
Medical Examiner.
Date signed Dec. 13, 1943

G 11256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 932

G 11256 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold spring Lane
(c) Hospital or institution:
Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1625 E. Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank J. Malachawski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Zofia Kardut

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/7/1864

8. AGE: Years	Months	Days	If less than one day
79	8	5	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Malachawski
13. Birthplace Poland

MOTHER
14. Maiden Name Frances ?
15. Birthplace Poland

16 (a) Informant Mrs Zofia Malachawski
(b) Address 1625 E. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 15/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 461 S. Chester St

19 (a) (Date received by registrar) (b) Registrar
DEC 14 1943 Remington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1943, at 12 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 8 1943, to Dec 12 1943, and that I last saw h[illegible] alive on Dec 10 1943.

Immediate cause of death Chronic Myocarditis — Duration

Due to

Due to

Other Conditions senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. H. Zetterman

Address 2324 Reisterstown Rd Date signed 12/13/43 (M. D.)

Incorrect age is especially important. Please check.

G 11257

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 11257

CERTIFICATE OF DEATH 93d

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3200 Hudson Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3200 Hudson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julia E Coyne

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. late Widowed

6 (b) Name of husband or wife late Michael Coyne

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4 1856

8. AGE: Years 87 | Months 3 | Days 9 | If less than one day hr. min.

9. Birthplace Galway Ire
(Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Dennis McCarthy
13. Birthplace Ireland

MOTHER
14. Maiden Name Nellie Tagney
15. Birthplace Ireland

16 (a) Informant Nellie Ernst Daughter
(b) Address 3200 Hudson Street

17 (a) Burial (b) Date thereof 12/16/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mount Calvary
Location Baltimore

18 (a) Funeral director E A Cramming
(b) Address 2924 Edmondson Ave

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 14 1943 Writing for William H. [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1943, at 10:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1943 to Dec 13 1943, and that I last saw her alive on Dec 12 1943.

	Duration
Immediate cause of death Arteriosclerosis Cor.	
Pneum. Chronic myocarditis	Oct 12/43
Impacted Gallstone	Dec 1/43
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation Impacted
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ed Schumacher M. D.
Address 842 S East Ave Date signed 12-13-43

11258 ✓ G 11258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Washington Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 Washington Blvd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Caroline W. Folkmer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Robert E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1892

8. AGE: Years 51 | Months 2 | Days 9 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation H-W.

11. Industry or business Own Home

FATHER
12. Name Henry Schlendorf
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Pfeterbus
15. Birthplace Germany

16 (a) Informant Robt. E. Folkmer
(b) Address 700 Washington Blvd

17 (a) Burial (b) Date thereof 12/15/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Withe
(b) Address 4016 Monument Ave.

DEC 15 1943 (b) Huntington Williams
(Date rec'd by local reg.)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/12/43. 19 at 2 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/5 1943 to 12-12 1943 and that I last saw h alive on 12/12 1943.

Immediate cause of death: Acute Cardiac Failure — Duration: 1 da

Due to: Coronary Disease — 5 yr

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph G. Lauckner M. D.
Address 674 Washington Blvd Date signed 12/14/43

correct age is urgently important for statistics, please write plainly and legibly.

11259 BALTIMORE CITY HEALTH DEPARTMENT G 11259
CERTIFICATE OF DEATH 48 h Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1705 Rosedale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 Rosedale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Caroline Belanger

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband ~~or wife~~ Henry Simpson Belanger
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) February 28 - 1889

8. AGE: Years 54 | Months 9 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Domestic wife
11. Industry or business

FATHER
12. Name George Amenabach
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Jane Lockhart
15. Birthplace Baltimore Md.

16 (a) Informant Henry S Belanger
(b) Address 1705 Rosedale St.

17 (a) Burial (b) Date thereof 12/15/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Westview
Location Edmondson Ave. & Longwood St

18 (a) Funeral director Henry A. Rutzler
(b) Address 4101 Edmondson Ave

19 (a) DEC 15 1943 Clarington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1943, at 3:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from December 15 1942 to December 12 1943, and that I last saw her alive on December 10 1943

Immediate cause of death: Carcinoma of Uterus, bladder and intestines — Duration 14 mos

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation Dec 29 - 1942

Major findings of operation: Carcinoma of Uterus

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the followings
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Chester Ruland M. D.
Address 2532 Edmondson Ave Date signed 12-12-43

VS 250

C 11260

BALTIMORE CITY HEALTH DEPARTMENT 94a V Registered No. C 11260

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1325 Mt. Royal Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LAWRENCE M. WILBER

3 (b) If veteran, name war —

3 (c) Social Security Account No. ?

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Drew Wilber

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 11th 1888

8. AGE: Years 55 | Months 1 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Altoona Pa
(Town, county, and state)

10. Usual Occupation Tin Builder

11. Industry or business Schmidt Tin Co

FATHER
12. Name (Unknown) Wilber
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs Mary D. Wilber
(b) Address Baton Ave: Alexandria Va

17 (a) Removal (b) Date thereof 12/15/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cumberland
Location Md

18 (a) Funeral director Williams Cook Inc

(b) Address 1217 St. Paul St

DEC 15 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 1943, at 7 45 AM

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 12-14-43

B 61

261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G 11261
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution: Home for the Aged of the Methodist Church
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Anna Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed or divorced~~
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 2. 1864

8. AGE: Years	Months	Days	If less than one day
79	8	2	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Inmate

11. Industry or business Home for Aged

FATHER
12. Name Cornelius Williams
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Schmidt
15. Birthplace Germany

16 (a) Informant Record Home for Aged
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

DEC 15 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13th 1943, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1943, to Dec 13 1943, and that I last saw h.m. alive on Dec 13 1943.

Immediate cause of death	Duration
Myocardial degeneration	13 days
Due to	
Due to Arteriosclerosis	10 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur J. Davies M. D.
Address 800 W 33rd Date signed 12-14-43

11262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11262
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard and Madison
(c) Hospital or institution:
Maryland General
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Garrett Co.
(c) City or town Grantsville, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Lloyd W. Baker

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced W

6 (b) Name of husband or wife Julia Orndorf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1887

8. AGE: Years 56 | Months 9 | Days 10 | If less than one day hr. min.

9. Birthplace Md. (Grantsville)
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business Self

FATHER 12. Name John Baker
13. Birthplace Md.

MOTHER 14. Maiden Name Mary Yost
15. Birthplace Pa.

16 (a) Informant Mrs. Sara E. Winter
(b) Address 540 Sheridan Ave.

17 (a) Removal (b) Date thereof 12/15/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Grantsville, Md.
Location

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

DEC 15 1943
(Date rec'd by registrar)

(c) (d) (b)
Registrar

VS 250

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14 1943, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 21 1943, to Dec. 14 1943, and that I last saw him alive on Dec. 14 1943.

Immediate cause of death	Duration
Pulmonary infarction	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature McKinnon M. D.
Address Md. Gen. Hosp. Date signed Dec. 14, 1943

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

G 13263

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1121 Sterrett St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 Sterrett St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM HENRY BRASS, Sr.

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Annie R.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1866

8. AGE: Years 77 | Months 1 | Days 16 | If less than one day hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation Retired Inter-Lockman

11. Industry or business B & O.

FATHER
12. Name -- Brass
13. Birthplace --

MOTHER
14. Maiden Name -- Tormullan
15. Birthplace --

16 (a) Informant Mr. Charles E. Brass
(b) Address 1151 Scott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 15 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/11 19 43 at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/7 19 43 to 12/11 19 43 and that I last saw h[illegible] alive on 12/11 19 43

Immediate cause of death: Myocardial Insufficiency — Duration: 2 days
Due to: Chronic Colitis
Due to: Senile Debility
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph H. Lankford, M. D.
Address 1121 Washington Blvd Date signed 12/14/43

VS 150

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~11264~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No. C 11264

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31 S. Calhoun St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 31S. Calhoun St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM W. WHITE

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1881

8. AGE: Years	Months	Days	If less than one day
61	11	29	hr. min.

9. Birthplace Balto.
(Town, county, and state)
10. Usual Occupation Bookkeeper
11. Industry or business

FATHER
12. Name William I. White
13. Birthplace

MOTHER
14. Maiden Name Susan Beetley
15. Birthplace

16 (a) Informant Mr. Clark White
(b) Address 3200 Chestnut Ave.

17 (a) Burial (b) Date thereof 12/15/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

(a) (Date) received by (Registrar) (b) Harris for William M.D.

DEC 15 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/12/43 19 , at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27 1942 to Dec 11 1943 and that I last saw him alive on Dec 11 1943

Immediate cause of death	Duration
Chr Myocarditis	?
Due to Arteriosclerosis	?
Due to	
Other Conditions Central thrombosis	4 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Carey Rostrup M.D.
Address 1326 Lombard St Date signed 12/14/43

11265 — BALTIMORE CITY HEALTH DEPARTMENT — G 11265

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave.
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 Homeland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Dr. Frederick Stegman (Dr. Frederick H. Stegman)

3 (b) If veteran, name war	3 (c) Social Security Account No.
World	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Helen V.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1893

8. AGE: Years	Months	Days	If less than one day
50	7	20	hr. min.

9. Birthplace Jersey City, N. J. (Town, county, and state)
10. Usual Occupation --
11. Industry or business

FATHER
12. Name Dietrich Stegman
13. Birthplace Hamburg, Germany

MOTHER
14. Maiden Name Olivia Thunquest
15. Birthplace Liverpool, England

16 (a) Informant Mrs. Helen Stegman
(b) Address 112 Homeland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/43 (month) (day) (year)
(c) Cemetery or crematory Oaklawn Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 15 1943 (Date rec'd by registrar) (b) Hunter Williams, M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 13 1943 to Dec 13 1943 and that I last saw him alive on Dec 13 1943

Immediate cause of death: Suffocation — Duration
Due to: Embolism Cerebral Hemorrhage
Due to: ? Coronary Occlusion
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert K. Lasdon M. D.
Address Sinai Hosp. Date signed 12/13/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

C 11266

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131a

Registered No. C 11266

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Provident Hospital 14

(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 Etting St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3 (a) FULL NAME Joseph Parker

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife.....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 64 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden Name: Unknown
15. Birthplace

16 (a) Informant: Alberta Simpson Holmes
(b) Address: 1710 Etting St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-1943 (month) (day) (year)
(c) Cemetery or crematory: Mt. Auburn
Location: Baltimore, Md.

18 (a) Funeral director: Mrs. George A. Holland
(b) Address: 1601 Druid Hill Ave

19 (a) DEC 15 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1943, at 4:45 PM

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular - renal disease

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury..... at..... M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?..... While at work?.....
(d) Means of injury.....

23. Signature Robert L. Graham M.D. (Medical Examiner.)
Date signed Dec. 13, 1943

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

11267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. C 11267

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 712 Madison ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 712 Madison ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Anna Henry HENRY

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Sylvester

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 4 - 1885

8. AGE: Years 58 | Months 5 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace Gloucester Co. Va.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name William Chatman
13. Birthplace Virginia

MOTHER
14. Maiden Name Eliza Burnell
15. Birthplace Virginia

16 (a) Informant Sarah E. Staples
(b) Address 642 E. 22nd St.

17 (a) Burial (b) Date thereof Dec. 15, 1943.
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Lee V. Stella
(b) Address 1631 Druid Hill Ave

19 DEC 15 1943 (Date rec'd by registrar) Thurston Forman, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-12-1943, at 12:30 AM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Cardio - vascular Renal disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Walden M.D.
Medical Examiner.
Date signed 12-13-43

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11268 BALTIMORE CITY HEALTH DEPARTMENT ✓ G 11268

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd St
(c) Hospital or institution: Union Mem. Hosp. 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22d
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2513 W. Balto St (If rural give location)
(e) Citizen of foreign country? Not (Yes or No)
If yes, name country

3 (a) FULL NAME Paul C. Braun

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 24 1888

8. AGE: Years 55 | Months 11 | Days 19 | If less than one day 14 hr. — min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER 12. Name Paul R. Braun

13. Birthplace Germany

MOTHER 14. Maiden Name Sophie ?

15. Birthplace Germany

16 (a) Informant George H. Braun

(b) Address 2513 W. Balto St.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/15/43 (month) (day) (year)

(c) Cemetery or crematory LOUDON-PARK

Location Baltimore Md.

18 (a) Funeral director F. B. WIPPERT-SON

(b) Address 200 Eutaw Place

19 (a) DEC 15 1943 (Date received by local reg.) (b) Hunter Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1943 at 11 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 28 1943 to Dec 12 1943 and that I last saw h[illegible] alive on Dec 12 1943

Immediate cause of death Cardio-respiratory failure — Duration

Due to Cerebral embolus — Duration

Due to Mural thrombus over the Aur. fibrillation — Duration

Contributing Pregnancy — Duration

Heart disease — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature George W. Youngstrom Jr. M. D.

Address 332 E. Lanvale St Date signed 12/18/43

11269 BALTIMORE CITY HEALTH DEPARTMENT G 11269

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 425 N Pulaski St
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 425 N Pulaski St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME August H. Biermann

3 (b) If veteran, name war — | 3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Jennie M. Biermann

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) April 1st 1887

8. AGE: Years 56 | Months 8 | Days 11 | If less than one day 10 hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired Fireman

11. Industry or business Baltimore City

FATHER 12. Name Henry H. Biermann

13. Birthplace Germany

MOTHER 14. Maiden Name Caroline Jurgel

15. Birthplace Germany

16 (a) Informant Jennie M. Biermann

(b) Address 425 N. Pulaski St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director F. A. Wingert Son

(b) Address Edison Place & Fremont Ave

DEC 15 1943 (Date received by registrar) Huntington for Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11th 1943, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1942 to Dec 11 1943; that I last saw h[illegible] alive on Dec 11 1943

Immediate cause of death: Acute Cardiac dilatation — Duration 2 days

Due to: Chronic myocarditis — 2 yrs

Due to: Hypertension

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. Pela

Address 4 N. Fulton Date signed 12/14

Correct age is especially important. Physicians: please write clearly.

11270 ✓ G 11270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address W. Fayette St & Pegram Sq

(c) Hospital or institution Bon Secours Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 2624 Kelly St (If rural give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3 (a) FULL NAME Baby Gary CARY Parker.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 17 - 1943

8. AGE: Years | Months | Days: 4d | If less than one day: hr. min.

9. Birthplace Baltimore. Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Floyd L. Parker

FATHER 13. Birthplace Balto. Md

MOTHER 14. Maiden Name Marjorie L. Fellet

MOTHER 15. Birthplace Balto. Md

16 (a) Informant Floyd L. Parker

(b) Address 2624 Kelly St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/43 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Baltimore, Md

18 (a) Funeral director F. D. Wappat & Son

(b) Address 301 Eutaw Place

DEC 15 1943 (Date received by local registrar) (b) Huntington Willis, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/13 1943 at 11:05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/13 1943 to 12/13 1943 and that I last saw him alive on 12/13 1943

Immediate cause of death: Broncho-pneumonia — Duration 24hrs

Due to: Influenza — Duration 3 days

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: Broncho-Pneumonia

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at — M

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)

(e) Means of injury —

23. Signature Sigmund Royzn, M.D.

Address Bon Secours Hosp. Date signed 12/13/43

1271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

✓ G 11271

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital

8-1

(d) Length of stay in hospital or inst. (yrs., mos., or days) D-O-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 808 W. Saratoga st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Brooks

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business none

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Wm Gray
(b) Address 808 W. Saratoga

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a a co. Md

18 (a) Funeral director James A Hayes
(b) Address 1412 Wolfe St

(c) DEC 15 1943 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-12-1943, at 3.48 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Shock

Due to

Other Conditions

(Include pregnancy within 3 months of death) None

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: 18-1
(a) Date of injury 12-12-43 at 3.30 A M.
(b) Where did injury occur? 808 W. Saratoga St
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury 2 wt 7 degree burns

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 12-12-43

VS 151

B 11272

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. B 11272

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1407 E Eager ST
(c) Hospital or institution: 10-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 E Eager St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Donald A McLeod

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1943

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Donald McLeod
13. Birthplace Dis S. C.

MOTHER
14. Maiden Name Rose Mae Smith
15. Birthplace Baltimore Md

16 (a) Informant Rose Mae McLeod
(b) Address 1407 E Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore Md

18 (a) Funeral director Jas Austin A Hendrix
(b) Address 578 N Bidale St

19 (a) 12-15-1943 (Date rec'd by Registrar) (b) H Augustus Williams M.D. (Address)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 1943, at 2.40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 13 1943, to Dec. 14 1943 and that I last saw h[illegible] alive on Dec. 14 1943.

Immediate cause of death Asphyxia Neonatorum Pallida — Duration 1 day

Due to Congenital Syphilis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert L. Lefevre M. D.
Address 822 N. Bond St Date signed 12/15/43

11273 HEALTH DEPARTMENT—CITY OF BALTIMORE 11273

CERTIFICATE OF DEATH 159

PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 N. Poca St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Sweeney

If U. S. Veteran specify WAR

(a) Residence: No. 631 N Poca St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 14 - 1929

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
12 14	12	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Sweeney

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Anna Agnes Jackson

16. BIRTHPLACE (city or town) (State or country) York Pa

17. INFORMANT Joseph Sweeney (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 12-16 1943

19. UNDERTAKER Francis A. Hemsley (Address) 978 W Biddle St

20. FILED DEC 15 1943 Thomas J. Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 14 1943

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1943 to Dec 14 1943

I last saw him alive on Dec 14 1943. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:— Date of onset

Pneumonia Lobar

Dehydration

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Thos A Buchanan M. D.

(Address) 120 E Dru Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 3

G 11274

BALTIMORE CITY HEALTH DEPARTMENT V

CERTIFICATE OF DEATH 83a

Registered No. G 11274

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland WESTGATE
(b) Street address 512 Westgate Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 Westgate Road (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Steinacker

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: William S. Steinacker

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) July 19. 1866

8. AGE: Years 77 | Months 4 | Days 23 | If less than one day ... hr. ... min.

9. Birthplace Howard Co. Md (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Christian Steisler
13. Birthplace Germany.

MOTHER
14. Maiden Name Eva Weber
15. Birthplace Germany.

16 (a) Informant Sadie A. Donnelly
(b) Address 512 Westgate Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 15 1943 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Cityy

18 (a) Funeral director Gm. Mrs. John W. Feufel & Son
(b) Address 801 W. Fayette St.

DEC 15 1943 (Date rec'd by Registrar) (b) H. E. Williams Registrar

VS 150

0

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1943, at 9.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1937, to Dec. 12 1943, and that I last saw her alive on Dec. 11, 1943.

Immediate cause of death: Arterial Hypertension — Duration: 1932

Due to Cerebral Hemorrhage — 11/12/43

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George A. Kemp M. D.
Address 3030 Edmondson Date signed 12/13/43

11275 ✓ G 11275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Md.
(c) Hospital or institution:
Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 322 N. Monroe Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE E. DESOR

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1890

8. AGE: Years	Months	Days	If less than one day
53	5	5	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Glass Blower - City

FATHER
12. Name August P. W. Desor
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Steinbach
15. Birthplace Baltimore, Maryland

16 (a) Informant George C. Stroh
(b) Address 1901 W. Saratoga

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 15 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location City

18 (a) Funeral director Mc Mus. John W. Teufel & Son
(b) Address 201 W. Fayette St.

19 (a) DEC 15 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION 12:35 P.

20. DATE OF DEATH December 13, 1943, at M

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. J. Wollenweber, M.D.
Date signed 12-14-43. Medical Examiner.

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 11278 107 G 33276

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 553 Preistman St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Boaz Jackson

If U. S. Veteran specify WAR

(a) Residence: No. 553 Preistman St., Ward 14 3

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanch Jackson

6. DATE OF BIRTH (month, day, year) Aug. 28 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plaster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Andrew Jackson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Bettie Smith

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Blanch Jackson

(Address) 553 Preistman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mathews Co Va Date Dec 16 1943

19. UNDERTAKER George H. Kelson

(Address) 1303 Preistman St

20. FILED DEC 15 1943 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1943

22. I HEREBY CERTIFY, That I attended deceased from 12.8, 1943 to 12.12, 1943

I last saw him alive on 12.11, 1943 Death is said to have occurred on the date stated above, at 1 30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	12, 8

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Rayner Browne, M. D.

(Address) 1 W. E. Madison 14

VS 3

Rayner Browne

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 94a

G 11277

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 Pamela St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jamie Kent

If U. S. Veteran specify WAR

(a) Residence: No. 1003 Pamela St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe.	Col	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Dennis Kent

6. DATE OF BIRTH (month, day, year) Jan. 4. 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Toney

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT James E. Greene

(Address) 1003 Pamela St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date 12-16 1943

19. UNDERTAKER George H. Pelton

(Address) 1303 Pressman ST

20. FILED DEC 15 1943 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13. 1943

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9 1943 to Dec 12 1943

I last saw her alive on Dec. 12 1943 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Coronary Thrombosis	Hours

Other contributory causes of importance: Pa Emphysema

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Garland Abercrombie M. D.

(Address) 1534 Linden Ave

OCCUPATION is very important. See instructions on back of certificate.

445979

278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30d

G 11278
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1022 Hillen St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Matilda C Linn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-17-85

8. AGE: Years 59 | Months 4 | Days 25 | If less than one day hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry C Linn
13. Birthplace Va

MOTHER
14. Maiden Name Elizabeth Burnston
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 10 43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) DEC 15 1943 (Date rec'd by Registrar) (b) Huntington Williams U.P.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1943 at 2.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1943 to Dec 12 1943, and that I last saw her alive on Dec 8 1943

Immediate cause of death Cerebro-vascular Accident (Cerebral Embolism) — Duration 9 hrs.

Due to Aneurysma of arch of aorta, Rt. Innominate and rt. Common Carotid Arteries — 4 yrs.

Due to Lues & Syphilis, late latent. — 10 yrs.+

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John R. Birmingham M.D.
Address J.H.H. Date signed 12-14

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11279
Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3709 Fought St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3709 Fought St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Margaret Rosenberger

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lawrence Rosenberger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26, 1897

8. AGE: Years 46 | Months 3 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Stief
13. Birthplace Baltimore

MOTHER
14. Maiden Name Fredericka Criegel
15. Birthplace Baltimore

16 (a) Informant Lawrence Rosenberger
(b) Address 3709 Fought St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17/43 (month) (day) (year)
(c) Cemetery or crematory Mt Lebanon
Location Baltimore

18 (a) Funeral director Philip Sherwin Sons
(b) Address 2024 Arlington Ave

DEC 15 1943 (Date filed with Registrar) Huntington Williams M.D. Registrar

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/14 1943 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/14 1943 to 12/14 1943, and that I last saw her alive on 12/13 1943

Immediate cause of death Chr. Myocarditis (Luetic) c

Due to Aortic Insufficiency Coronary Stenosis

Due to Luetic Hepatitis

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Wm Greenberg M. D.

Address 4613 Eastern Ave Date signed 12/14/43

1280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

Registered No. C 11280

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1837 E. Chase Street
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1837 E. Chase St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Coles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: David

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 26, 1890

8. AGE: Years	Months	Days	If less than one day
53	11	18	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Cornelius Staples
13. Birthplace Va.

MOTHER
14. Maiden Name Bettie Bell
15. Birthplace Va.

16 (a) Informant Wallace Cole
(b) Address 1837 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 17 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location B. C. County Md.

18 (a) Funeral director Mrs. Lofeta A. Elliott Dgh.
(b) Address 1129 N. Caroline St.

DEC 15 1943 Huntington Williams, M.D.
(Date accepted for registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14 1943 at 10:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 6 1943 to Dec. 14 1943, and that I last saw him alive on Dec. 14 1943

Immediate cause of death: Acute Myocarditis — Duration: 1 Day

Due to: Coronary Thrombosis — 2 Days

Due to: La Grippe — 6 Days

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis L. Berry M. D.

Address 1420 E. Chase Date signed 12-14-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Information should be complete in the causes of death clearly and legibly. correct age is especially important. Physicians: please write the

11281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 11281
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1036 N. Gay Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1036 N. Gay St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert M. Bevans

3 (b) If veteran, name war: World War I

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Daisy Bevans

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7 1890

8. AGE: Years 53 | Months 7 | Days 5 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Will Dejon
13. Birthplace Md.

MOTHER
14. Maiden Name Lena Evans
15. Birthplace Md.

16 (a) Informant Tena Bevans
(b) Address 1036 N. Gay Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 15 1943 (month) (day) (year)

(c) Cemetery or crematory Bell Memorial Cemetery
Location Frederick Junc.

18 (a) Funeral director Mrs. Robert O. Elliott Daughter
(b) Address 1418 N. Carrollton Ave.

DEC 15 1943

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-12-43 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8, 1943, to Dec. 12, 1943, and that I last saw h[illegible] alive on 12-11-43 19

Immediate cause of death Lobar Pneumonia — Duration 4 days

Due to

Due to

Other Conditions Mitral Hypertension
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Marvin Adams M. D.

Address 312 E 23rd St Date signed 12-13-43

PLEASE WRITE PLAINLY, with unfading ink. Every item of information should be checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V

C 11282

Registered No. 484

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 533 N Central Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 533 N Central Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Addie Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race colored

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1, 1890

8. AGE: Years 53 | Months 0 | Days 11 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER
12. Name John Stewart
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Catherine Thompson
15. Birthplace Baltimore

16 (a) Informant Catherine Thompson
(b) Address 533 Central Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16, 1943 (month) (day) (year)
(c) Cemetery or crematory Laurel Cemetery
Location

18 (a) Funeral director Mrs. Robert H Elliott & Daf
(b) Address 1129 N. Carlend St.

19 (a) DEC 15 1943 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1943, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 10 1943 to Dec 17 1943 and that I last saw h alive on Dec 17 1943

Immediate cause of death	Duration
Carcinoma of the Cervix Uteri	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward Kirshner M. D.
Address 1613 E Monument Date signed 12/18/43

VS 150

11283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

V G 11283

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2024 Etting Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County 14-3
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2024 Etting Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herbert Harris

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-3239

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Valerie Wilson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1907

8. AGE: Years 36 | Months 1 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name Nathan Harris
13. Birthplace md

MOTHER
14. Maiden Name Laura Jones
15. Birthplace 803 Fremont Ave

16 (a) Informant Valerie Harris
(b) Address 2024 Etting St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Arbutus Md

18 (a) Funeral director Joseph B. Lockie Jr.
(b) Address 1304 N. Central Ave

DEC 1 1943 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 1943, at 9:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Chronic
pulmonary tuberculosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec. 13, 1943

1284 ✓ + G 11284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 931

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden + Madison
(c) Hospital or institution: Maryland Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 13 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Lainthicum Heights.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph W. Kirk Rev.
3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓
4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Gertrude
6 (c) If alive, give age 80 years
7. Birth date of deceased (mo., day, yr.) Feb 10, 1861
8. AGE. Years 82 Months 10 Days 3 If less than one day ____ hr. ____ min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Retired Minister
11. Industry or business

FATHER
12. Name Harrison Kirk
13. Birthplace Virginia

MOTHER
14. Maiden Name Margaret Devaughan
15. Birthplace Va.

16 (a) Informant Gertrude Pratt Kirk
(b) Address 320 E. Maple Road, Linthicum Heights

17 (a) Burial (b) Date thereof (month) Dec (day) 15 (yr) 43
(Burial, cremation, or removal)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Frederick ave

18 (a) Funeral director John A. Mitchell Sons
(b) Address 1900 Eutaw Place

DEC 15 1943 (b) Huntington Williams U.S. Registrar
(Date rec'd by registrar)

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1943, at 10:55 AM
21. I certify that death occurred on the date above stated; that I attended deceased from 11-23 1943, to 12-13 1943, and that I last saw him alive on 12-13 1943.

Immediate cause of death	Duration
Hypostatic pneumonia	
Due to Cerebral Hemorrhage	
Due to Hypertensive, arteriosclerotic Cardio Vas. D.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank E. Pratt M. D.
Address Md. Gen. Hosp. Date signed 12/13/43

Persons age 18 especially important. Physicians: please write the causes of death clearly and legibly.

1285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

G 11285
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town 206 Ortley Village
(If outside city or town limits, write RURAL and give town)
(d) Street No. Wilkens Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE H. USINGER

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-1063

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Margaret B. Usinger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10-1908

8. AGE: Years 35 | Months 8 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Chemical Engineer

11. Industry or business E I DuPont Curtis Bay

FATHER 12. Name Charles H Usinger

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Sadie Riley

15. Birthplace Baltimore Md

16 (a) Informant Mr Charles H. Usinger

(b) Address 444 Patapsco Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Dec 16-43. (month) (day) (year)

(c) Cemetery or crematory Western Cemetery

Location Balto. Md

18 (a) Funeral director Milton Schulting

(b) Address 3914 S. Hanover St

19 (a) DEC 15 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1943, at 5 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH stab wound of chest

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 12-11-43 at M.

(b) Where did injury occur? above address

(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? no

(d) Means of injury knife wound of chest

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.

Date signed 12-14-43

11286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1506

G 11286
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 937 W Saratoga St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Pearl Thompson

F 91213

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Fem.
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Willie Thompson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 14, 1911
8. AGE: Years: 32 Months: 1 Days: 28 If less than one day ..... hr. ..... min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Wallace
13. Birthplace A.A. Co. Md.

MOTHER
14. Maiden Name Emma Patterson
15. Birthplace A. A. Co. Md.

16 (a) Informant Willie Thompson
(b) Address 937 W Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 16 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Mc Kaig & Wilkinson
(b) Address 3229 Eutaw St

19 (a) DEC 15 1943 (Date rec'd by registrar) (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12 1943, at 6:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 10 1943, to Dec. 12 1943, and that I last saw her alive on Dec. 12 1943.

Immediate cause of death: ~~Cardiac Failure~~ ~~Interstitial Insufficiency~~ Eclampsia (or)
Due to:
Due to:

Other Conditions: Full Term Pregnancy Pt. died 2 hrs. post partum
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

Duration
2 days
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. J. Hunter M. D.
Address Univ. Hosp. Date signed 12/12

please write the causes of death clearly and legibly. Physicians: please see that the entries are correct as is especially important.

11287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133

V

C 11287 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 654 W. Mulberry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 654 W Mulberry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1928

8. AGE: Years	Months	Days	If less than one day
15	4	14	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER 12. Name John Bowers

13. Birthplace Va

MOTHER 14. Maiden Name Hilda Johnson

15. Birthplace Balto. Md.

16 (a) Informant Hilda Cook

(b) Address 654 W Mulberry

17 (a) Burial (b) Date thereof 12-16-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N. Schroeder St

DEC 15 1943 Huntington Williams Mgr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 1943, at 7a M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1943, to Dec 9, 1943, and that I last saw him alive on Dec. 9, 1943

Immediate cause of death Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions Decubitus ulcers of entire back
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C.R. Campbell M. D.

Address 718 Dolphin St. Date signed 12-15-43

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 11288 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 19
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 418 N. Parrish St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELWOOD (ELBURN) CARROLL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Alsinda Carroll

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1905

8. AGE: Years 38 | Months 4 | Days 15 | If less than one day hr. min.

9. Birthplace Howard Co. Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John A. Carroll
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Ida Henson
15. Birthplace Howard Co. Md.

16 (a) Informant Seneca Miller Carroll
(b) Address 418 N. Parrish St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16-43 (month) (day) (year)
(c) Cemetery or crematory Asbury Cem.
Location Howard Co. Md.

18 (a) Funeral director Mr Katie P. Williams
(b) Address 216 N. Schroeder St.

DEC 15 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13, 1943 at 1 30 M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Pneumonia, Lobar

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner.
Date signed 12-14-43

VS 151

11289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6 V

Registered No. C 11289

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 6 -
(e) Length of stay in Baltimore (yrs., mos., or days) 1 YR.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4825-C Wright Ave. (or give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Barbera Powell

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Child

6 (b) Name of husband or wife.....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 11 - 27 - 41

8. AGE: Years 2 | Months LL 0 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Washington, D.C.
(Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER 12. Name Jessie Powell
13. Birthplace N.C.

MOTHER 14. Maiden Name Lucille Mincey
15. Birthplace Ga.

16 (a) Informant records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (b) Date thereof DEC. 15/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory FORT LINCOLN
Location WASHINGTON, DC.

18 (a) Funeral director Lilly and Giles INC.
(b) Address 403 S. WOLFE ST.

19 (a) ..... (b) Huntington Williams M.D.
(Signature of Registrar) Registrar

DEC 15 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-12 1943, at 4-A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/11/43 1943 to 12/12/43 1943, and that I last saw her alive on 12/12/43 1943

Immediate cause of death Convulsions
Failure

Duration 16 hrs

Due to Acute hemorrhage

Due to meningococcemia

Other Conditions.....
(Include pregnancy within 3 months of death)

Date of operation.....

Major findings of operation:.....

of autopsy:.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at..... M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature R Kaye M.D.

Address 1 H H Date signed 12/13/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11290

BALTIMORE CITY HEALTH DEPARTMENT 50 ✓ C 11290

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St
(c) Hospital or institution: South Balto Gen'l Hosp. H-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 28 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12 EAST SHIP ROAD DUNDALK
(If rural give location)
(e) Citizen of foreign country? .....(Yes or No)
If yes, name country .....

3 (a) FULL NAME Edna Smith JOYCE.

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife JOHN JOYCE
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) APR. 11 1880

8. AGE: Years	Months	Days	If less than one day
63	8	2	.....hr. .....min.

9. Birthplace VA.
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name EDWARD CROCKETT
13. Birthplace VA.

MOTHER
14. Maiden Name MARGARET EVANS
15. Birthplace VA.

16 (a) Informant JOHN JOYCE (HUS.)
(b) Address 12 EAST SHIP ROAD

17 (a) BURIAL (b) Date thereof DEC. 17/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE EXT.
18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.
19 (a) DEC 15 1943 (b) [illegible] Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17, 1943, at 10:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1943 to Dec 17 1943, and that I last saw her alive on Dec 13 1943.

Immediate cause of death	Duration
Hypertension c-v. disease	
Due to	
Due to	
Other Conditions Recurrent Ca of accumulated L. Breast.	

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....
23. Signature Paul A. Lubata M. D.
Address 1213 Light St. Date signed 12/18/1943

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930

✓ G 11291 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 604 S. NEWKIRK ST.
(c) Hospital or institution: 26-7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 604 S. NEWKIRK ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Wielitz

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: FEMALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife JOHN WIELITZ

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 24 1860

8. AGE: Years 83 (84) | Months 11 | Days 19 | If less than one day hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name UNKNOWN
13. Birthplace GER.

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GER.

16 (a) Informant JOHN WIELITZ (HUS.)
(b) Address 604 S. NEWKIRK ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 15/43 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE. EXT.

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) DEC 15 1943 (Date received by registrar) (b) [illegible] Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 1943, at 3 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to Dec 13 1943, and that I last saw her alive on Dec 12 1943.

	Duration
Immediate cause of death: Myocardial Degeneration	1 Mo
Due to: Arteriosclerotic Heart Disease	5 yrs
Due to:	
Other Conditions: Cholecystitis (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. R. Evans M. D.
Address 1 Liberty Parkway Date signed 12-17-43

G 11292
AB-85257

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1108

G 11292
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 26-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3430 Dillon St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Ross

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	F	W	Widowed

6 (b) Name of husband or wife Charles (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11-1900

8. AGE: Years	Months	Days	If less than one day
43	4	3	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Herbert Oliver
13. Birthplace Md.

MOTHER
14. Maiden Name Ethel Williams
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 17/43 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location FREDERICK AVE.

18 (a) Funeral director Lilly and Gulas INC.
(b) Address 403 S. WOLFE ST.

DEC 15 1943 Registrar
(Date received by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/17 1943, at 8:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-6 1943, to 12-17 1943, and that I last saw h[illegible] alive on 12-14 1943.

Immediate cause of death: Pneumonia, both lower lobes — Duration: 2 wks
Due to: Toxicity due to sulfadiazine with Agranulocytosis — 5 days
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Hatt M. D.
Address B. C. H. Date signed 12/17/43

G 11293

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46 D

G 11293 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2332 E.BALTIMORE ST.
(c) Hospital or institution:

6-3

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTO.
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2332 E.BALTO.ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: STEPHEN G.NELSON

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced.: MARRIED

6 (b) Name of husband or wife: MARGARET NELSON

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN.31 1873

8. AGE: Years 70 | Months 10 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation POLICE INSPECTOR

11. Industry or business BALTO.POLICE

FATHER
12. Name PETER NELSON
13. Birthplace AUSTRIA

MOTHER
14. Maiden Name MARY Mc NEILL
15. Birthplace IRELAND

16 (a) Informant MARGARET NELSON (WIFE)
(b) Address 2332 E.BALTO.ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC.16/43 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S.WOLFE ST.

19 (a) DEC 15 1943 (Date rec'd by registrar) (b) Huntington Hill Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC.13 1943 at 1 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1941 to Dec. 1943. and that I last saw him alive on Dec. 13, 1943.

Immediate cause of death: Carcinoma of Rectum — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene Zeller, M.D.
M. D.

Address 2739 Eastern Ave Date signed 12/15/43

G 11294

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

Registered No. G 11294

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 19-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 748 Pierce Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Negro

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 75 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Old age Pension

11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant
(b) Address 748 Pierce St.

17 (a) Burial (b) Date thereof 12/15/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

DEC 15 1943

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-11- 1943 at 2:45 P.M.

21. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CUSE OF DEATH

Arteriosclerotic Cardio-vascular Disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 12-12-43

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

~~11295~~ G 11295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 11295

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4220 Harford Terrace
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4220 Harford Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jay D. Kunkel

3 (b) If veteran, name war

3 (c) Social Security Account No. 717-07-7081

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Charlotte R.
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) July 22, 1896

8. AGE: Years	Months	Days	If less than one day
47	5	7	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Locomotive Inspector
11. Industry or business Ba. R. R.

FATHER
12. Name William Kunkel
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Mathilda Kirkpatrick
15. Birthplace Pennsylvania

16 (a) Informant Charlotte R. Kunkel
(b) Address 4220 Harford Terrace

17 (a) Shipment (Burial, cremation, or removal) (b) Date thereof Dec 15/43 (month) (day) (year)
(c) Cemetery or crematory Sunbury
Location Pennsylvania

18 (a) Funeral director Chas. H. Sonner
(b) Address 3615-17 Chestnut Ave.

19 (a) DEC 15 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/14 1943, at 10.45 A.M.

21. I certify that I took charge of the remains described above, held an Inquiry Autopsy/Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Thrombosis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McFall M.D. Medical Examiner.
Date signed 12/15/43.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

11296 G 11296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2012 E. Hoffman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-7
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2012 E. Hoffman St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah V. Courhart

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Wm. S. Courhart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21st 1860

8. AGE: Years 83 | Months 0 | Days 23 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Wm. Hough
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah Cox
15. Birthplace Va.

16 (a) Informant Mrs. Frank J. Markuss
(b) Address 1906 Tyler Rd - Dundalk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/43 (month) (day) (year)
(c) Cemetery or crematory Woodland Mem. Park
Location Balto. Md.

18 (a) Funeral director E. J. Tarrant & Son
(b) Address 1938 E. Lafayette Ave.

19 (a) DEC 15 1943 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14- 1943, at 7 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw her alive on 12/13 19 43

Immediate cause of death	Duration
Bronchial pneumonia, terminal	2 days
Due to Arteriosclerosis, cardiac	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Helen J. Magruder, M.D.
Address 1245 N Caroline St Date signed 12/15/43

11297 Judik

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. C 11297

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3906 St Paul st
(c) Hospital or institution:

12-1

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3906 St Paul St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie Amelie Judik

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife J. H. Henry Judik

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25 1848

8. AGE: Years 95 | Months 4 | Days 18 | If less than one day hr. min.

9. Birthplace New York City
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Martin Bruguier
13. Birthplace France

MOTHER
14. Maiden Name Florina Josephine Ochsenpp
15. Birthplace New York City

16 (a) Informant Miss Florine J. Judik
(b) Address 3906 St Paul St

17 (a) Burial (b) Date thereof Dec 16 43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Balto Md

18 (a) Funeral director Henry W. Eufemio Sons
(b) Address 2 Caton & Orchard

19 DEC 15 1943 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1943, 11 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 29 1943, to Dec 13 1943, and that I last saw h. alive on Dec 13 1943.

Immediate cause of death	Duration
Myocardial failure	6 mos
Due to	
Due to Arterio-sclerosis	5 years
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature J. Frederick Lentz M.D.
Address Temple Gardens Date signed 12/16/43

VS 3

11298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 930

G 11298

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8 Pearl Street.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-2
(e) Length of stay in Baltimore (yrs., mos., or days) 50yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8 Pearl Street.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah J. Deardorff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White. | 6 (a) Single, married, widowed, or divorced. Widow.

6 (b) Name of husband or wife Late Henry W. Deardorff

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feby 12, 1863.

8. AGE: Years 80 | Months 10 | Days 2. | If less than one day hr. min.

9. Birthplace Penna
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business at home

FATHER
12. Name John Smith.
13. Birthplace Penna.

MOTHER
14. Maiden Name Unknown
15. Birthplace Penna

16 (a) Informant Mr. Frederick Boyd
(b) Address 8 Pearl Steet

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/43.
(month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cem
Location 2900 B. Frederick Ave

18 (a) Funeral director John F. Cowan & Son
(b) Address 901 Hollins St

DEC 15 1943
(Date received by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14 1943. at 2.50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1943. to Dec 13 1943. and that I last saw h alive on Dec 13 1943.

Immediate cause of death Acute Cardiac Dilatation — Duration 3 days

Due to

Due to Cardiac Vascular disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Glassman M. D.

Address 753 W. Fayette St Date signed Dec. 15 1943

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

11299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 11299 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1334 Argyle Ave.
(c) Hospital or institution: 14-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) none
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town 1334 Argyle Ave Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm H. Gross

3 (b) If veteran, name war

3 (c) Social Security No. 212-09-6755

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Helen R. Gross
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) — — 1888

8. AGE: Years	Months	Days	If less than one day
55	—	—	..... hr. ..... min.

9. Birthplace Calvert County, Md
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William J. Gross
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Janie Young
15. Birthplace Calvert Co Md.

16 (a) Informant Helen R Gross
(b) Address 1334 Argyle Ave.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 12-16-43 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Baltimore, Md.

18 (a) Funeral director Robert E. Jennings
(b) Address 1501 Madison Ave. Balt Md

19 (a) ..... (b) ..... Registrar

DEC 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-13- 1943, at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-11-1943, to 12-13-1943, and that I last saw h[illegible] alive on 12-11-1943

Immediate cause of death Lobar Pneumonia — Duration 7 days
Due to .....
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....
23. Signature M H Langrell M. D.
Address 611 N. Carey Date signed 12-14-43

C 11300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

932 Registered No. C 11300

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 330 N. 30th Street
(c) Hospital or institution: 12-7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 330 N. 30th Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Emory Ely Stebbs

3 (b) If veteran, name war —
3 (c) Social Security Account No. 215-10-3615

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Dorothy May Stebbs
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21-1907

8. AGE: Years 36 | Months - 0 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Western Maryland Dairy
11. Industry or business

FATHER
12. Name Albert Stebbs
13. Birthplace Maryland

MOTHER
14. Maiden Name Nettie Poe
15. Birthplace Maryland

16 (a) Informant Mrs. Dorothy M. Stebbs
(b) Address 330 N. 30th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 16-1943 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore Co. Md.

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

DEC 15 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13- 1943, at 1:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1942 to Dec 13 1943, and that I last saw h. alive on Dec 12 1943.

Immediate cause of death: Congestive Heart Failure — Duration:
Due to: Rheumatic C-V. Disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward A. Gasman M. D.
Address 4077 Falls Rd. Date signed 12/14/43

11301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

G 11301

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Months
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 803 St. Paul Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harvey O. Calimer

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Maggie B. Calimer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28-1873

8. AGE: Years 70 | Months 9 | Days 17 | If less than one day hr. min.

9. Birthplace Washington Co. Pennsylvania
(Town, county, and state)

10. Usual Occupation Military Police

11. Industry or business Hadrian's Point

FATHER
12. Name Calimer
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Matilda
15. Birthplace Pennsylvania

16 (a) Informant Mrs. Maggie B. Calimer
(b) Address 803 St. Paul Street

17 (a) Burial (b) Date thereof Dec 17-1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Co. Md.

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

19 (a) DEC 15 1943 (b) Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-15-1943, at 8:25 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Chronic Myocardial degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 12-15-43

11302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH A4B

C 11302
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4603 Pall Mall Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 11 - 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4603 Pall Mall Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BLANCHE A. INGLIS

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife - -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/19/72

8. AGE: Years	Months	Days	If less than one day
71	8	25	hr. min.

9. Birthplace Lancaster, Pa.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Charles Ayres Inglis
13. Birthplace Paterson, N. J.

MOTHER
14. Maiden Name Mary B. Lowrey
15. Birthplace Md.

16 (a) Informant Miss Caroline Inglis
(b) Address 4603 Pall Mall Rd.

17 (a) Burial (b) Date thereof 12/16/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

(a) DEC 15 1943 (b) Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION A

20. DATE OF DEATH Dec. 14 1943, at 12:20M

21. I certify that death occurred on the date above stated; that I attended deceased from DEC 2 1943, to DEC 14 1943, and that I last saw h W alive on DEC 14 1943

Immediate cause of death	Duration
Angina Pectoris	12/2/43
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Hugh D. Babcock M. D.
Address 1603 Park Heights Ave Date signed 12/15/43

1303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11303

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton Ave and Wilkens Ave
(c) Hospital or institution:
St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 Maiden Choice Ln.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob B. Knipp

3 (b) If veteran, name war: --

3 (c) Social Security Account No. --

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Lillie W. Knipp

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1877

8. AGE: Years 66 | Months 10 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name J. Henry Knipp
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Henrietta Bruning
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Elsie M. Knipp
(b) Address 1332 Northview Rd.

17 (a) Burial (b) Date thereof 12/17/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 15 1943 (b) Huntington Williams Registrar
(Date Received by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/14 1943, at 5.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/14 1943, to 12/14 1943, and that I last saw him alive on 12/14 1943.

Immediate cause of death Coma
Pneumonia — Duration 5 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Clifton Rowley M. D.
Address St Agnes Hosp. Date signed 12/15/43

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

11304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119A

G 11304 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution:
Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 8 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1037 W. Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Norma May Badger.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1943

8. AGE: Years	Months	Days	If less than one day
	3	3	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Leslie Badger
13. Birthplace Virginia

MOTHER
14. Maiden Name Ruby Phillips
15. Birthplace Virginia

16 (a) Informant Leslie F. Badger
(b) Address 1037 W Lombard St

17 (a) Burial (b) Date thereof 12-16-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore, Md.

18 (a) Funeral director Frederick A. Voke
(b) Address 1710 W Lombard St

19 (a) DEC 15 1943 (b) Frederick A. Voke, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/14 1943, at 11 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/14 1943 to 12/14 1943, and that I last saw h[illegible] alive on 12/14 1943

Immediate cause of death	Duration
Cardio-Respiratory Failure	
Due to (1) Acute Upper Respiratory Infections	
(2) Diarrhea	
Due to (3) Dehydration	1 Wks.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. R. Engler M. D.
Address Mercy Hosp. Date signed 12/14/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 250

G 11305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 127 B

Registered No. G 11305

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address MONUMENT ST.
(c) Hospital or institution: SINAI HOSPITAL 9/16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mos
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 5502 GIST AVE. (If rural give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3 (a) **FULL NAME** WILLARD Z. GORE

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	✓

6 (b) Name of husband or wife ✓

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) SEPT 21- 43

8. AGE: Years	Months	Days	If less than one day
	2	23	hr. min.

9. Birthplace VOL. OF AMERICA HOSP. BALTO. MD. (Town, county, and state)

10. Usual Occupation ✓

11. Industry or business ✓

FATHER
12. Name WILLARD Z. GORE
13. Birthplace HEWETT WEST, VA.

MOTHER
14. Maiden Name ARBUTUS ROBINETTE
15. Birthplace GREEN VIEW WEST, VA.

16 (a) Informant MRS. R. J. LEWIS
(b) Address 5502 GIST AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 16-43 (month) (day) (year)
(c) Cemetery or crematory MOUNT OLIVET
Location FREDERICK AVE.

18 (a) Funeral director C. Raymond Kaufman
(b) Address 1026 Leadenhall

DEC 15 1943 (c) (Date received by registrar) (b) Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13, 1943, at 2 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 27, 1943, to Dec 13 1943, and that I last saw him alive on Dec 13 1943.

Immediate cause of death	Duration
GENERALIZED PERITONITIS	
Due to EVISCERATION	
Due to POST OPERATIVE DISRUPTION OF WOUND	
Other Conditions BREAKDOWN OF CHOLECYSTO-DUODENAL ANASTOMOSIS	

(Include pregnancy within 3 months of death)

Date of operation Dec 4

Major findings of operation: ATRESIA OF COMMON DUCT

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Irving Robert Lantz M. D.
Address SINAI HOSP. Date signed 12/15

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 D

G 11306

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 102 N. Clinton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 - 5 D
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 102 N. Clinton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA M BECK

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced. WIDOW

6 (b) Name of husband or wife FREDERICK H. BECK

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 26 1866

8. AGE: Years 77 | Months 3 | Days 17 16 | If less than one day ..... hr. ..... min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name PETER ITZEL
13. Birthplace GERMANY

MOTHER
14. Maiden Name ANNA NEIMETER
15. Birthplace GERMANY

16 (a) Informant ALICE E. VARSTEY (DAUGHTER)
(b) Address 102 N. CLINTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 16/43 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location FREDERICK ROAD

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

DEC 15 1943 (Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 19 43, at 9 P. M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic cardiovascular disease.

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 12-13-43

G 11307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. G 11307

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1524 Holbrook St
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1524 Holbrook St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine Mc Closkey

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Michael A. Mc Closkey
6 (c) If alive, give age: 80 years
7. Birth date of deceased (mo., day, yr.): Mar. 15, 1869

8. AGE: Years	Months	Days	If less than one day
74	7	2928	hr. min.

9. Birthplace: Baltimore Md
(Town, county, and state)
10. Usual Occupation: House Work
11. Industry or business: at Home

FATHER
12. Name: Patrick Noonan
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Not Known
15. Birthplace: "

16 (a) Informant: Mr. Michael A. Mc Closkey
(b) Address: 1524 Holbrook St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 16, 1943 (month) (day) (year)
(c) Cemetery or crematory: Mary Cathedral Cemetery
Location: 4300 Old Frederick Rd

18 (a) Funeral director: Edmund W. Conklin & Son
(b) Address: 924 E. Eager St.

19 DEC 15 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13, 1943 at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to Dec 13 1943, and that I last saw her alive on 12/13 1943.

	Duration
Immediate cause of death: Myocardial Insufficiency	4 Years
Due to: Myocarditis	2 Years
Due to: Arteriosclerosis	2 Years
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature: Thomas J. Hurtz M. D.
Address: 532 E. 22nd St Date signed: 12/15/43

correct age is especially important. Physicians, please write clearly and legibly.

G 11308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 11308 Registered No.

Write the cause of death clearly and legibly. Physicians: please write exact age if especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2012 E. 30th St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 -
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2012 E 30th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose M. Mason

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Samuel L. Mason
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1874

8. AGE: Years	Months	Days	If less than one day
69	5	12	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Eigen Gentz
13. Birthplace Germany

MOTHER
14. Maiden Name Martha Smith
15. Birthplace Ireland

16 (a) Informant Leroy L. Mason
(b) Address 924 Argone Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Leonard J. Kuck
(b) Address 5305 Harford Rd

19 (a) (Signature of registrar) Huntington Williams M.D. Registrar

(b) 15 1943
VS 10

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-14 1943 at 12:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-11- 1943 to 12-14- 1943, that I last saw h.. alive on 12-14- 1943.

Immediate cause of death Myocardial insufficiency — Duration 3 days.

Due to Cardio-renal vascular disease. — 12 yrs.

Due to

Other Conditions Diabetes mellitus — 12 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Leroy L. Mason

Address 1517 E North ave Date signed 12/15/43

1809 15864 BALTIMORE CITY HEALTH DEPARTMENT G 11309
CERTIFICATE OF DEATH 107
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals 21 - 80
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2900 Strathmore Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Keller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25, 1884

8. AGE: Years 59 | Months 3 | Days 18 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, or state)

10. Usual Occupation Laborer - Shipping dept.

11. Industry or business Leonard E. Distrib

FATHER
12. Name William Keller (D
13. Birthplace Germany

MOTHER
14. Maiden Name Catharine Eberle (D
15. Birthplace Germany

16 (a) Informant Baltimore, City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Md.

18 (a) Funeral director Leonard J. Kush
(b) Address 5305 Harford Rd.

19 (a) DEC 15 1943 (Date rec'd by registrar) (b) Hunting & Williams, M.D. Registrar, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/13 1943, at 12:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943, to 12/13 1943, and that I last saw him alive on 12/13 1943.

Immediate cause of death	Duration
(a) Bronchopneumonia?	5
Due to	
Due to	
Other Conditions Chron. Bronchitis, Pul. emphysema	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Seipman
Address BCH Date signed 12/13 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G 11310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52B

Registered No. G 11310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2812 Goodwood Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Monroe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Edna Monroe nee Bollinger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9- 1887

8. AGE: Years	Months	Days	If less than one day
54	11	3	hr. min.

9. Birthplace Harrisburg Pa.
(Town, county, and state)

10. Usual Occupation Foreman Railway Express

11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Mrs. Edna Monroe
(b) Address 2812 Goodwood Rd

17 (a) Burial (b) Date thereof 12-14-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Md.

18 (a) Funeral director Leonard D. Runk
(b) Address 530 S Harford Road

DEC 15 1943
(Date rec'd by Registrar) (b) Huntington Wiltbank M.D.

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-12 1943 at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-23 1943 to 12-12 1943 and that I last saw him alive on 12-12 1943

Immediate cause of death Chemical Peritonitis — Duration 20da.

Due to Urinary extravasation

Due to Carcinoma of Bladder + Prostate

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 12-11-43 - Suprapubic

Major findings of operation: Carcinoma of Bladder

of autopsy:

PHYSICIAN
(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Stanley B. Klyanowski M.D.
Address St. Joseph's Hosp. Date signed 12-13-43

1311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

C 11311 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Give full name of street and number. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 442 Lorraine Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 - 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 442 Lorraine Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leo J. O'Sullivan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Julia A. O'Sullivan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26 - 1886

8. AGE: Years	Months	Days	If less than one day
57	4	18	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Fireman Gas & Electric
11. Industry or business

FATHER
12. Name Daniel O'Sullivan
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth McCallister
15. Birthplace Ireland

16 (a) Informant Julia A. O'Sullivan
(b) Address 442 Lorraine Ave

17 (a) Burial Date thereof 12-17-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Leonard J Rusk
(b) Address 5305 Harford Rd.

(a) (Date received) DEC 15 1943 (b) Registration District No. 8 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-14- 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11, 1943, to Dec 14, 1943, and that I last saw him alive on Dec 13 1943.

Immediate cause of death	Duration
Acute Cardiac Dilitation	Minutes
Due to Grippe	3 days
Due to Diabetes	6 yrs
Other Conditions Significant Pregnancy (Include pregnancy within 3 months of death)	6 yrs

Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ed. J. Zimmerman M. D.
Address 9858 Harford Rd Date signed 12/14/43

11312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 A

Registered No. G 11312

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 18 Willow Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME [redacted] (Anna) H. Donahue

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	~~D~~ M

6 (b) Name of husband or wife Michael J.
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1880.

8. AGE: Years	Months	Days	If less than one day
63	2	23	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Conrad Briesenbough
13. Birthplace Germany

MOTHER
14. Maiden Name KATHERINE Priegd
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Michael J. Donahue
(b) Address 18 Willow Ave, Towson

17 (a) Burial (b) Date thereof 12 / 15 / 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Johns
Location Baltimore Co. Green

18 (a) Funeral director Leonard J. Keuck
(b) Address 530 Maryland Road

19 DEC 15 1943 (Date rec'd by registrar) (b) Hunter Tom Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 1943, at 12.00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 8 1943, to Dec. 13 1943, and that I last saw her alive on Dec. 13 1943

Immediate cause of death	Duration
Cardiac & Renal Failure	
Due to Hypertensive encephalopathy	5 days
Due to Hypertensive cardio-vascular-renal disease	many years
Other Conditions Paralysis left leg.	1 year

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George W. Mungavin Jr. M. D.
Address 332 E. University Pkwy Date signed 12/13/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in all items. Be sure to state the causes of death clearly and legibly. Give correct age is especially important. Physicians: please write the

313 G 11313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V186-a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2636 Maryland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances A. Stevens

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
N	None	F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 8th 1852

8. AGE: Years	Months	Days	If less than one day
91	2	5	hr. min.

9. Birthplace Clyde N. Y. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Henry Baker
13. Birthplace N.Y.

MOTHER
14. Maiden Name Elizabeth Wallace
15. Birthplace N.Y.

16 (a) Informant J. Henry Baker
(b) Address 92 Franklin St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/15/43 (month) (day) (year)
(c) Cemetery or crematory Maple Grove
Location Clyde N.Y.

18 (a) Funeral director Wm Cook Inc
(b) Address 147 St. Paul St

DEC 15 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-13 1943, at 11:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-14 1943, to 12-13 1943, and that I last saw her alive on 12-18 1943.

Immediate cause of death Invalided because of sixty four hantegic fracture of rt femur - Oldage, — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 12-7
(b) Date of occurrence Oct 13 1943 at M
(c) Where did injury occur? 2636 Maryland Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? At home (Specify type of place) While at work? No
(e) Means of injury Fell down stairs

23. Signature L. W. Konnegan M. D.
Address Date signed 12-13-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

VS 150

12/15/43 Approved: Robert Lee Fontaine M.D. Asst. Med. Examiner

11314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 11314
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete and correct. Write the causes of death clearly and legibly. Use only standard abbreviations. Do not use ditto marks. If unknown, state approximate age is especially important. Physicians: please write your records carefully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + 33rd Sts
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 701 Monmouth Ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Maynard Randolph Keen

3 (b) If veteran, name war N | 3 (c) Social Security Account No. 1008

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Mrs Maynard R Keen | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 8 1892

8. AGE: Years 50 | Months 0 | Days 7 | If less than one day hr. min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation Transfer business

11. Industry or business

FATHER 12. Name Thomas Keen
13. Birthplace Md

MOTHER 14. Maiden Name Margaret Reese
15. Birthplace Md

16 (a) Informant Mrs Elsie M Keen
(b) Address 701 Monmouth Ave

17. Burial (Burial, cremation, or removal) (b) Date thereof 12/18/43 (month) (day) (year)

(c) Cemetery or crematory Mouland Park
Location Baltimore Md

18 (a) Funeral director Milton A Lee
(b) Address 1217 E Fayette St

DEC 15 1943
(Date rec'd by registrar)

Huntington Williams Mortuary

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1943, at 6 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 21 1943, to Dec 15 1943 and that I last saw h[illegible] alive on Dec 15 1943

Immediate cause of death Cardio-respiratory failure — Duration: 11 d

Due to Acute pericarditis — Duration:

Due to Broncho-pneumonia — Duration: 24 d.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Acute pericarditis + pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George L. Mungaterza M. D.
Address 332 E. University Pkwy. Date signed 12-15-43

11315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1018

G 11315
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Erase the causes of death clearly and legibly. correct age is especially important. Physicians: please write th

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital 2525

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Coundish Way (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. William E. French

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret M
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept 23 1890

8. AGE: Years: 53 | Months: 7 | Days: 21 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: Letter

11. Industry or business: Broadway M E Church

FATHER
12. Name: Thomas J French
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Margaret E Smith
15. Birthplace: Ireland

16 (a) Informant: Margaret French Wife
(b) Address: 6 Coundish Way O'Donnell

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/18/43 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Baltimore Md

18 (a) Funeral director: Wilson Foley
(b) Address: 2174 E Pratt St

DEC 15 1943 (Date rec'd by registrar)
(b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14 1943, at 9:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1943, to Dec. 14 1943, and that I last saw him alive on Dec. 14 1943.

Immediate cause of death: Coma
Pneumonia

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: C Arthur Rowley M.D.
Address: St Agnes Hosp. Date signed: 12/14/43

316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1930

C 11316 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp. 10-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. 2c
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1130 Abbott Ct.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mr. George Baiser

3 (b) If veteran, name war W | 3 (c) Social Security Account No. NONE

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Mrs. Mary Baiser

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1872

8. AGE: Years 71 | Months 11 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name John Baiser
13. Birthplace Bavaria

MOTHER
14. Maiden Name Augusta Krause ?
15. Birthplace

16 (a) Informant Mary Baiser
(b) Address 1130 Abbott Ct.

17. Burial (Burial, cremation, or removal) (b) Date thereof 12/18/43 (month) (day) (year)

(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Wilhelm & Lowe
(b) Address 1324 Park Ave.

DEC 15 1943 (Date rec'd by registrar) (By) [illegible] for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/15 1943, at 1 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/15 1943, to 12/15 1943, and that I last saw him alive on 12/N 1943.

Immediate cause of death Cardiac Failure — Duration

Due to Congestive Heart Failure

Due to Hypertensive CVD

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. Bray

Address Mercy Hosp. Date signed M 12 D 15/43

G 11317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 170 C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1114
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1225 Linden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles T. Harris

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12th 1877

8. AGE: Years	Months	Days	If less than one day
66	7	1	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Wm. H. Harris
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Robt. Harris
(b) Address 5002 Woodlawn Blvd.

17 (a) Burial (b) Date thereof 12/17/43 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Wilson & Son
(b) Address 1217 E. Fayette St

19 (a) DEC 15 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13 1943, at 10:15 AM

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 53-00

(a) Date of injury December 12, 1943 10:00 P.M.
(b) Where did injury occur? Woodlawn Blvd, Norwood
(c) Did injury occur at home, on farm, industrial place, in public place? Public Place While at work? No
(d) Means of injury Pedestrian struck by auto

23. Signature Robert Lee Gratsek M.D.
Medical Examiner.
Date signed Dec. 13, 1943

312 / bur 2602 Harford Rd /

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 A

G 11318 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3018 Barclay St
(c) Hospital or institution:

17

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3018 Barclay St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Becker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3rd 1865

8. AGE: Years	Months	Days	If less than one day
78	8	11	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Unknown

FATHER
12. Name Valentine Becker
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline (Unknown)
15. Birthplace Germany

16 (a) Informant Mrs Catherine M. Reed
(b) Address 3018 Barclay St.

17 (a) Burial (b) Date thereof 12/16/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto Md.

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 St. Paul St.

19 (a) DEC 15 1943 (b)
(Date rec'd by registrar)

Registrar Huntington Williams, M.D.

VS 180

correct age is especially important—Physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14th 1943, at 12 30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-9-1943 to 12-14-1943. and that I last saw h~~im~~ alive on 12-13-1943.

Immediate cause of death Arteriosclerotic cardio-renal disease — Duration Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. B. Aylett M. D.

Address 2102 Harford Rd Date signed 12-14-43

445090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 132

Registered No. G 11319

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 5
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County.....
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 1853 77th St (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Sam Mittleman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife Rose

6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) 6-21-02

8. AGE: Years	Months	Days	If less than one day
41	5	24	..... hr. ..... min.

9. Birthplace HUNGARY (Town, county, and state)

10. Usual Occupation FUR DRESSER

11. Industry or business

FATHER
12. Name MORRIS MITTLEMAN
13. Birthplace HUNGARY

MOTHER
14. Maiden Name Yetta
15. Birthplace HUNGARY

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSP...

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/15/43 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt. Judah
Location Long Island, New York

18 (a) Funeral director Harris Sondheim & Sons
(b) Address 1902 Eutaw Place

19 (a) DEC 15 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1943, at 12:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 23 1943, to Dec 1943, and that I last saw him alive on Dec 1943.

Immediate cause of death.....
Uremia
Due to
Bilateral renal calculi
Other Conditions.....
(Include pregnancy within 3 months of death)
Date of operation.....
Major findings of operation.....
of autopsy.....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....at.....M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?.....While at work?.....
(Specify type of place)
(e) Means of injury.....
23. Signature James A. Singiser M. D.
Address Johns Hopkins Hosp. Date signed 12/16/43

Please write plainly. Use ink or indelible pencil. Physicians: please see that information as to cause of death is complete and correct. Exact age is especially important. Physicians: please report all deaths promptly to the Registrar.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County _____
(c) City or ~~town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1806 N. Bond St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3 (a) FULL NAME Isaac Samuel

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of ~~husband or~~ wife Hogan D. Samuel
6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 1877

8. AGE: Years	Months	Days	If less than one day
66	6		_____ hr. _____ min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Butcher
11. Industry or business

FATHER
12. Name Jacob Samuel
13. Birthplace Germany

MOTHER
14. Maiden Rebecca Greenwald
15. Birthplace Germany.

16 (a) Informant Mrs. F. Schneider
(b) Address 607 N. Collington Ave.

17 (a) Cremation (b) Date thereof 12/17/45
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director David Sondheim & Son
(b) Address 1902 Eutaw Place

19 (a) DEC 15 1945 (b) Huntington Williams
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 1945 at 10:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/12 1945 to 12/14 1945, and that I last saw him alive on 12/14 1945.

Immediate cause of death Intracerebral Hemorrhage (?) — Duration _____
Due to Hypertension
Due to _____
Other Conditions _____
(Include pregnancy within 3 months of death)

Date of operation _____
Major findings of operation: _____
of autopsy: Enlarged Heart

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
(Specify type of place)
(e) Means of injury _____

23. Signature Herbert M. Jacobs M.D.
Address Sinai Hospital Date signed 12/15/45

Correct age if subject was under one year

VS 180

11321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83 A

Registered No. G 11321

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5207 Bosworth Ave.
(c) Hospital or institution: 28 12

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5207 Bosworth Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lourie Ann Rouzer

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Martin L. Rouzer
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) January 27, 1882

8. AGE: Years	Months	Days	If less than one day
61	10	16	..... hr. ..... min.

9. Birthplace Webster, Taylor Co., W. Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John Willhide
13. Birthplace Mechanics Town, Md.

MOTHER
14. Maiden Name Caroline Adams
15. Birthplace Massachusetts

16 (a) Informant Mr. Martin L. Rouzer
(b) Address 5207 Bosworth Ave.

17 (a) Burial (b) Date thereof Dec. 16, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Timonium, Md.

18 (a) Funeral director Miller Lamoreau
(b) Address 4510 Liberty Heights Ave.

19 DEC 15 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13 1943, at 4.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1938, to Dec 13 1943, and that I last saw h[illegible] alive on Dec 13 1943

Immediate cause of death Cerebral Hemorrhage — Duration 7 hrs

Due to arterio sclerosis — Duration at least 10 years

Due to

Other Conditions Cerebral hemorrhage 1941
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. W. Harper M. D.
Address 5201 Gwynn Oak Ave. Date signed

322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 107

Registered No. G 11322

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Madison & Linden
(c) Hospital or institution: Md. Gr. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) In years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and name town)
(d) Street No. 2229 E. Preston St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Miss Olive R. Weeks

3 (b) If veteran, name war

3 (c) Social Security Account No. 232-24-7818

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced ~~232-24-7818~~

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 9, 1921

8. AGE: Years 22 | Months 10 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace W. Va
(Town, county, and state)

10. Usual Occupation Student Nurse

11. Industry or business

FATHER 12. Name Harvey Buck Weeks

13. Birthplace Pa Matteson

MOTHER 14. Maiden Name Rita Anita (Hatteras)

15. Birthplace W. Va

16 (a) Informant Mrs Rita Weeks

(b) Address 2229 E Preston St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 15-43 (month) (day) (year)

(c) Cemetery or crematory —

Location Huntington W. Va

18 (a) Funeral director Geo. L. Barger Sr

(b) Address 1512 Hollins St

19 (a) DEC 15 1943 (Date rec'd by registrar) (b) Huntington West Virginia (City or town) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/15 1943, at 9 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/13 1943, to 12/15 1943, and that I last saw her alive on 12/15 1943.

Immediate cause of death Bronchopneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration
Occ

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E J McKinnis M. D.

Address Md Gr Hosp Date signed 12/15/43

G 11323 Shanahan

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

G 11323 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1717 Cole st
(c) Hospital or institution 19-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 Cole st (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Margaret M Campbell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4 1904

8. AGE: Years	Months	Days	If less than one day
39	6	10	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Wm E Campbell
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Ellen J Filey
15. Birthplace Pennsylvania

16 (a) Informant Miss Loretta Campbell
(b) Address 1717 Cole st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-43 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Baltimore Md

18 (a) Funeral director Geo A Farley
(b) Address Frederick & Fayette

19 (a) DEC 15 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14, 1943, at 1 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h[illegible] alive on 12/14 1943

Immediate cause of death Pulmonary Tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel J. Shanahan M. D.
Address 1945 W Balto Date signed 12/15/43

SHANAHAN

G 11324

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 11324

CERTIFICATE OF DEATH 131B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Edgewood Nurses Home St., Ward) 27-4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 1 mos. 24 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth L. Clark

If U. S. Veteran specify WAR

(a) Residence: No. 3605 Gibbons Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Clark

6. DATE OF BIRTH (month, day, year) Oct. 20-1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Christian Burg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Wagner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT H. Clark

(Address) 3605 Gibbons Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 12/17/43

19. UNDERTAKER Geo. H. Leimbach

(Address) 2254 N. Fremont Ave

20. Filed DEC 15 1943 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14 43

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10 43 to Dec 14 43

I last saw h alive on Dec 14 43 Death is said to have occurred on the date stated above, at 5.10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Indefinite
Arteriosclerosis	Indefinite
& Chronic Nephritis	Indefinite

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. A. Richardson M. D.

(Address) 112 W. 25th St.

GE should be stated EXACTLY. PHYSICIANS must information should be carefully supplied. AGE should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vs 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193D

Registered No. 6311325

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Old Spring Lane
(c) Hospital or institution: William Elkins Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Raspeburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. 304 Dale Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel D. Stayre

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Elsie Stayre
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13th 1856

8. AGE: Years	Months	Days	If less than one day
87	6	1	hr. min.

9. Birthplace Washington Co. Md.
(Town, county, and state)
10. Usual Occupation Farm Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Katherine Double
15. Birthplace Unknown

16 (a) Informant Mr. John Moore
(b) Address 304 Dale Ave Raspeburg Md

17 (a) Burial (b) Date thereof Dec. 16 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Keedysville Cemetery
Location Keedysville, Maryland

18 (a) Funeral director Lasalle Funeral Home
(b) Address 7401 Belair Road

DEC 15 1943 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14 1943, at 6:17 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 7 1943, to Dec 14 1943, and that I last saw h[illegible] alive on Dec 14 1943.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to	
Due to	
Other Conditions senility	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. N. Guttenman M.D.
Address 2324 Reisterstown Rd Date signed 12/14/43

VS 180

G 11326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 11326

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1116 Brynn Marr Road
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Northway Apts. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME James W. Chapman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Cora Vannort
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1871

8. AGE: Years 72 | Months 2 | Days 13 | If less than one day: hr. min.

9. Birthplace Kent County, Md. (Town, county, and state)

10. Usual Occupation Attorney-at-law

11. Industry or business

FATHER — 12. Name James W. Chapman
13. Birthplace Md.

MOTHER — 14. Maiden Name ---- Webb
15. Birthplace Md.

16 (a) Informant Edward T. Gieske
(b) Address 1116 Bryn Mawr Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/43 (month) (day) (year)
(c) Cemetery or crematory Chester
Location Chestertown, Md.

18 (a) Funeral director John C. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

DEC 16 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13 1943, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 to Dec 13 1943.
and that I last saw alive on Dec 13 1943.

Immediate cause of death Coronary occlusion —

Due to Coronary thrombosis

Due to Arterio sclerosis

Other Conditions none

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury none

23. Signature H Corbin Streett M. D.
Address 712 Park Ave. Date signed 16 Dec 1943

VS 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 11327

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1728 E. Fayette St.
(c) Hospital or institution:

6-15

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1728 E. Fayette
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert P.C. Krieger

3 (b) If veteran, name war NONE

3 (c) Social Security Account No. 212-03-1180

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Rebecca Small

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24 1885

8. AGE: Years 58 | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Bank Clerk

11. Industry or business Citizens Saving Bank

FATHER
12. Name Louie C. Krieger
13. Birthplace Germany

MOTHER
14. Maiden Name Elise Bischof
15. Birthplace Germany

16 (a) Informant Mrs. Rebecca Krieger (Wife)
(b) Address 1728 E. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/43 (month) (day) (year)
(c) Cemetery or crematory Immanuel
Location Grindon Lane

18 (a) Funeral director L. Heemann and Son
(b) Address 32 S. Broadway

19 (a) DEC 16 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/13 19 43 at 7330 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/13 19 43, to 12-13 19 43, and that I last saw him alive on 12-12- 19 43.

Immediate cause of death	Duration
Coronary Occlusion	30 min
Due to Arterio Sclerosis	?
Due to Gout	?
Other Conditions Obesity	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Linden M. D.
Address 14 S. Broadway Date signed 12/14/43

VS 150

G 11328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G 11328

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 322 N Franklintown Rd.
(c) Hospital or institution: 20
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 322 N. Franklintown Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bethuel M. Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Margie Hall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1868

8. AGE: Years	Months	Days	If less than one day: hr.	min.
75	4	5		

9. Birthplace Del. (Town, county, and state)

10. Usual Occupation Retired Farmer

11. Industry or business

FATHER
12. Name John Wesley Hall
13. Birthplace Del.

MOTHER
14. Maiden Name Lydia Dickerson
15. Birthplace Del.

16 (a) Informant Mrs. Ethel Reed
(b) Address 322 Franklintown Rd. Balt.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-43 (month) (day) (year)

(c) Cemetery or crematory I.O.O.F. Milford, Del
Location Milford, Delaware

18 (a) Funeral director Williams Berry, Jr.
(b) Address Milford, Del.

19 (a) DEC 16 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1943, at 1:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1939, to Dec 16 1943, and that I last saw h.. alive on Dec 12 19 43

Immediate cause of death: Chronic Intestinal Nephritis — Duration 4 yrs

Due to: Embolism — Duration 4 yrs

Other Conditions: Hypostatic Congestion — Duration 24 hrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Woodley M. D.
Address 817 Medical Arts Bldg Date signed Dec 16/43

VS 2

G 11329 ✓ G 11329

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1578 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400- N. Caroline St.
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2756 Alameda Blvd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BABY BOY EASTERLING

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: NONE

4. Sex: M. | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-18-43

8. AGE: Years | Months | Days: 6 | If less than one day: hr. min.

9. Birthplace Balto - Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Andrew Jr. Easterling
13. Birthplace Mt. Coll, S.C.

MOTHER
14. Maiden Name Lizzie K. Davis
15. Birthplace Bethune, SC

16 (a) Informant Andrew J. Easterling
(b) Address 55 Sweeky Court Apt N. Balto

17 (a) Removal (b) Date thereof 12/16/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Bethune
Location South Carolina

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 St. Paul St

19 (a) DEC 20 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/14/1943, at 2:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/8/1943, to 12/14/1943, and that I last saw him alive on 12/14/1943.

Immediate cause of death: Spina Bifida — Duration

Due to

Due to

Other Conditions Club Foot

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. D. Ballew M. D.
Address St. Joseph's Hosp. Date signed 12/17/43

G 11330 V G 11330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4912 Reisterstown Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give location)
(d) Street No. 4912 Reisterstown Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Elizabeth Warner

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 13 1859

8. AGE: Years 84 | Months 7 | Days 1 | If less than one day: hr. min.

9. Birthplace: Md
(Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER — 12. Name: George Shelton
13. Birthplace: Md

MOTHER — 14. Maiden Name: Mahoney
15. Birthplace: Md

16 (a) Informant: Mrs Eva Anthony
(b) Address: 4912 Reisterstown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/18/43 (month) (day) (year)

(c) Cemetery or crematory: Johnsville
Location: Gettysburg Pa

18 (a) Funeral director: Milton Cook Jr
(b) Address: 1217 E Fayette St

(c) (Date rec'd by registrar) DEC 16 1943 (d) Certificate for Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 1943 at 8 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 to 19; and that I last saw alive on Dec 14 19 43

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 hr

Due to: Arteriosclerosis — 7 ?

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Samuel D Cellon M. D.
Address: 5611 Reisterstown Rd Date signed

approved Howard A. Kelly M.D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please correct age is especially important. Please write the causes of death clearly and legibly.

G 33331 ✓ G 17:31

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33 R

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1904 Rose st.
(c) Hospital or institution: 7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 31 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1904 Rose st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Thomas Schaefer

3 (b) If veteran, name war: W
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of ~~husband~~ wife: Eunice M. Schaefer
6 (c) If alive, give age, years
7. Birth date of deceased (mo., day, yr.) Aug 11th 1901
8. AGE: Years 42 | Months 4 | Days 3 | If less than one day hr. min.
9. Birthplace Balto. Co. Md. (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business Balto Transit Co
FATHER 12. Name John H. Schaefer
13. Birthplace Md
MOTHER 14. Maiden Name Vena B. Quick
15. Birthplace Md
16 (a) Informant Mrs Eunice M. Schaefer
(b) Address 1904 N. Rose st
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md
18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul st
19 (a) DEC 6 1943 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VB 166

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14th 1943 8 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1943, to Dec. 14, 1943, and that I last saw him alive on Dec. 14, 1943.

	Duration
Immediate cause of death: Congestive heart failure	3 days
Due to: Myocarditis with dilatation	2 mos
Due to:	
Other Conditions: Influenza + pneumonia	2 wks

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice E. Shannon M. D.
Address 3300 N. Charles Balto Date signed 12-17-43

G 332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

118

G 12332 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5007 Roland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5007 Roland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Adam Taite

3 (b) If veteran, name war —W

3 (c) Social Security Account No. —NONE

4. Sex Male | 5. Color or race White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widowed

6 (b) Name of ~~husband or~~ wife Jane Clarke Taite

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20th 1858

8. AGE: Years 85 | Months 6 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace London England
(Town, county, and state)

10. Usual Occupation Auditor & Accountant

11. Industry or business Self

FATHER
12. Name Samuel Taite
13. Birthplace England

MOTHER
14. Maiden Name Harriett Adams
15. Birthplace England

16 (a) Informant Florence T. McLennan
(b) Address 5007 Roland Ave

17 (a) Burial (b) Date thereof 12/17/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto. Co. Md.

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 St. Paul St.

(c) DEC 16 1943 (b) Huntingtor Pottsville, Pa.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14th 1943, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1943, to Dec 14 1943, and that I last saw h[illegible] alive on Dec 14 1943

Immediate cause of death Coma Cerebral Hemorrhage — Duration 5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. A. Lally M. D.
Address 3517 Edmondson Ave Date signed Dec 15 1943

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30E

Registered No. G 11333

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 6

(d) Length of stay in hospital or inst. (yrs., mos., or days) Died

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 412 N. Dallas St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME IRENE JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1917

8. AGE: Years 26 | Months 4 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business —

FATHER 12. Name George Johnson

13. Birthplace N. C.

MOTHER 14. Maiden Name Georgianna Williams

15. Birthplace N. C.

16 (a) Informant George Johnson

(b) Address 412 N. Dallas St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvery

Location Brooklyn, Md.

18 (a) Funeral director Elroy O. Wilson

(b) Address 1000 Brantley Ave.

19 (a) DEC 16 1943 (Date received by registrar) (b) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13. 1943, at 5P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH

Typhoid Carcinomatosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature H. L. Williams M.D.
Medical Examiner.

Date signed 12-14-43

G 11334 ✓ G 11334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 939

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1612 Division St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 Division St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM HATWOOD

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-5096

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Edna Hatwood

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12, 1889

8. AGE: Years 54 | Months 3 | Days 1 | If less than one day hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name William Hatwood
13. Birthplace N. C.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs Edna Hatwood
(b) Address 1612 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-1943 (month) (day) (year)
(c) Cemetery or crematory Western Star Cem.
Location Catonsville, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) DEC 16 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13, '43 19 at 12:P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1943 to Dec 13 1943.
and that I last saw alive on Dec 13 1943.

Immediate cause of death: Cardiac Dropsy
Hypertensive Cardiac Disease

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. J. Woolridge M. D.
Address 703 W Lafayette Date signed 12-14-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 11335 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 616 Brune St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 616 Brune St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Schmelz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Charles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 26, 1892

8. AGE: Years 51 | Months 10 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name John Keine
13. Birthplace Maryland

MOTHER
14. Maiden Name Amelia Matthan
15. Birthplace Maryland

16 (a) Informant Mr. Charles Schmelz
(b) Address 616 Brune St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Maryland

18 (a) Funeral director Harry A. Wittke
(b) Address 4101 Edmondson Ave.

19 (a) DEC 16 1943 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1943 to Dec 13 1943
and that I last saw h alive on Dec 11 1943

Immediate cause of death
Coronary thrombosis
Diabetes Mellitus
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration
1 yr

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Edmund Levin
Address 3400 Hilton Rd Date signed 12/13/43

G 11336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 11336

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calhoun & Fayette Sts. Balto.

(c) Hospital or institution: Franklin Square Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 days

(e) Length of stay in Baltimore (yrs., mos., or days) " "

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1719 W. Lombard St

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ~~Betty Lou Stanton~~ Charles L Stanton Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31st 1943

8. AGE: Years	Months	Days	If less than one day
	1	45 13	hr. min.

9. Birthplace Baltimore, Md.

(Town, county, and state)

10. Usual Occupation none

11. Industry or business "

FATHER

12. Name Charles L Stanton.

13. Birthplace Baltimore, Md.

MOTHER

14. Maiden Name ~~Johnson~~ Doris Cesena

15. Birthplace Baltimore Md.

16 (a) Informant Chas. L Stanton Sr.

(b) Address 1719 W Lombard St. Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-43 (month) (day) (year)

(c) Cemetery or crematory Meadow ridge

Location Olney Md.

18 (a) Funeral director Harry H. Witzke

(b) Address 4101 Edmondson Ave

19 (a) DEC 16 1943 (Date rec'd by registrar) Hunting Williams Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-14-1943, at 9.40 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-31-1943, to 12-14-1943, and that I last saw him alive on 12-14-1943.

Immediate cause of death	Duration
Bronchial pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Lauer V. Blum M. D.

Address 3431 Park Hgts Ave Date signed M. 12 D. 14-43

G 11337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

✓ G 11337 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1516 E Lombard Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Lena ~~Ho~~ Traynham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fmale	Col	married

6 (b) Name of husband or wife Benny

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 1/12/1895

8. AGE: Years	Months	Days	If less than one day
48	11	1	..... hr. ..... min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Benny Rich
13. Birthplace Va

MOTHER
14. Maiden Name Mary Newton
15. Birthplace Va

16 (a) Informant Hazel Stevenson
(b) Address 850 S Eutaw Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A A Co Md

18 (a) Funeral director Sarah L Brunson
(b) Address 1086 Montgomery Street

19 (a) DEC 16 1943 (Date rec'd by registrar) Justin J. Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-13 1943, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1943 to Dec 13 1943, and that I last saw h[illegible] alive on Dec 13 1943.

Immediate cause of death: Acute myocarditis

Due to	Duration
Coronary thrombosis	1 day
Due to	5 days
Hypertension	3 days

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dan L. Levy M. D.
Address 1420 E. Chase Date signed 12-16-43

Mr Rambler
4708 Selma Ave.
Balt. - 5-9000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

G 11338
Registered No. 10910

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton + Wilkens aves
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A. A. Co.
(c) City or town Severna Park
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Brent Jarr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-15 1942

8. AGE: Years	Months	Days	If less than one day
1 - 0	11	28	hr. min.

9. Birthplace Severna Pk Md
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Woodrow Jarr
13. Birthplace Balto Md

MOTHER
14. Maiden Name Lucille E. H. Durrell
15. Birthplace Balto Md

16 (a) Informant Woodrow Jarr
(b) Address Severna Pk Md.

17 (a) Burial (b) Date thereof 12-16-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Frederick Rd.

18 (a) Funeral director C. W. Ruehlmann
(b) Address 637 Wash Blvd.

19 (a) DEC 16 1943 Huntington Williams
(Registered by Registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-13 1943, at 11 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-13 1943, to 12-13 1943, and that I last saw him alive on 12-13 1943

Immediate cause of death Bilateral Bronchopneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard W Stein M. D.
Address St Agnes Hosp Date signed 12-14-43

G 11339 ✓ G 11339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 108

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: St. Joseph's Hospital ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 307 S. Castle St
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Mrs. Lucy Mazanek (Wnokowski) ✓

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Stanley Mazanek
6 (c) If alive, give age 0 years

7. Birth date of deceased (mo., day, yr.) MAY 16, 1886

8. AGE: Years 57 | Months 6 | Days 28 | If less than one day .....hr. .....min.

9. Birthplace Poland. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at Home

FATHER 12. Name Pietrowski.
13. Birthplace Poland.

MOTHER 14. Maiden Name ?.
15. Birthplace Poland.

16 (a) Informant Helen Pita
(b) Address 625 Weber Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 17/43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore

18 (a) Funeral director Fred W Ozazewski.
(b) Address 1930 Eastern Ave

19 (a)..... (b)..... Registrar
(Date rec'd by registrar)

DEC 16 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14 1943, at 10 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14 1943, to Dec 14 1943, and that I last saw her alive on Dec. 14 1943

Immediate cause of death	Duration
Lobar Pneumonia	
Due to.....	
Due to.....	
Other Conditions.....	

(Include pregnancy within 3 months of death)

Date of operation.....
Major findings of operation:.....
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....at.....M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?.....While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature William H. Fuseting M.D.
Address St. Joseph's Hosp. Date signed 12-14-43
M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~G 11340~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11340 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Highland (If outside city or town limits, write RURAL and give town)
(d) Street No. 2608 Allendale Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GERTRUDE F. LEMBACH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Dead

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/7/1896

8. AGE: Years 47 | Months 10 | Days 6 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Thos Brooks

13. Birthplace Balto Md

MOTHER 14. Maiden Name Anna Wall

15. Birthplace Balto Md

16 (a) Informant Geo Lembach

(b) Address 3006 Alabama Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16 (month) (day) (year)

(c) Cemetery or crematory Leakin Park

Location Frdl Ave

18 (a) Funeral director Geo H. Lembach

(b) Address 5-24 Fayette St.

19 DEC 16 1943 (Date rec'd by registrar) (b) Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1943 at 6 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.

Date signed 12-14-43

VS 151

G 11341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

✓ G 11341 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1421 S. Carey St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PAUL H. NIEGSCH

3 (b) If veteran, name war: No

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary Niegsch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1893

8. AGE: Years 50 | Months 4 | Days 10 | If less than one day ... hr. ... min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Sales Engineer

11. Industry or business Porcelain Enamel

FATHER
12. Name Paul H. Niegsch
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta A. Matthews
15. Birthplace Germany

16 (a) Informant Martha M. Backhaus
(b) Address 1421 S. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17, 1943 (month) (day) (year)
(c) Cemetery or crematory Emmanuel
Location City

18 (a) Funeral director Mr & Mrs. J. W. Teufel & Son
(b) Address 801 W. Fayette St.

19 (a) DEC 16 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 1943, at 9 05 a M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. Z. Williams M.D.
and Medical Examiner.
Date signed 12-14-43

Huntington Williams M.D.

G 11342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G 11342

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 535 Johansen st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 535 Johansen st.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Gustie Cole

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife James Cole

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 51 | Months | Days | If less than one day hr. min.

9. Birthplace Westminster Md
(Town, county and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name John Palmer
13. Birthplace Westminster Md.

MOTHER
14. Maiden Name Jennie (?)
15. Birthplace Westminster Md.

16 (a) Informant Della Carter
(b) Address 206 W. Cross St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) Dec 17 43

(c) Cemetery or crematory Mt. Calvary
Location Balto

18 (a) Funeral director Walter B. Jones & Son
(b) Address 1309 W. Hamburg St. Balto

DEC 16 1943 (Date rec'd by registrar)

(b) Thomas J. Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 1943, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11 24 1943 to Dec 13 1943 and that I last saw h[illegible] alive on Dec 12 1943.

Immediate cause of death Bronchopneumonia — Duration 3 wks

Due to Unknown (primary)

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John Lytle Waters M. D.
Address 665 W. Barre St. Date signed 12/15/43

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G 11343

AB-84208

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos. 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1041 Guilford Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine King.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31-1882

8. AGE: Years 61 | Months 8 | Days 14 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Quinn
13. Birthplace Ireland

MOTHER
14. Maiden Name Isabelle Young
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director H. W. Mears my Son
(b) Address 605 N Calvert St.

19 (a) DEC 16 1943 Huntington for Williams M.D.
(Date received by Registrar) Registrar

VS 189
12/16/43

MEDICAL CERTIFICATION

20. DATE OF DEATH December 15 1943, at 1:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 6 1943, to Dec 14 1943, and that I last saw her alive on Dec 14 1943.

Immediate cause of death: Bronchopneumonia — Duration 2 days

Due to: Intertrochanteric fracture (right) — 2 mos.

Due to: (Intertrochanteric)

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: Med. Exam. Case

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 11/1
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence December 1943 M
(c) Where did injury occur? Balto. (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell out of bed

23. Signature O. J. Pierpont M. D.
Address Balto City Hosp Date signed Dec 15

Approved for H. J. Muldoon M.D. Robert Lee Graham M.D. 1943
Asst. Med. Examiner

On Death Cards 14
21st H

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ G 11344
498 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 108 N Eden St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) Sole

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town 108 N. Eden St.
(If outside city or town limits, write RURAL and give town)
(d) Street No. .....
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country ..... -

3 (a) FULL NAME Blanchie Robinson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife James

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb 1893

8. AGE: Years 50 | Months 10 | Days | If less than one day ..... hr. ..... min.

9. Birthplace Bath City
(Town, county and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name James Bennett
13. Birthplace Md

MOTHER
14. Maiden Name Mary Robinson
15. Birthplace Va.

16 (a) Informant Lewis Robinson
(b) Address 108 N. Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16-1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Baltimore Md

18 (a) Funeral director Hunter & Williams
(b) Address 1515 McElderry St

19 (a) ..... (b) Hunter & Williams Funeral Dir.
(Date rec'd by registrar) DEC 16 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1943, at 3:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15, 1943, to Dec. 13, 1943, and that I last saw deceased alive on Dec. 11, 1943.

Immediate cause of death Cancer of Uterus — Duration ?

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Maurice Adams, M.D.
Address 312 E 23rd St Date signed Dec 15 1943 M. D.

G 11345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

G 11345 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 104 S. Schroeder St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 104 S. Schroeder St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James H. Alvey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Ida M. Alvey

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Dec 15, 1875

8. AGE: Years	Months	Days	If less than one day
67	11	29	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business

FATHER
12. Name Joel Alvey
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah J. McGill
15. Birthplace Md.

16 (a) Informant Mrs. Ida M. Alvey
(b) Address 104 S. Schroeder St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/43 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem.
Location 4300 Old Frederick Rd.

18 (a) Funeral director John J. Conway & Son
(b) Address 901 Fallsway Street.

19 DEC 16 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/14/1943 at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1943 to Dec 14 1943, and that I last saw him alive on Dec 14 1943.

Immediate cause of death	Duration
Mitral Insufficiency	
Due to Arterio sclerosis	?
Due to	
Other Conditions Chr Nephritis	?

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature Carl P. Rostney M. D.
Address 1376 W. Lombard St. Date signed 12/16/43

G 11346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

Registered No. G 11346

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2030 N. Washington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 2030 N. Washington St. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME WALTER THOMAS DONALDSON

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 717-07-8016

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Naomi Donaldson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1884

8. AGE: Years 59 | Months 8 | Days 13 | If less than one day ... hr. ... min.

9. Birthplace Hereford, Md. (Town, county, and state)

10. Usual Occupation Passenger conductor

11. Industry or business Pa. R. R. - retired

FATHER
12. Name James E. Donaldson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Alice Virginia Kidd
15. Birthplace Rayville, Balto. County, Md

16 (a) Informant Mrs. Virginia Kimpel
(b) Address 112 Upnor Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway

19 DEC 16 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION A.

20. DATE OF DEATH December 14 1943, at 4.50 M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1940, to Dec. 14 1943, and that I last saw h[illegible] alive on Dec 14 1943.

Immediate cause of death: Carcinoma of Pancreas, Liver and Peritoneum — Duration: 4 years

Due to:

Other: Cachexia and Metastases — Duration: 2 months

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Carruthers M.D.

Address 2025 E. 31st St. Date signed 12/16/43

VS 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1930

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3944 Cloverhill Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME BERTHA CATHERINE SCHLUTTER

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 217-03-1413

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife C. F. August Schlutter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 23, 1877

8. AGE: Years 66 | Months — | Days 22 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Saleslady

11. Industry or business Hutzler Bros. Co.

FATHER
12. Name Charles Franklin Kimpel, Sr.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mollie Schuler
15. Birthplace Baltimore, Md.

16 (a) Informant Milton W. Schlutter
(b) Address 3944 Cloverhill Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway

19 (a) DEC 16 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-15 1943, at 7.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-9 1943 to 12-15 1943, and that I last saw her alive on 12-15 1943.

Immediate cause of death Coronary Occlusion — Duration 6 da

Due to Arteriosclerotic heart disease

Due to

Other Conditions Pernicious anemia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul E. Lukats M. D.

Address 213 Light St Date signed 12-16-43

G 11348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1860

Registered No. G 11348

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ----------
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County --
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 217 W. Lafayette ave. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH BRUCE KNAPP

3 (b) If veteran, name war ---
3 (c) Social Security Account No. ---

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Louis H. Knapp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1854

8. AGE: Years 89 | Months 4 | Days 23 | If less than one day: hr. min.

9. Birthplace Portchester, N.Y. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Abraham Winn William
13. Birthplace England

MOTHER
14. Maiden Name Laura Winthrop Lockwood
15. Birthplace Connecticut

16 (a) Informant Mrs. Ethelind K. Roberts
(b) Address 217 W. Fayette avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/43 (month) (day) (year)
(c) Cemetery or crematory Sleepy Hollow
Location Tarrytown N.Y.

18 (a) Funeral director Chas. J. Evans & Son
(b) Address 40 E. Mt. Royal Ave

19 (a) DEC 16 1943 (Date rec'd by registrar) (b) Thurlington Willis Registrar

DEC 16 12/18/43

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16 1943, at 3 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1943, to Dec 16 1943, and that I last saw h.er alive on Dec 16 1943.

Immediate cause of death: Cardiac failure — Duration: 4 hrs.
Due to: ? Uremia — 72 hrs.
Due to: Arteriosclerosis, hypertension, kidney disease — 14 days
Other Conditions: Fracture neck of femur - L.
(Include pregnancy within 3 months of death)
Date of operation Dec. 4, 1943
Major findings of operation: Fracture of femoral neck - Altered muscular fragments
If autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 11/4
(b) Date of occurrence Dec 2, 1943 at M
(c) Where did injury occur? Baltimore (City or town) City (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall.

23. Signature George W. Naugathogs Jr. M. D.
Address 232 E. University Pkwy. Date signed 12/16/43

Appointed: Robert Lee Graham M.D. Asst. Med. Examiner

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

Registered No. 11349

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2926 N. Calvert street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2926 N. Calvert street
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES J. O'NEILL

3 (b) If veteran, name war	3 (c) Social Security Account No.
----	----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife -----
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1913

8. AGE: Years	Months	Days	If less than one day
30	3	11	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Patrick O'Neill
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Moore
15. Birthplace Ireland

16 (a) Informant Patrick O'Neill
(b) Address 2926 N. Calvert street

17 (a) Burial (b) Date thereof 12/17/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Cavanaugh Son Inc
(b) Address 118 N. Mt. Royal Ave

19 (a) (Date received by Registrar) (b) [illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12 1943 at M

21. I certify that death occurred on the date above stated: that I attended deceased from Dec 8 1943 to Dec 13 1943 and that I last saw h- alive on Dec 13 1943

Immediate cause of death

	Duration
Influenzal Pneumonia	5 days
Due to Peritonitis	
Pulmonary	5 years
Due to Tuberculosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature H. T. Pearce M. D.
Address 2105 Chas Date signed Dec 14

G 11350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1820

Registered No. G 11350

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1123 Ward Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ~
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 Ward St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Haarman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/13/43

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation ~

11. Industry or business ~

FATHER
12. Name Howard J Haarman
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary M Sadler
15. Birthplace North Carolina

16 (a) Informant Howard J Haarman
(b) Address 1123 Ward St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Wm Cook Jr
(b) Address 1217 St Paul St

19 (a) DEC 16 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 15 1943, at 9:00 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Asphyxiation due to bed clothes

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 21/2

(a) Date of injury December 15, 1943 9:00 P.M.
(b) Where did injury occur? 1123 Ward Street
(c) Did injury occur at home, on farm, industrial place, in public place? at home While at work? no
(d) Means of injury Suffocated by bed clothes

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed December 16, 1943

G 11351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11351 / 112

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 519 Parrish St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 519 Parrish St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Clara Payne Holmes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Married

6 (b) Name of husband or wife George Holmes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25. 1898

8. AGE: Years	Months	Days	If less than one day
44	11	16	hr. min.

9. Birthplace Essex Co Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Robinson
13. Birthplace Essex Co Md

MOTHER
14. Maiden Name Emma Green
15. Birthplace King & Queens Co Va.

16 (a) Informant George Holmes
(b) Address 519 Parrish St

17 (a) Buried (b) Date thereof Dec 16, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (b)
(Date received by registrar) Registrar

DEC 16 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 1943, at 2:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 10 1943 to Dec. 11 1943 and that I last saw h[illegible] alive on Dec. 11 1943.

Immediate cause of death Bronchial Asthma — Duration 6 Months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph W. Redden
Address 426 N. Gilmor St Date signed 12/15/43

G 11352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11352 Registered No. 1604

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Mother - Edison Hotel (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME BABY BOY ZAZA

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: S
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1 1943.

8. AGE: Years | Months | Days: 14 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation child
11. Industry or business

FATHER
12. Name JOHN DUBIEL
13. Birthplace UNKNOWN

MOTHER
14. Maiden Name LUCILLE ZAZA
15. Birthplace NEW YORK

16 (a) Informant Lucille Zaza
(b) Address Edison Hotel Balt + Gay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Balto Md

18 (a) Funeral director George J Ruth Inc
(b) Address 1235 Hanford ave

19 (a) (Date rec'd by registrar) (b) Registrar's No.

DEC 16 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/15 1943, at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1943, to Dec 15 1943, and that I last saw h/pt. alive on Dec 15 1943.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to asthenia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry F Zazara, M. D.
Address Mercy Hospital Date signed 12/16/43

G 11353 G 11353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 106 S. Arlington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 106 S. Arlington Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSHUA K. HYLE.

3 (b) If veteran, name war: None.

3 (c) Social Security Account No. None.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Mary R. Hyle.

6 (c) If widow, give age: years

7. Birth date of deceased (mo., day, yr.) Jan. 5-1861.

8. AGE: Years 82 | Months 11 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore Co. Md.
(Town, county, and state)

10. Usual Occupation Farming

11. Industry or business Farm Work.

FATHER
12. Name Isiah Hyle.
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Md.

16 (a) Informant Mary R. Hyle.
(b) Address 106 S. Arlington Ave.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Dec. 17/43. (month) (day) (year)
(c) Cemetery or crematory Monkton Cem. M.E.
Location Baltimore Co. Md.

18 (a) Funeral director Charles J. Schwab
(b) Address 505 N. Monroe St.

19 (a) (Date rec'd by registrar) (b) Justice for Williams, M.D. Registrar

DEC 16 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH December, 14. 1943, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/5 1943 to 12/14 1943 and that I last saw h[illegible] alive on 12/14 1943

Immediate cause of death: Bronchopneumonia — Duration: 2da

Due to: Generalized Arteriosclerosis — 10yr

Due to: Cardiovascular Disease — 10yr

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dorsey H. Lauckaitis M.D.
Address 629 Washington Ave. Date signed 12/16/43

G 11354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 11354 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard + Green Sts
(c) Hospital or institution: Un. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4218 Curtis ave (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Mr. Louis Schmidt

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mrs Stewart
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Jan 27 1863

8. AGE: Years	Months	Days	If less than one day
80	10	17	..... hr. ..... min.

9. Birthplace Germany (Town, county and state)
10. Usual Occupation Shoemaker
11. Industry or business

FATHER
12. Name Conrad Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Helena Yeager
15. Birthplace Germany

16 (a) Informant Mrs Mary Schmidt
(b) Address 4218 Curtis ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Ritchie Highway

18 (a) Funeral director Thos. J. Kenny
(b) Address Holland & Gilmore Hunting or Pulaski Hwy

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

DEC 16 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/14 19..., at 4:35 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1 19... to 12/14 19..., and that I last saw him alive on 12/14 19 43.

	Duration
Immediate cause of death Lobar Pneumonia (Type 3)	
Due to	
Due to	
Other Conditions Bronchitis ad A. S. Heart disease (Include pregnancy within 3 months of death)	

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin H. Stewart Jr. M.D.
Address Un. Hosp. Date signed 12/15/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 330

Registered No. G 11355

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 17 E. Hamburg St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 17 E. Hamburg St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Amelia Kimball

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Reuben W. Kimball

6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1865

8. AGE: Years 78 | Months 1 | Days 24 | If less than one day ... hr. ... min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: At Home

FATHER 12. Name: Lawrence Roehmer

13. Birthplace: Germany

MOTHER 14. Maiden Name: Amelia Stangler

15. Birthplace: Germany

16 (a) Informant: Reuben W. Kimball (Husband)

(b) Address: 17 E. Hamburg St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 18, 1943 (month) (day) (year)

(c) Cemetery or crematory: Cedar Hill Cem.

Location: A. G. Co., Md.

18 (a) Funeral director: A. Howard Evans

(b) Address: 1400-02 E. Chase St.

19 (a) ... (Date rec'd by registrar) (b) Huntington Hill, Registrar

DEC 16 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 15, 1943 at 8:17 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/10/1943 to 12/15/1943, and that I last saw h.. alive on 12/15/1943.

Immediate cause of death: Bronchopneumonia — Duration: 5 days

Due to: Grippe — 6 days

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence ... at ... M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: L. L. Kaufman

Address: 1 E. Randall Date signed: 12/16/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 11356

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 623 D. Macon St.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) **FULL NAME** George Clark Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-4811

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mrs. Madeline Clark
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) 8/16/1907

8. AGE: Years	Months	Days	If less than one day
36	3	28	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Welder
11. Industry or business

FATHER
12. Name George Clark
13. Birthplace Va.

MOTHER
14. Maiden Name Pauline Keller
15. Birthplace Va.

16 (a) Informant Mrs Madeline Clark
(b) Address wife - Same.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 12-18-43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Rd.

18 (a) Funeral director John J. Duda
(b) Address 2829 Hudson St.

DEC 16 1943 (Date rec'd by local registrar) Arthur Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/14 1943 at 9:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/14 1943 to 12/14 1943, and that I last saw him alive on 12/14 1943

Immediate cause of death Respiratory Failure — Duration

Due to Lobar Pneumonia

Due to Extreme Acidosis & Coma

Other Conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L B Gray M.D.
Address Mercy Hosp. Date signed 12/14/43

Every item of information should be carefully supplied. The ▲ write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Ev correct age is especially important. Physicians: please writ

11357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11357 / 1702

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3034 Abell ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nelson Edward Smith

3 (b) If veteran, name war: World

3 (c) Social Security Account No. 220-05-7541 A

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, ~~1870~~ 1871

8. AGE: Years ~~72~~ 71 | Months 11 | Days 3 | If less than one day hr. min.

9. Birthplace Maryland, (Crumpton)
(Town, county, and state)

10. Usual Occupation Retired Capt.

11. Industry or business U. S. Army

FATHER
12. Name Hopper Smith
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Hallie E. Smith
(b) Address 3034 Abell Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/43 (month) (day) (year)
(c) Cemetery or crematory Chesterfield Cem.
Location Centreville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 16 1943 (Date rec'd by registrar) (b) [illegible] Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-15- 1943, at 2 A M

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Shock
Multiple fractures.
Due to

Other Conditions Lacerations, abrasions, contusions and bruised bones.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-13-43 at 12-2 8:30 P. M.
(b) Where did injury occur? 31st St. & Guilford Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian, struck by automobile.

23. Signature Howard J. Weidein M.D.
Medical Examiner.
Date signed 12-15-43

(OVER)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 518

Registered No. G 11358

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1933 Ridgehill Ave.
(c) Hospital or institution: 15

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1933 Ridgehill Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE MEAGHER

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Anna Gertrude
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1861

8. AGE: Years	Months	Days	If less than one day
82	4	18	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name George Meagher
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr. George Meagher
(b) Address 1933 Ridgehill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/43 (month) (day) (year)
(c) Cemetery or crematory St. Peter's Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 16 1943 (b) [illegible] Registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION P

20. DATE OF DEATH Dec. 15, 1943, at 5:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10, 1941, to Dec 15 1943.
and that I last saw h— alive on Dec 15 1943

Immediate cause of death Cardiac and Respiratory Paralysis

Due to Prostatic Carcinoma with metastasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sydney Wallenstein M.D.
Address 2042 Eutaw Pl. Date signed 12/16/43

G 11359 — G 13359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1316 — Registered No. .....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Denison St.
(c) Hospital or institution:
Crawford Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3417 Mondawmin Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FLORA V. STEVENSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Milton F. Stevenson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/25/1859

8. AGE: Years	Months	Days	If less than one day
84	7	20	hr. min.

9. Birthplace Landaster, Pa.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name -- Shand
13. Birthplace --

MOTHER
14. Maiden Name Mary E. Long
15. Birthplace --

16 (a) Informant Mrs. N. Frank Green
(b) Address 3417 Mondawmin Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by registrar) (b) Registrar

DEC 16 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15, 1943, at 7P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1943, to Dec 15 1943, and that I last saw her alive on Dec 15 1943.

Important cause of death Chronic Myocarditis Chronic Nephritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis T. Lewy, M.D.
Address 1844 W. North Ave. Date signed 12/16/43

G 11360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 11360

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 901 Aisquith
(c) Hospital or institution: Motherhouse of Notre Dame
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Aisquith Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country Germany

3 (a) FULL NAME Sr. M. Otto Wunderle

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12 1867

8. AGE: Years	Months	Days	If less than one day
76	8	4	hr. min.

9. Birthplace Germany (town, county, and state)
10. Usual Occupation Religious
11. Industry or business

FATHER
12. Name Otto Wunderle
13. Birthplace Germany

MOTHER
14. Maiden Name Fridolina Herzog
15. Birthplace Switzerland

16 (a) Informant Sr. M. Stan. Kostka
(b) Address 901 Aisquith Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/43 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Glenburn

18 (a) Funeral director Geo M. Fritsch Son
(b) Address 811 N Wolfe St

19 DEC 16 1943 Huntington Williams, M.D. (Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 1943 at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1937, to Dec 15 1943, and that I last saw Sister alive on Dec 14 1943

Immediate cause of death Chr. Myocarditis

Due to Acute Decompensation

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. J. Tilly

Address 110 E Northern Date signed 12/18/43 M. D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 11361 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address London + Madison
(c) Hospital or institution: Maryland Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1540 N Fulton Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Sarah L. Durben (Sallie L. Durben)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Charles E. Durben

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16 1866

8. AGE: Years 77 | Months 5 4 | Days 10 29 | If less than one day ..... hr. ..... min.

9. Birthplace Caroline County, Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name John Henry Miller
13. Birthplace Port Conway, Caroline Co., Va.

MOTHER
14. Maiden Name Sarah Jane Brooks
15. Birthplace Port Conway, Caroline Co., Va.

16 (a) Informant Mrs Everett Herrick
(b) Address 141 Upland Rd. Pikesville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 18, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director Phillip Donovan
(b) Address 4510 Liberty Heights Ave.

19 (a) DEC 16 1943 (Date rec'd by registrar) (b) Lexington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1943, at 1:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-13 1943, to 12-15 1943, and that I last saw her alive on 12-15 1943.

Immediate cause of death Hypostatic pneumonia — Duration

Due to Arteriosclerosis - Cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank C. Foote M. D.
Address Md. Gen. Hosp. Date signed 12-15-43

G 11362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 11362 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1739 Jefferson
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1739 Jefferson St
(Or rural route location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Lucas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C.	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Ga.
(Town, county, and state)

10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Ophelia Hackett
(b) Address 1739 Jefferson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery
Location

18 (a) Funeral director Elroy Wilson
(b) Address 10 so Bentley Ave.

19 (a) DEC 16 1943 Registrar of Vital Statistics Thurlington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 1943, at M

21. I certify that death occurred on the date above-stated; that I attended deceased from Nov 11 1943, to Dec 13 1943, and that I last saw h in alive on Dec 13 1943

Immediate cause of death Coronary Occlusion — Duration 1 day

Due to Myocardial Degeneration

Due to Hypertension

Other Conditions Left Hemiplegia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Albert L. Lefevre Jr.

Address 832 N. Bond Date signed 12/16/43 M D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 338

G 11363 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 416 N. Port St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 416 N. Port St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Bryson

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Wm. Bryson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22-1883

8. AGE: Years 60 | Months 1 | Days 23 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John Back
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Wm. Bryson
(b) Address 416 N. Port St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 18-43 (month) (day) (year)
(c) Cemetery or crematory Bal. Lawn Cem.
Location Eastern Ave

18 (a) Funeral director John J. Mills
(b) Address 2334 Jefferson St.

19 (a) (Date received by registrar) (b) Registrar Huntington Williams M.D.

DEC 16 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14th 1943, at 4 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9th 1943, to Dec 14 1943, and that I last saw h alive on Dec 14 1943.

Immediate cause of death	Duration
Coronary Thrombosis	2 hrs
Due to Arteriosclerosis	2 yrs
Due to La Grippe	5 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation ✓
Major findings of operation: ✓
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Michael A Abrams
Address 2360 Eutaw Place Date signed M. 12 D. 16 43

11364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

C 11364 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette Sts
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2824 Miles Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian S Sheehan

3 (b) If veteran, name war | 3 (c) Social Security, Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Carson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-21-1896

8. AGE: Years	Months	Days	If less than one day
47	5	25	hr. min.

9. Birthplace Canada (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER 12. Name Hewitt
13. Birthplace

MOTHER 14. Maiden Name Mamie
15. Birthplace

16 (a) Informant Carson R. Sheehan
(b) Address 2824 Miles Ave

17 (a) Burial (b) Date thereof 12-18-43 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western
Location

18 (a) Funeral director Leonard J Busch
(b) Address 5305 Harford Rd

19 (a) DEC 16 1943 (Date rec'd by registrar) Certificate for Williamsburg, Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-16 1943, at 2 10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-15 1943, to 12-16 1943, and that I last saw her alive on 12-16 1943.

Immediate cause of death	Duration
Probable Septicemia	
Due to Carbuncles + Cellulitis 2 scalp and face.	
Due to Diabetes Mellitus	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W Wescoe Walker M. D.
Address 422 Med Arts Bldg Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully written. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124B

G 11365 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3008 Binnewood Av
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3008 Binnewood (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Augusta Kowalski

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John Kowalski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-24-1868

8. AGE: Years 75 | Months 3 | Days 19 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name Fred Hendrick
13. Birthplace Germany

MOTHER
14. Maiden Name Mary ?
15. Birthplace Germany

16 (a) Informant Bertha Literski
(b) Address 3008 Binnewood Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16 43 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore

18 (a) Funeral director Leonard J. Rusek
(b) Address 5305 Harford Rd.

DEC 16 1943 Date received by (b) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from February 1942 to December 15 1943, and that I last saw h[illegible] alive on 12/11/1943

Immediate cause of death: Coronary thrombosis — Duration

Due to Arteriosclerosis

Due to Cystitis of years

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Schuyler M.D.
Address 2424 Eastern Ave Date signed 12/16/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. C 11366

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 East Belvedere
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 East Belvedere (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Baier

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife Laura
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 31, 1866

8. AGE: Years 77 | Months 3 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Mrs. Eva Gunther
(b) Address 3300 Kenyon Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/43 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Baltimore Maryland

18 (a) Funeral director Leonard J. Buck
(b) Address 5305 Harford Road

19 (a) (Date received by registrar) Huntingtown Williamsport Md.

DEC 16 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15, 1943 at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1943, to Dec 15 1943, and that I last saw h.. alive on Dec 14 1943

Immediate cause of death: (a) Cardiac Dilatation — Duration 1 day

Due to: Senility — Ch myocarditis

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J S Harding M. D.
Address 4810 Blais Road Date signed

H44722
G 11367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 153

Registered No. G 11367

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County St Mary's Co.
(c) City or town Medowcroft, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bond, Lydia

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Wesson

6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) 2 | 25 | 1913

8. AGE: Years 30 | Months 8 | Days 20 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Fred Nadow
13. Birthplace Maryland

MOTHER
14. Maiden Name Ada Barnes
15. Birthplace Maryland

16 (a) Informant Register
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/43 (month) (day) (year)
(c) Cemetery or crematory St. Josephs Church Cem
Location St. Mary's Co. Md.

18 (a) Funeral director W. H. Lyons
(b) Address Hughesville Md.

DEC 16 1943 (Date received by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15 1943, 2:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 13 1943, to Dec. 15 1943 and that I last saw h[illegible] alive on Dec. 15 1943

Immediate cause of death Pemphigus — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John R. Bermingham
Address JHH Date signed 12-14-43

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 11368 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3027 Guilford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) CITY OF BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3027 GUILFORD AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE S HOUSE MITTLER

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT 24.1858

8. AGE: Years	Months	Days	If less than one day
85	1	21	19/23 18.58 min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name WM. A. HOUSE
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name BOLINDA SLADE MOORE
15. Birthplace Ohio

16 (a) Informant MISS FRANCIS MITTLER
(b) Address 3027 GUILFORD AVE.

17 (a) BURIAL (b) Date thereof Dec 17.1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location 3801 FREDERICK AVE.

18 (a) Funeral director John O. Matthews Sons Inc
(b) Address 1020 EUTAW PLACE

19 (a) (Date received by Local Registrar) DEC 16 1943 (b) Signature of Local Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14.1943 19 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/12 1943 to 12/14 1943, and that I last saw him alive on 12/14 1943

Immediate cause of death: Pulmonary embolism — Duration: 4 days
Due to: Coronal sclerosis — 12 hrs
Due to: Arteriosclerosis
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John T. Chase M. D.
Address 804 CATHEDRAL ST. Date signed

44439 C 11369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X-V 1178

G 11369 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Torentum (If outside city or town limits, write RURAL and give town)
(d) Street No. 1128 Park St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dr. Charles S. Orris

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alvarita

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) 3-11-80

8. AGE: Years 63 | Months 9 | Days 5 | If less than one day ... hr. ... min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name William Orris
13. Birthplace Pa.

MOTHER — 14. Maiden Name Elizabeth Wilson
15. Birthplace Pa.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal- (Burial, cremation, or removal) (b) Date thereof 12/17/43 (month) (day) (year)

(c) Cemetery or crematory Prospect Cem
Location Torentum Pa.

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 St Paul St.

DEC 17 1943 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

V8 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16, 1943 at 12 32 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 10 1943, to Dec 16 1943, and that I last saw him alive on Dec 16 1943.

Immediate cause of death	Duration
Lung damage 2 exhaustion origin	6 mo.
Due to	
Due to	
Other Conditions Duodenal ulcer Subphrenic abscess (Include pregnancy within 3 months of death)	6 mo? 2 mo.

Date of operation Nov. 25, 1943
Major findings of operation Obstruction 2 common bile duct
of autopsy: see above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. D. Longmire Jr.
Address Johns Hopkins Hosp. Date signed 12/16/43

Jessie Schafer
1240 W. Lombard St

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 B

Registered No. 1320

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1240 W. Lombard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1240 W. Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie Schafer

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Widow

6 (b) Name of husband or wife Andrew Schafer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 8, 1871

8. AGE: Years	Months	Days	If less than one day
72	9	6	hr. min.

9. Birthplace England
(Town, county, and state)
10. Usual Occupation House-wife
11. Industry or business

FATHER
12. Name Richard Hocking
13. Birthplace England

MOTHER
14. Maiden Name Jane Ellis
15. Birthplace England

16 (a) Informant Margaret Goettben
(b) Address 1240 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore, Md.

18 (a) Funeral director Leonard D. Covington
(b) Address 21 W. 25th St

19 DEC 17 1943 (Date rec'd by Registrar) (b) Printing for Williams Md. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14 1943, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 11 1943, to Dec 13 1943 and that I last saw h.e.r. alive on Dec 13 1943.

Immediate cause of death	Duration
Mitral Insufficiency	
Due to Arteriosclerosis.	?
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Carl R. Ostberg M. D.
Address 324 W. Lombard St Date signed 12/14/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V G 13371

108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 739 N. Balto St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Williams Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29th 1925

8. AGE: Years	Months	Days	If less than one day
18	7	17	hr. min.

9. Birthplace Balto, Md.
(Town, county, and state)

10. Usual Occupation Invalid

11. Industry or business

FATHER
12. Name John Williams, Sr.
13. Birthplace Balto, Md.

MOTHER
14. Maiden Name Ada Trot
15. Birthplace Balto, Md.

16 (a) Informant Mrs Ada Williams
(b) Address 739 N. Balto St.

17 (a) Burial (b) Date thereof 12/20/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 DEC 17 1943 (b) Harrison for Williams M.D.
(Date rec'd by Local Reg.) Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/16 1943, at 3:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/10 1943 to 12/16 1943, and that I last saw him alive on 12/16 1943.

Immediate cause of death: Respiratory Failure — Duration

Due to: Lobar Pneumonia

Due to:

Other Conditions: Osteogenesis Imperfecta
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S M Gray M. D.

Address Mercy Hosp. Date signed 12/16/43

G 1372 ✓ G 11372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

AB-78784

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 mos. 18days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 21
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1217 Harford Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Greer

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8-1868

8. AGE: Years	Months	Days	If less than one day
75	1	6	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John James Greer (D)
13. Birthplace Md.

MOTHER
14. Maiden Name Mary ? (D)
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (b) Date thereof 12/17/43
(Burial, cremation or removal) (month) (day) (year)
(c) Cemetery or crematory Balto
Location " Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 E. Paul St

19 (a) DEC 17 1943
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/14/1943, at 12:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/26 1942 to 12/14 1943.
and that I last saw h[illegible] alive on 12/14 1943.

Immediate cause of death
Cerebral Accident
Due to Hypertension and Cardio vascular disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Mell M. D.
Address B.C.H. Date signed 12/15/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6

Registered No. G 11373

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 5

(d) Length of stay in hospital or inst. (yrs., mos., or days) D-O-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1124 Orleans St & 1425 E. Lombard
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charlotte Moss

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		20	....hr. ....min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL DEC 16 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 DEC 17 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 161

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-2-1943, at 5 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Purulent Meningitis
Due to Meningococcus

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mulder M.D.
Medical Examiner.
Date signed 12-3-43

10568

G 11374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 11374 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1731 Lamont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN COOPER.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business
FATHER 12. Name
13. Birthplace
MOTHER 14. Maiden Name
15. Birthplace
16 (a) Informant Unknown
(b) Address
17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL DEC 16 1943 Commissioner of Health
18 (a) Funeral director
(b) Address
19 DEC 17 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12th 1943, at 2 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. Z. Wollenweber M.D. Coroner Medical Examiner.
Date signed 12-2-43

0567

G 11375 BALTIMORE CITY HEALTH DEPARTMENT G 11375

CERTIFICATE OF DEATH 108

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1513 E Lombard St
(c) Hospital or institution: 3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1925

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 E Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elza Cherry Daniels

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Col
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife unknown
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1904
8. AGE: Years 39 | Months | Days | If less than one day hr. min.
9. Birthplace Chattanooga Tenn (Town, county, and state)
10. Usual Occupation Musician
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Mrs Elida Whalen
(b) Address 1513 E Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 17-43 (month) (day) (year)
(c) Cemetery or crematory
Location Chattanooga Tenn

18 (a) Funeral director Bryant & Jamieson Eng
(b) Address 721 Asquith St Baltimore Md

19 (c) Filed by registrar DEC 17 1943 Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1943, 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1943 to Dec 12 1943 and that I last saw h. alive on Dec 12 1943.

Immediate cause of death: Acute Lobar Pneumonia — Duration: Dec 2 1943
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: No

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. J. Allen M. D.
Address 121 Asquith St Date signed Dec 16 43

G 11376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

G 11376 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga.
(c) Hospital or institution: Mercy Hosp. 27-8
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1314 Ramblewood Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carolyn Minter

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) (28 days) 11/17/43

8. AGE: Years	Months	Days	If less than one day
		28	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name E. J. Minter
13. Birthplace N.Y.

MOTHER
14. Maiden Name Mildred I. Hill
15. Birthplace Balto. Md.

16 (a) Informant E. J. Minter
(b) Address 1314 Ramblewood Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17.
(month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Rural

18 (a) Funeral director Ullrich Funeral Home
(b) Address 200 N. Arlington

19 (a) (Date rec'd by registrar) (b) Registrar

VS DEC 17 1943 Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/14 1943, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/28 1943, to 12/14 1943, and that I last saw her alive on 12/14 1943

Immediate cause of death Dehydration — Duration
Due to Diarrhea
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. A. Leyhe M. D.
Address Mercy Hosp. Date signed 12/14/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G JL - 85394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 B

Registered No. G 11377

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 8-16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 E. Federal St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Cross

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 26, 1881

8. AGE: Years 62 | Months 2 | Days 19 | If less than one day ... hr. ... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Baltimore Cemetery

11. Industry or business

FATHER
12. Name William Cross
13. Birthplace Md.

MOTHER
14. Maiden Name Lena Stump
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 18th (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location City

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2014 E. Orleans St

19 (a) ... (b) ...
(Date rec'd by registrar) DEC 17 1943
Registrar
Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15th 1943 at 11:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 13 1943 to Dec 15 1943, and that I last saw h. alive on Dec 14 1943.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 hour
Due to: Carcinoma of Stomach	??
Due to: Hematemesis	3 days
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ross Obrecht M. D.
Address Balto. City Hosp Date signed Dec 15 1943

C 12278 ✓ C 11578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eutaw & Fayette Sts.
(c) Hospital or institution: Franklin Sq. Hosp. 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 N. Central Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine altland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Wm R altland

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) aug. 27, 1872

8. AGE: Years 71 | Months 3 | Days 19 | If less than one day hr. min.

9. Birthplace Harford Co., Md.
(Town, county, and state)

10. Usual Occupation H 20.

11. Industry or business

FATHER
12. Name Daper Wm.
13. Birthplace Md

MOTHER
14. Maiden Name Gorden. Martha
15. Birthplace Md

16 (a) Informant Arthur J. Thenovett
(b) Address 1417 N Central Ave

17 (a) Burial (b) Date thereof dec 18 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Harford County

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E Fallsway St

19 (a) DEC 17 1942 (b) Huntington Hill Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1942, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/16 1942 to 12/15 1942, and that I last saw h[illegible] alive on 12/15 1942.

	Duration
Immediate cause of death: Cerebral hemorrhage	4 hrs
Due to: Arteriosclerosis	2
Due to: Cardiac vascular renal dis.	3
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Blum
Address 1206 E. Preston St Date signed 12/16/42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11379 ✓ G 11379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 801 S Eaton
(c) Hospital or institution:

26 9

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 801 S Eaton (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Georgia M. Adler

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Albert Adler
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Dec 29 1870

8. AGE: Years	Months	Days	If less than one day
72	11	14	..... hr. ..... min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Home

FATHER
12. Name John Harvey
13. Birthplace Va

MOTHER
14. Maiden Name Dorothy Lyon
15. Birthplace Va

16 (a) Informant Albert Adler
(b) Address 801 S Eaton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17 43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E. Oregon Ave

19 (a) DEC 17 1943 (Date rec'd by registrar) (b) Huntington Hillcrest Registered No.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1943, at 9:12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to Dec 13 1943, and that I last saw h[illegible] alive on Dec 12 1943

Immediate cause of death Chronic Interstitial Nephritis
Bronchial Asthma
Bronchopneumonia

	Duration
Due to	
Due to	
Other Conditions Hypertensive Cardiovascular	Dec 11/43

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. D. Darby M. D.
Address 817 Medical Arts Bldg Date signed Dec 15/43

G 11380 ✓ G 11380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2191 Linwood
(c) Hospital or institution: 6

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2191 Linwood (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred Zimmerman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Julia M Zimmerman
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) May 11-1865

8. AGE: Years	Months	Days	If less than one day
78	7	2	hr. min.

9. Birthplace New York City (town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Broadway Bnk

FATHER
12. Name Alfred Zimmerman
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Julia Zimmerman
(b) Address 2191 Linwood

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Dec 17 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004-8 Orleans St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION 45

20. DATE OF DEATH Dec 13 1943, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1943 to Dec 13 1943 and that I last saw h alive on Dec 12 1943

Immediate cause of death: Arteriosclerotic Cardiac Thrombosis

	Duration
	2
Due to	
Due to	
Other Conditions Urinary Obstruction	10

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Allen P Tilbrook
Address 29 E Eager St Date signed 12/14/43

G 11381 ✓ G 11381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 210 N Washington
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 210 N Washington (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Henry L Schilling

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Gertrude L Schilling

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 1870

8. AGE: Years	Months	Days	If less than one day
73	11		hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation

11. Industry or business Barber

FATHER
12. Name Henry Schilling
13. Birthplace Balto

MOTHER
14. Maiden Name Dont Know
15. Birthplace Balto

16 (a) Informant Ferdinand L Schilling
(b) Address 210 N Washington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 18/43 (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location Balto Md

18 (a) Funeral director Uhland Funeral Home
(b) Address 2008 Orleans St

19 (a) DEC 17 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1943, at 11 A M

21. I certify that death occurred on the date above stated: that I attended deceased from Dec 7 1943 to Dec 16 1943 and that I last saw him alive on Dec 15 1943

Immediate cause of death Cerebral Hemorrhage — Duration 24 hrs

Due to atherosclerosis — 7 yrs

Due to — ?

Other Conditions Nephritis - ? yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Feinberg M. D.
Address 14 S. Broadway Date signed Dec 17 1943

G 11382 ✓ G 11382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 876 Washington Blvd
(c) Hospital or institution: Dunbar Hospital 1813
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1035 Hollins St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Mergbacher MERGBACHER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male

5. Color or race White

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days 2 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Frank Mergbacher
13. Birthplace Balto Md

MOTHER 14. Maiden Name Gertrude Berg.
15. Birthplace Balto Md

16 (a) Informant Mrs. Frank Mergbacher
(b) Address 1035 Hollins St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 15 1943

18 (a) Funeral director Commissioner of Health

Address

19 DEC 17 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-15-1943, at 4A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-14-1943, to 12-15-1943 and that I last saw h alive on 12-15-1943;

Immediate cause of death Heart Disease Congenital — Duration 1 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Hyman M.D.
Address 876 Washington Blvd Date signed

VS 3

0569 12/15/43

G 11383 ✓ G 11383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cloverdale Rd. & Madison Ave.
(c) Hospital or institution: Temple Garden Apts.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 - /
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Temple Garden Apts.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNA PLAUT

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
79			hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Abraham Plaut.
13. Birthplace Germany.

MOTHER
14. Maiden Name Matilda Delevie.
15. Birthplace Germany.

16 (a) Informant Miss. Katie Plaut.
(b) Address Temple Garden Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12.17/43. (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director Chas. Sonnenstrein & Son
(b) Address 1902 Eutaw Place.

19 (a) (Registered by registrar) (b) Huntington, Indiana, Nov. 17 Registrar

DEC 17 1943
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16th. 1943, at 10A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1943 to Dec. 16 1943, and that I last saw him alive on Dec. 16 1943

	Duration
Immediate cause of death: Myocardial failure	1 hr
Due to: arterio sclerosis	5 yrs
Due to:	
Other Conditions: Carcinoma of ovary (Include pregnancy within 3 months of death)	1 year

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Frederick Lack M. D.
Address Temple Garden Apts. Date signed Dec 17 1943

G 11384

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

G 11384
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2408 Francis St
(c) Hospital or institution: 13

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mths
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2408 Francis Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William J. Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1869

8. AGE: Years	Months	Days	If less than one day
74	—	—	hr. min.

9. Birthplace Prince Edward Va.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Frank Johnson
13. Birthplace Va

MOTHER 14. Maiden Name Fannie Brandon
15. Birthplace Va

16 (a) Informant Edna Davis
(b) Address 2408 Francis St

17 (a) Burial (b) Date thereof 12-18-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem-
Location A.A. County Md

18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsylvania Ave

19 (a) DEC 17 1943 (b)
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-15-1943 at 7:30 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardio - Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Maldeis M.D.
Medical Examiner.
Date signed 12-15-43

G 11385 444343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

G 11385 Registered No.

MARGIN RESERVED FOR BINDING. The PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 L
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 918 N Carrollton Ave (If rural give location)
(e) Citizen of foreign country?.....(Yes or No) If yes, name country.....

3 (a) FULL NAME Baby Pearl H. Bonner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife.....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 10-29-43

8. AGE: Years | Months 1 | Days 15 If less than one day ..... hr. ..... min. 6 ab

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Edward Bonner
13. Birthplace D. C.

MOTHER
14. Maiden Name Pearl Cotton
15. Birthplace Owens, Md

16 (a) Informant Edward Bonner
(b) Address 918 Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) DEC 17 1943 (Date received by registrar) (b) Irvington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 1943, at 1155 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 9 1943, to Dec 14 1943, and that I last saw h.e.r alive on Dec 14 1943

Immediate cause of death: Cardiac failure
Due to Prematurity
Due to Debile
Other Conditions.....
(Include pregnancy within 3 months of death)

Duration

Date of operation.....
Major findings of operation: —
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?.....
(e) Means of injury.....

23. Signature Helen Bowie M. D.
Address Johns Hopkins Hosp Date signed 12/15/43

11386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

$30

G 11386 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1827 Covington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24-4

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1827 Covington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie V Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F M	W	Widowed

6 (b) Name of husband or wife Lawrence

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 18 1858

8. AGE: Years	Months	Days	If less than one day
84	11	2527	hr. min.

9. Birthplace Frederick Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Overton
13. Birthplace

MOTHER
14. Maiden Name Mary
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (b) Date thereof 12/18/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Baltimore Md

18 (a) Funeral director William M Marock
(b) Address 715 Light St

DEC 17 1943
(Date rec'd by registrar)

for William M Marock

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH, Dec 15 1943, at 11:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943, to Dec 15 1943, and that I last saw Deceased alive on Dec 15 1943

Immediate cause of death	Duration
Pleurisy	2 Days
Due to	
Cerebral Hemorrhage	Indef.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. E. L. Campbell M.D.
Address 1644 Hanover St Date signed 12/16/43

G 11387 ✓ G 11387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1509 N. Bethel St.
(c) Hospital or institution: 8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 1509 N. Bethel St (If outside city or town limits, write RURAL and give town) 6
(d) Street No. Baltimore City. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma L. Dubs

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Harry Dubs
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) April 15, 1881

8. AGE: Years: 62 | Months: 8 | Days: 1 | If less than one day: hr. min.

9. Birthplace: Phila Pa. (Town, county, and state)

10. Usual Occupation: Home work
11. Industry or business: at Home

FATHER
12. Name: John Bakenfelt.
13. Birthplace: Phila, Pa.

MOTHER
14. Maiden Name: Not known
15. Birthplace: " "

16 (a) Informant: Mrs. Edith Beaudet.
(b) Address: 1509 N. Bethel St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 20/43 (month) (day) (year)
(c) Cemetery or crematory: Evergreen Cemetery
Location: Gloucester Co. N. J.

18 (a) Funeral director: Edgar W. Coffin Son
(b) Address: 924 E. Eager St.

DEC 17 1943 (Date rec'd by registrar) Registrar's signature: Hunting or Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 16, 1943, at 9 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 16 1943, to Dec 16 1943, and that I last saw h[illegible] alive on Dec 16 1943.

Immediate cause of death: Carcinoma of Breast | Duration: 1yr.
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Edmund B McFe M. D.
Address: 133 E Chase Ave Date signed: 12-16-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11388

AB-85389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 11388

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 714 Berry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

7

3 (a) FULL NAME Emma Kerchenski

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Leo F. Kerchenski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1900

8. AGE: Years	Months	Days	If less than one day
43	5	15	hr. min.

9. Birthplace Pa.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ? (D)
13. Birthplace ?

MOTHER
14. Maiden Name Mary Wrobleski
15. Birthplace

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Interment (b) Date thereof Dec 17/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Altoona,
Location Pennsylvania

18 (a) Funeral director Eberhard & Donovan
(b) Address 3615-17 Eastern Ave.

DEC 17 1943 Huntington Williams M.D.
(Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-15 1943, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-13 1943, to 12-15 1943.
and that I last saw her alive on 12-15 1943.

Immediate cause of death Bronchopneumonia — 3 d.
Due to
Due to
Other Conditions Parkinson's disease — 3
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature E. L. Seymour M.D.
Address 16 C 14 Date signed 12/16

G 11389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11389 Registered No. 1579

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7558 Hallows St
(c) Hospital or institution: 20

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7558 Hallows St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Evelyn M. Campion

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 6 1943

8. AGE: Years 0 | Months 0 | Days 10 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edw G Campion Jr
13. Birthplace Balto Md

MOTHER
14. Maiden Name Alverta E. Michaelis
15. Birthplace Baltimore Md

16 (a) Informant Edw G. Campion Jr
(b) Address 7558 Hallows St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17 1943 (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location City

18 (a) Funeral director Roth & B M Walker
(b) Address Pulaski Hwy & Stricker St

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 17 1943

Hamilton Hospital

0

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 1943 at 11 50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 19 to Dec 16 1943 and that I last saw h alive on Dec 16, 1943

Immediate cause of death Cardiac Interstitial Obstruction — Duration 1 hour

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis H. Jones M. D.

Address 876 W Lexington St Date signed 12/17/43

G 11390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 11390 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1110 N. Eden St.
(c) Hospital or institution: 10

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 N. Eden Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rev. Albert J. Greene

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alice Greene

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1871

8. AGE: Years: 72 | Months: 7 | Days: 6 | If less than one day: hr. min.

9. Birthplace: Pickway Ohio (Town, county, and state)

10. Usual Occupation: Minister

11. Industry or business

FATHER
12. Name: John. Greene
13. Birthplace: Pickway Ohio

MOTHER
14. Maiden Name: Unknown.
15. Birthplace: Pickway Ohio

16 (a) Informant: Rev. Eugene Grove
(b) Address: 1413 E. Preston Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17, 1943 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary Cemetery
Location: A. A. County Md.

18 (a) Funeral director: Mrs. Corbet A. Elliott & Son
(b) Address: 1129 N. Caroline St.

19 (a) Date received by registrar: DEC 17 1943 (b) Registrar: Hester Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 14 1943, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1943, to Dec 14 1943, and that I last saw him alive on Dec 14 1943.

Immediate cause of death: Hypostatic Pneumonia — Duration: 2 days

Due to: Pressure and Pressure Congestion

Due to: Circulatory Failure

Other Conditions: Diabetes Mellitus and Paralysis Agitans. — 2 yrs

(Include pregnancy within 3 months of death)

Date of operation: none

Major findings of operation:

of autopsy: no

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Ralph E. H. Greene

Address: 1429 E. Monument St. Date signed: M. 12 D. 16/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11391 ✓ G 11391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Since 12/13/43
(e) Length of stay in Baltimore (yrs., mos., or days) Since 1904

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1837 E. Chase Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME DAVID COLE

3 (b) If veteran, name war	3 (c) Social Security Account No.
Sp. American	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Wid.

6 (b) Name of husband or wife Mary Staples
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) 4/7/1874

8. AGE: Years	Months	Days	If less than one day
69	8	9	hr. min.

9. Birthplace Keysville, Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business -

FATHER
12. Name Ed. Cole
13. Birthplace Keysville, Va.

MOTHER
14. Maiden Name Lucy Hurt[illegible]
15. Birthplace Keysville, Va.

16 (a) Informant Records, U.S. Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof December 18/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location B. A. County Md.

18 (a) Funeral director Mrs. Robert A. Elliott
(b) Address 1129 N. Caroline St.

19 (a) DEC 17 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH Dec. 16, 1943, at 2:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 13, 1943, to Dec. 16, 1943, and that I last saw him alive on Dec. 16, 1943.

Immediate cause of death	Duration
Pneumonia, right upper lobe, right middle lobe, right lower lobe, Type III	Approx. 1 week
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation:
of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emmett H. Goodhart
Address Baltimore, Md. Date signed 12/17/43

VS 150

Huntington Williams, M.D.

Va-14130

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11392 Registered No. 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3141 Cruttenton Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1072 Union Ave (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3 (a) FULL NAME: Levi W Arnold

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Sarah E.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 1 1862

8. AGE: Years	Months	Days	If less than one day
81	4	14	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Nathan Arnold
FATHER 13. Birthplace unknown
MOTHER 14. Maiden Name Julia Shipley
MOTHER 15. Birthplace Unknown

16 (a) Informant Mrs Viola McMechin
(b) Address 3141 Cruttenton Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/43 (month) (day) (year)
(c) Cemetery or crematory St Abrams
Location Beckleysville Balto Co. Md

18 (a) Funeral director Frank W Bentz
(b) Address 814 W 36 St.

19 (a) DEC 17 1943 Registered by (Date registered) Huntington Hill Md

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-15 1943, at 5:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-1-1943, to 12-14-1943, and that I last saw him alive on 12-14-1943.

Immediate cause of death	Duration
Carcinoma Rectum	1 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 2622 Boulevard Date signed 12/16/43

C 11393 ✓ C 11393

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3212 Ingleside Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 17

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3212 Ingleside Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry L. Kogelschatz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Carrie A. Kogelschatz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 2 1888

8. AGE: Years	Months	Days	If less than one day
55	4	12	hr. min.

9. Birthplace Harrisburg Pa.
(Town, county, and state)

10. Usual Occupation Night Manager
11. Industry or business Restaurant

FATHER
12. Name Lewis Wm. Kogelschatz
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Janine
15. Birthplace Shepardstown W. Va

16 (a) Informant Mrs. Carrie Kogelschatz
(b) Address 3212 Ingleside Ave.

17 (a) Burial (b) Date thereof 12-17-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Lorenz Bros.
(b) Address 5005 Park Heights Ave

19 (a) (b)
(Date filed by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14, 1943, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15th 1943, to Dec 14th 1943, and that I last saw h. alive on Dec 13th 1943.

Immediate cause of death	Duration
Coronary Thrombosis	few minutes
Due to arteriosclerosis	2 yrs
Due to Hy. nephritis	2 yrs.
Other Conditions arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. J. Morrison M. D.
Address 1136 Poplar Grove St. Date signed 12/16/43
Balto Md

G 11394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 11394 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution:
Elmhurst Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 170 8 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EMMA HILL PAYNTER

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: G. Morris Paynter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9. 1878

8. AGE: Years	Months	Days	If less than one day
65	6	7	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Dr. John Shelton Hill
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Katie Russell
15. Birthplace Balto. Md.

16 (a) Informant Mrs. James Thrift
(b) Address 2809 N. Clavert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 17 1943 (Date rec'd by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16, 1943, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 14 1943, to Dec 16 1943, and that I last saw him alive on Dec 16 1943.

Immediate cause of death	Duration
Cerebral Apoplexy	32 days
Due to Arteria sclerosis	[illegible] yrs
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. B. [illegible] M. D.
Address 2200 Jarrett Blvd Date signed Dec 17/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

G 11395 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2910 Riggs Ave.
(c) Hospital or institution: 16-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2910 Riggs Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ALTHEA P. JONES

3 (b) If veteran, name war: --
3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: Charles R. Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 9, 1853

8. AGE: Years	Months	Days	If less than one day
90	9	4	hr. min.

9. Birthplace: North Carolina (Town, county, and state)
10. Usual Occupation: none
11. Industry or business

FATHER
12. Name: Ludford Cohoon
13. Birthplace: N. C.

MOTHER
14. Maiden Name: Not Known
15. Birthplace:

16 (a) Informant: Mrs. C. Edward Jones, daughter
(b) Address: 2910 Riggs Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13, 1943, at 7?? M

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1942 to Dec 13 1943.
and that I last saw h[illegible] alive on Dec 10 1943.

Immediate cause of death	Duration
Carcinoma Bladder	
Due to Urinary	
Due to Malignant Neoplasm	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 2219 Eastern Ave. Date signed 12/15/43.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

X V G 11396 Registered No.

1. PLACE OF DEATH:
Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Aberdeen (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Oliver Cole

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1885

8. AGE: Years 58 | Months 10 | Days 29 | If less than one day hr. min.

9. Birthplace Springville N. Y. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Geo. F.
13. Birthplace Aberdeen, Md.

MOTHER
14. Maiden Name Etta Hoffstader
15. Birthplace N. Y.

16 (a) Informant S. Mitchel Orsburn
(b) Address 40 Belair Ave. Aberdeen

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/43 (month) (day) (year)
(c) Cemetery or crematory Baker
Location Aberdeen, Md.

18 (a) Funeral director Henry Tarring & Sons
(b) Address Aberdeen, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 181 DEC 17 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 1943, at 7:05 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull; Subdural and subarachnoid hemorrhages.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-15-43 11 A.M. (month, day, year)
(b) Where did injury occur? In front of home Md.
(c) Did injury occur at home, on farm, industrial place, in public place? In front of home While at work? no
(d) Means of injury Slipped and fell to ground

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed December 16 1943

G 11397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164a

Registered No. G 11397

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully inquired for and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2131 Dukeland St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Herbert C. Forrester (Herbert Christian Forrester)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Mary D.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 19, 1886

8. AGE: Years	Months	Days	If less than one day
57	3	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Lawyer

11. Industry or business Self

FATHER
12. Name John R. Forrester
13. Birthplace Westminster, Md.

MOTHER
14. Maiden Name Agnes A. Wright
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Mary D. Forrester
(b) Address 2131 Dukeland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 151 DEC 14 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH December 15 1943, at 7:05 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Asphyxiation due to hanging

Due to

Other Conditions Bullet wound of head.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury December 15, 1943 M.
(b) Where did injury occur? Rear 2131 Dukeland St.
(c) Did injury occur at home, on farm, industrial place, in public place? garage While at work? no
(d) Means of injury Hanging; Bullet wound of head

23. Signature Robert Lee Forrester M.D. Medical Examiner.
Date signed December 16, 1943

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11398 ✓ G 11398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 116 S Schroeder St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 116 S. Schroeder St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mildred M BROOKS

3 (b) If veteran, name war –

3 (c) Social Security Account No. –

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25 - 1900

8. AGE: Years 43 | Months 5 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Alfred A. Handley
13. Birthplace Baltimore

MOTHER
14. Maiden Name Gertrude Knox
15. Birthplace B

16 (a) Informant Gertrude Handley
(b) Address 116 S. Schroeder St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12. 17.43 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location West Balto St. Ext.

18 (a) Funeral director Robert L. Brooks.
(b) Address 1338 Hollins Street.

19 (a) ... (b) ...
(Date received by registrar)
DEC 17 1943
VS No. 17 Huntington Hillsboro, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-15 1943 at 4.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-8 1943 to 12-15 1943, and that I last saw h alive on 12-14 1943.

Immediate cause of death Odema of Lungs — Duration 24 hrs

Due to

Due to

Other Conditions Chr. Myocarditis — 4 yrs.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place)
While at work?
(e) Means of injury

23. Signature M. L. Luchtenberg M.D.
Address 1111 Madison Ave Date signed 12/16/43

G 11399 ✓ G 11399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 W. Biddle St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1 W. Biddle St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert G. Brandt

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-7957

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1890

8. AGE: Years 53 | Months 3 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Salesman
11. Industry or business Sinclair Hose Co

FATHER
12. Name Albert Brandt
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Miss Sue Wiseline
(b) Address 1 W. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Baltimore Co.

18 (a) Funeral director John E. Miller Jr.
(b) Address 2435 E. Oliver St

19 (a) DEC 17 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/7 1943 to 12/15 1943.
and that I last saw h[illegible] alive on 12/11 1943.

Immediate cause of death Hemiplegia
Due to Cerebral Hemorrhage.
Due to Chronic Interstitial Nephritis
Due to Hypertensive Myocarditis
Other Conditions

Duration
3 mos
6 yrs
2 yrs
3 days

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Daniel Jones M.D.
Address 155 N Broadway Date signed 12/17/43

M. D. S. 1269-0

G 13460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 245 N. Monroe St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Evans

(a) Residence: No. 245 N. Monroe St., Ward,
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower

6. DATE OF BIRTH (month, day, year): 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Joshua Evans

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Margaret Purcell

16. BIRTHPLACE (city or town) (State or country): Cumberland Md

17. INFORMANT: Mrs Elena Evans
(Address) 2021 Longwood St

18. BURIAL, CREMATION, OR REMOVAL
Place: Greenmount Cemetery Date: Dec. 18 1943

19. UNDERTAKER: Mary M. Woodford
(Address) 501 E Pratt St

20. FILED: DEC 17 1943 Huntington for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 16, 1943

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1943 to Dec 16, 1943

I last saw h... alive on Dec 16, 1943 Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Duration
Broncho Pneumonia	4 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Edward A. Morgan M. D.

(Address) 1216 Hollins St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 2

G 11401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92D

G 11401

Registered No.

MARGIN RESERVED FOR BINDING. The PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Since Dec. 2, 1943
(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 905 Myrtle Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME LUANA BROWN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife James Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1902

8. AGE: Years 41 | Months 4 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace Elrod, N. C.
(Town, county, and state)

10. Usual Occupation Kitchen-U.S.Marine Hosp.

11. Industry or business "

FATHER
12. Name Jacob Watson
13. Birthplace Elrod, N. C.

MOTHER
14. Maiden Name Lizzie McClain
15. Birthplace Elrod, N. C.

16 (a) Informant Records, U. S. Marine Hosp.
(b) Address Baltimore, Maryland

17 (a) ... (b) Date thereof ...
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory ...
Location Elrod, North Carolina

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) 12 17 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH Dec. 13, 1943 at 7:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2, 1943, to Dec. 13, 1943, and that I last saw him alive on Dec. 13, 1943.

Immediate cause of death Acute rupture of aortic valve — Duration: Just before death.

Due to ...

Due to ...

Other Conditions Acute abscess involving rt. ovarian cyst. — Duration: Unknown.
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: ...

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence ... at ... M
(c) Where did injury occur? ...
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work? ...
(Specify type of place)
(e) Means of injury ...

23. Signature Frederick K. Albrecht

Address Baltimore, Md. Date signed 12/13/43

VS 150

PHS-49553

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11402

1943

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 706 Bradley St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 706 Bradley St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pratt Wallace

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	married

6 (b) Name of husband or wife Emma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/2/1902

8. AGE: Years	Months	Days	If less than one day
41	3	4	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name Pratt Wallace
13. Birthplace Calvert County

MOTHER
14. Maiden Name Emma Paine
15. Birthplace Virginia

16 (a) Informant Frances Wallace
(b) Address 706 Bradley St.

17 (a) Burial (b) Date thereof Dec 20 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Hall
(b) Address 918 Druid Hill

19 (a) DEC 16 1943 (b) Huntington Williams, Registrar
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 1943, at 9:30 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Exposure & cold

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert L. Fortune M.D.
Medical Examiner.
Date signed December 16, 1943

G 11403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

G 11403 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvedere & Greenspring
(c) Hospital or institution:
Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere & Greenspring Aves.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Abe Levin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1912

8. AGE: Years	Months	Days	If less than one day
31			hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Mine

11. Industry or business

FATHER
12. Name Max Levin
13. Birthplace Russia

MOTHER
14. Maiden Name Celia
15. Birthplace Russia

16 (a) Informant Mrs. Fannie Stein, Sister
(b) Address 435 N. Pulaski St 12-17-43

17 (a) ~~Interment~~ Burial (b) Date thereof ~~Dec. 17~~ Dec. 18
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Wash. Blvd.
Location United Hebrew Cem.

18 (a) Funeral director Joel Levin Inc
(b) Address 1434 E. Balto. St

19 (a) Dec 17 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16 1943, at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/13 1938 to 12/14/1943, and that I last saw him alive on 12/14/1943

Immediate cause of death Cha card. vascular disease.
Progressive muscular dystrophy

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H Edmund Levin

Address Levindale Date signed 12/16/43

G 11404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 940

Registered No. G 11404

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave
(c) Hospital or institution:
DOA Sinai Hospital G
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Born.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 Hartford Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hyman Yaffe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Fannie Haffe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Housemaker

11. Industry or business

FATHER
12. Name –
13. Birthplace Russia

MOTHER
14. Maiden Name –
15. Birthplace Russia

16 (a) Informant Mrs. Lilly Kahn (daughter)
(b) Address 1303 Hartford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Phila. Pa.

18 (a) Funeral director Isaac Heims Inc
(b) Address 1439 E. Baltimore St.

19 (a) Date rec'd by registrar Victor Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/14 1943, at 7.00 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Thrombosis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McAlby M.D.
Medical Examiner.
Date signed 12/15/43.

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

96

Registered No. G 11405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2hr. 43 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Cordova Apts. 719 Lake Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hannah Labowitz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced ~~Single~~ Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years 40yr | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Saleslady

11. Industry or business

FATHER
12. Name Ruben Labowitz
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Old Pikesville Rd & Hamilton Ave

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St

19 (a) [illegible] (Date rec'd by registrar) Hunting for Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/15/43 19 , at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/15/43 19 to 12/15/43 19, and that I last saw her alive on 12/5/43 19

Immediate cause of death Cerebral hemorrhage

Due to Subarachnoid Rupture of aneurysm

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
6 weeks
hours

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A Herbst M. D.
Address Union Memorial Hosp Date signed 12-16-43

G 11406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11406 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2717 Guilford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2717 Guilford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vernon J. Shipley
3 (b) If veteran, name war
3 (c) Social Security Account No. 5-78-22-687

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Hettie Shipley
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Jan 5-1875

8. AGE: Years 68 | Months 11 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Clerk.
11. Industry or business U S Government.

FATHER
12. Name Shipley
13. Birthplace Md.

MOTHER
14. Maiden Name Emily Hooper
15. Birthplace Md.

16 (a) Informant Mrs Eby Coale.
(b) Address 2717 Guilford Ave,

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-18-43. (month) (day) (year)
(c) Cemetery or crematory Greenmount.
Location Greenmount Ave

18 (a) Funeral director A Lee Oden
(b) Address 4644 York Rd.

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

DEC 17 1943 Huntingdon Maryland, Md.

MEDICAL CERTIFICATION 4.

20. DATE OF DEATH 12/16 1943, at 10.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/6 1943 to 12/15 1943, and that I last saw h[illegible] alive on 12/15 1943.

Immediate cause of death Cerebral hemorrhage. — Duration 10 days.
Due to arterio-sclerosis — ?
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature J. Willis Gaynor
Address 3963 Greenmount Ave Date signed 12/16/43 M. D.

G 11407 ✓ G 11407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3210 Elmley Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3210 Elmley Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Francis McHale

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	M.

6 (b) Name of husband or wife Maude D. Ritzinger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/4/1886.

8. AGE: Years	Months	Days	If less than one day
57		12	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Steam Ship Clerk.
11. Industry or business

FATHER 12. Name Wm. McHale
FATHER 13. Birthplace Ireland.
MOTHER 14. Maiden Name Honora. Kelly
MOTHER 15. Birthplace Ireland.
16 (a) Informant Mrs J. F. McHale
(b) Address 3210 Elmley Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/43 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Old Frederick Rd.
18 (a) Funeral director J. J. Foley & Sons
(b) Address 818 Light St.
19 DEC 17 1943 (Date rec'd by Registrar) (b) Huntingtown Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1943, at 7.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1943, to Dec 16 1943, and that I last saw h[illegible] alive on Nov 15 1943.

Immediate cause of death	Duration
Pulmonary Tuberculosis	
Due to	
Due to	
Other Conditions Pulmonary Tuberculosis. (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Schwenck D.
Address 237 S. Charles St. Date signed 12/17/43

VS 8

1408 G 11408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution:
Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6420 Reisterstown Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Vincent Casey (Bridget Casey)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24 1878

8. AGE: Years	Months	Days	If less than one day
65	8	23	hr. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation Religieuse

11. Industry or business

FATHER
12. Name James Casey
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Duffy
15. Birthplace Ireland

16 (a) Informant Mount Hope Retreat
(b) Address 6420 Reisterstown Road

17 (a) Burial (b) Date thereof Dec 18 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Hope Cemetery
Location Mount Hope Retreat

18 (a) Funeral director J. Stewart & Mowen Co.
(b) Address 108 W. North Ave., City

DEC 17 1943 (a) Date received by Registrar (b) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1943, at 2:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1943, to Dec. 17 1943, and that I last saw her alive on Dec. 17 1943.

Immediate cause of death Pleurisy, with effusion
Cancerous of right breast

Duration
4 mos
3 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 326 Cathedral St. Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

#46063 G 11409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 11409 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2233 E. Baltimore
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pauline Rekrut

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-?-94

8. AGE: Years	Months	Days	If less than one day
49	5		hr. min.

9. Birthplace Ukraine
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Gabriel Nicholas
13. Birthplace Ukraine

MOTHER
14. Maiden Name Mary ?
15. Birthplace Ukraine

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof Dec 19/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore

18 (a) Funeral director Fred W Ozazewski
(b) DEC 19 1943 Eastern Ave

19 (a) (b)
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1943, at 11 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11 1943 to Dec 15 1943, and that I last saw him alive on Dec 15 1943

Immediate cause of death	Duration
aspiration pneumonia	3 da
Due to diabetic acidosis	1 da
Due to diabetes mellitus	3 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J C Duncan Jr M. D.
Address JHH Date signed 12-16-43

Huntington Williams, M.D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 11410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11410

Registered No. 1210

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1335 Homestead St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1335 Homestead St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert John Benson

3 (b) If veteran, name war —

3 (c) Social Security Account No. 159-03-1147

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Isabelle Benson

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) June 20 1894

8. AGE: Years	Months	Days	If less than one day
69	5	27	hr. min.

9. Birthplace Philadelphia Pa
(Town, county, and state)

10. Usual Occupation Weaver

11. Industry or business Textiles Mfg. Co

FATHER
12. Name William Benson
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Potter
15. Birthplace Philadelphia Pa

16 (a) Informant Mrs. Isabelle Benson (wife)
(b) Address 1335 Homestead St

17 (a) Removal (b) Date thereof 12/17/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Northwood Cem
Location Phila. Pa.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul St.

19 (a) DEC 17 1943 (b) Huntington Williams, M.D.
(Date received by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17 1943, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15 1943, to Dec 17 1943, and that I last saw h[illegible] alive on Dec. 16 1943

Immediate cause of death
Bronco Pneumonia — Duration 2 d.

Due to Uremia complicated myocarditis — 4 wks

Due to Chronic Interstitial Nephritis — 12 mos

Other Conditions Arteriosclerosis — no Dur.

Hypertension
(Include pregnancy within 3 months of death)

Date of operation June 6 - 42

Major findings of operation:
Ulcer Stomach

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. F. A. Stevens

Address 2978 Hanford Rd Date signed 12/17/43 M. D.

G 11411 Rec 5301 typ ✓ G 11411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 920

Registered No. ✓ G 11411

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1615 Park Avenue
(c) Hospital or institution: Baptist Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Park Avenue (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Susan Bancroft

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1, 1866

8. AGE: Years 77 | Months -- | Days 14 | If less than one day 15 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Thomas D. Bancroft
13. Birthplace ?

MOTHER
14. Maiden Name Margaret E. Walker
15. Birthplace ?

16 (a) Informant Mrs. W. M. McCormick
(b) Address Warrington Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell & Sons Inc
(b) Address 1900 Eutaw Place

19 DEC 17 1943 (Date received by registrar) [illegible] for William H. Taylor M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16 1943, at 10 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11 1943, to date 19, and that I last saw h- alive on Dec 16 1943.

Immediate cause of death: Pneumonia — Duration: 1 wk

Due to: — Duration: 1 wk

Due to: — Duration:

Other Conditions Ch. Cardiac val. disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Sidney Thomas M.D.

Address Medical Arts Bldg. Date signed 12/17/43

& Dr Wm D Thomas

G 11412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C

G 11412 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. [illegible] (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John A. Betz

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife [illegible]

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years 34 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Unknown

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Loc[illegible] JOHNS HOPKINS MEDICAL SCHOOL DEC 16 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 DEC 17 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-5-43, 1943, at 7 45 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured skull

Due to

Other Conditions Multiple fractures, lacerations abrasions, contusions & brush burns

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-5-43 at 7.15 P.M. 27/10
(b) Where did injury occur? York Road, near Palmer Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? Yes
(d) Means of injury Passenger auto. struck fyplow.

23. Signature Howard J. Mahoney M.D. Medical Examiner.

Date signed 12-6-43

0574

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 11413 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL DEC 16 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) DEC 17 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4 1943, at 11 45 M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec 14 1943

10573

G 11414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1600

Registered No. G 11414

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Randallstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Auerbach

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1943

8. AGE: Years	Months	Days	If less than one day
		8	hr. min.

9. Birthplace Randallstown, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph Auerbach
13. Birthplace Md.

MOTHER
14. Maiden Name Rosalie A. Antkowiak
15. Birthplace Md.

16 (a) Informant Joseph Auerbach
(b) Address Randallstown, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17 1943 (month) (day) (year)
(c) Cemetery or crematory Woodstock Cem.
Location Woodstock, Md.

18 (a) Funeral director G. Harry Ward
(b) Address Lynchburg, Md.

19 (a) (b) Huntington Register

DEC 17 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 1943, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-14 1943 to 12-16 1943, and that I last saw her alive on 12-14 1943

Immediate cause of death: Cardiac Heart Circulatory Collapse — Duration

Due to: Prematurity

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. D.
Address Date signed 12/17/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

928

Registered No. G 11415

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 704 E. 20th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 704 E. 20th St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN LAWRENCE JENNINGS

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 215-10-8837

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1889

8. AGE: Years	Months	Days	If less than one day
54	3	25	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Typegrapher

11. Industry or business Baltimore News-Post

FATHER
12. Name Patrick Jennings
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Holland
15. Birthplace Ireland

16 (a) Informant Mrs. Doyle
(b) Address 720 E. 20th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway

19 DEC 17 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 13, 1943, to Dec. 14, 1943, and that I last saw h[illegible] alive on Dec 14 1943

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Chronic Myocarditis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Daniel M Wolfe M. D.
Address 1331 E North ave Date signed 12-15-43

G 11416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 11416

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1736 Eastern Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1736 Eastern Avenue (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Poland

3 (a) FULL NAME Stanislaus Zoltowski

3 (b) If veteran, name war ----
3 (c) Social Security Account No. ------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 12/24/69

8. AGE: Years	Months	Days	If less than one day
73	11	21	....hr. ....min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Casimir Zoltowski
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Adolph Zoltowski
(b) Address 3013 Chesterfield Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/43 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director M. J. Sadowski & Son
(b) Address 1808 Eastern ave.

19 (a) ....(b) Huntington Williams, M.D. Registrar

Date Rec'd by Reg. DEC 17 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 15 - 1943, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-14 1943, to 12-15 1943, and that I last saw h[illegible] alive on 12-14- 1943

Immediate cause of death: Cerebral Hemorrhage — Duration 1½ Days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ....at ....M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. J. Dando M. D.
Address 3218 Eastern ave Date signed 12-16-43

JL - 85307 G 11417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 212 N. Rose St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theresa Devaney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 1, 1889

8. AGE: Years	Months	Days	If less than one day
54	9	13	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Ament
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Grumpert
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/43. (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director M. J. Dadowski Son
(b) Address 1808 Eastern Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 17 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/14/43 19 at 5:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/8 1943, to 12/14 1943, and that I last saw him alive on 12/14 1943.

Immediate cause of death
? Cerebral Accident — Duration 1 day
Due to Diabetes Mellitus — 10 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Matt M. D.
Address B.C.H. Date signed 12/14/43

G 11418 — BALTIMORE CITY HEALTH DEPARTMENT — G 11418

CERTIFICATE OF DEATH 46F

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 636 S. LAKEWOOD AVE. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Andrew Kowoka (KWOKA)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-05-7844

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife FRANCES

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JANUARY 1, 1899

8. AGE: Years	Months	Days	If less than one day
44	11	14	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation FOREMAN

11. Industry or business SCRAP METAL

FATHER
12. Name SAWERI KWOKA
13. Birthplace AUSTRIA

MOTHER
14. Maiden Name JOSEPHINE URBAN
15. Birthplace POLAND

16 (a) Informant FRANCES KWOKA
(b) Address 636 S. LAKEWOOD AVE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 | 18 | 43 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road.

18 (a) Funeral director M. J. Sadoski & Son.
(b) Address 1808 Eastern Ave

19 (a) Date rec'd by local registrar DEC 17 1943 (b) Registrar for Millicent M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH December 15 1943 at 3:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 12 1943 to Dec. 15 1943, and that I last saw him alive on Dec. 15 1943.

Immediate cause of death	Duration
Cirrhosis of Liver	
Due to	
Due to	
Other Conditions Probable Carcinoma of Liver (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fuetsch M. D.
Address St Joseph's Hosp Date signed 12-15-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

19

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11419

Registered No. 206

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 724 N. Carey St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Robert Woodley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 1943

8. AGE: Years	Months	Days	If less than one day
	2	4	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Woodley
13. Birthplace Amelia Co. Va.

MOTHER
14. Maiden Name Erma Jordan
15. Birthplace Md.

16 (a) Informant Erma Jordan Woodley
(b) Address 724 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 18, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 922 N. Schroeder St.

DEC 17 1943 (Date rec'd by local Registrar) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-15 1943, at 1:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-3 1943, to 12-15 1943, and that I last saw h/lr alive on 12-15 1943

Immediate cause of death Congenital Sepsis
Terminal Bilateral Pneumonia

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Wigginton M. D.

Address Union Mem. Date signed 12/17/43

1420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 11420

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 231 N. Pearl St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME IDA BROWN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Williams E. Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1885

8. AGE: Years 58 | Months 9 | Days | If less than one day hr. min.

9. Birthplace Cambridge, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Hester Lake
15. Birthplace Dorchester Co. Md.

16 (a) Informant William Colbert
(b) Address 821 Arlington Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC. 18 1943 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial Pk.

Location

18 (a) Funeral director Mr. Katie R. Williams

(b) Address 329 N. Schroeder St. Huntingtown Williams Md.

19 (a) DEC 17 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 1943, at 1 40 M

21. I certify that I took charge of the remains described above, held an ~~autopsy~~ thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebrovascular cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 12-14-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

G 11421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 930

Registered No. G 11421

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1636 Fort Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1636 Fort Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Herman Roska (Rosky)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Marie Roska

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1871

8. AGE: Years	Months	Days	If less than one day
71	10	3	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Riveter

11. Industry or business

FATHER 12. Name William Rosky

13. Birthplace Germany

MOTHER 14. Maiden Name Josephine Sauer

15. Birthplace Germany

16 (a) Informant Marie Roska

(b) Address 1636 Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 18/43 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location Balto Md

18 (a) Funeral director Frank Grosh Son

(b) Address 906 E. Baltimore St

DEC 17 1943 (Date rec'd by Reg.)

Interring for Williams J. (Registrar)

VS 150

2 Pm

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15, 1943, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-4 1943 to 12-15 1943, and that I last saw h[illegible] alive on 12-15 1943

Immediate cause of death	Duration
Chronic Myocardial Degeneration	2 yr.
Due to Arteriosclerosis	3 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. A. Tallod, M. D.

Address 702 E. Fort Ave. Date signed 12-17-43

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 11422 G 11422

CERTIFICATE OF DEATH 194a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 623 S. Lehigh St. (Ward) 27

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theresa Tomas

If U. S. Veteran specify WAR

(a) Residence: No. 623 S. Lehigh St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6. DATE OF BIRTH (month, day, year): Feb. 17. 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
6.	8.	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Child

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME Nuss. Tomas

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME Clara. Schiros

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT Nuss. Tomas

(Address) 623 S. Lehigh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Dec. 17. 1943

19. UNDERTAKER Arendt & Siegel

(Address) 312 S. Highland Ave.

20. FILED DEC 17 1943 19... Thomas J. Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15-43

22. I HEREBY CERTIFY, That I attended deceased from 12-6-43 19... to 12-15- 19... 43

I last saw h[illegible] alive on 12-14- 19 43 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Hemorrhagic Leukemia

	Duration of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
(Yes or no, specify)

(Signed) Wilbur F. Newsome M. D.

(Address) 1016 S. East Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Every OCCUPATION is very important. See instructions on back of certificate.

V6 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11423

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1/2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5513 Joaquil Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joan Christine Del Rosso

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1943

8. AGE: Years — Months 1 — Days 26 27 — If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Antony J. Del Rosso
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Clara Muscatelli
15. Birthplace New York.

16 (a) Informant Father.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 18-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Kearney St.

DEC 18 1943 (Date received by Registrar) (b) Hunter for Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17 19 43 at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 17 19 43 to Dec. 17 19 43, and that I last saw her alive on Dec. 17 19 43

Immediate cause of death	Duration
Respiratory failure	
Due to Lobar Pneumonia	1 day.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles N. Ligon, M.D.
Address Mercy Hosp. Date signed 12-17-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11424

Registered No. 1228

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 428 Laurens (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alice Keston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: BLACK | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: SAMUEL

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-31-06

8. AGE: Years 37 | Months 8 | Days 14 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation DOMESTIC

11. Industry or business

FATHER: 12. Name Hyter
13. Birthplace VA

MOTHER: 14. Maiden Name Bessie Lockett
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Pk.
Location Baltimore Md

18 (a) Funeral director Charles B. Cooper
(b) Address 572 N. Carrollton Ave.

19 (a) DEC 20 1943 (Date received by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1943, at 12:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1943 to Dec 15 1943, and that I last saw her alive on Dec 15 1943.

Immediate cause of death Intussusception

Due to persistent Vomiting & intestinal obstruction

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 12-14-43

Major findings of operation: Intestinal obstruction.

of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Daguilons M.D.

Address Johns Hopkins Hospital Date signed 12/15/43

444299
1425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

116

G 11425
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1334 Preastman (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Snowden

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Ardelia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-6-1896

8. AGE: Years	Months	Days	If less than one day
47	7	7d	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Post Office

FATHER
12. Name Albert Snowden
13. Birthplace Md

MOTHER
14. Maiden Name Mary ?
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Pk.
Location Baltimore Md

18 (a) Funeral director Charles B. Cooper
(b) Address 572 W. Carrollton Ave.

DEC 18 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 19 43 at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 9 19 43 to Dec 14 19 43 and that I last saw he alive on Dec 14 19 43

Immediate cause of death Uremia

Due to Operation for relief for Eye Stricture

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Eye Stricture

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ruth Saunders M.D.
Address Johns Hopkins Hospital Date signed 12/15/43

G 11426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 11426

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 104 S. Highland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 104 S. Highland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELBERT J. WINDSOR

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Edith M. Windsor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/27/1864

8. AGE: Years	Months	Days	If less than one day
79	2	18	hr. min.

9. Birthplace Deals Island, Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Eldredge J. Windsor
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Webster
15. Birthplace Md.

16 (a) Informant Mrs. Edna Williams
(b) Address 3625 Chestnut Ave.

17 (a) Burial (b) Date thereof 12/18/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 18 1943 I. Williams Registrar
(Signature of local registrar)

VS 150

MEDICAL CERTIFICATION R.

20. DATE OF DEATH Dec. 15, 1943, at 9:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-12-43, to 12-15 1943, and that I last saw h[illegible] alive on 12-15 1943.

Immediate cause of death myocarditis — Duration

Due to [illegible] arteriosclerotic heart disease

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John J. Gorsuch M. D.
Address 1422 East ave Date signed 12-17-43

correct age is especially important. If approximate, please state so.

G 12127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1210

G 12127

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1028 N. Eutaw St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1028 N. Eutaw St.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3 (a) FULL NAME James M. Allen Jr.

3 (b) If veteran, name war .....
3 (c) Social Security Account No. H

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Mamie L.
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1889

8. AGE: Years	Months	Days	If less than one day
54	4	9	..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business

FATHER
12. Name James M. Allen
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Francis Barnett
15. Birthplace Calvert Co. Md.

16 (a) Informant Mamie Allen
(b) Address 1028 N. Eutaw St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. George A. Hyland
(b) Address 1631 Druid Hill Ave.

19 (a) DEC 18 1943 (b) ..... Registrar
(Date received by Registrar)

VS 150 DEC 18 1943 0

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1943 at 6.00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to Dec 16 1943 and that I last saw him alive on Nov 25 1943

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to Renal disease

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

Duration
.....
.....
.....
.....
.....
.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature M Eschbach M. D.
Address 803 N. Eutaw Date signed Dec 17

correct age is especially important. Physicians: please write

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 4328

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3120 Barclay St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3120 Barclay St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Susan R. Marshall

3 (b) If veteran, name war | 3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Robert C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 19, 1869

8. AGE: Years 73 | Months 11 | Days 27 | If less than one day hr. min.

9. Birthplace Port Deposit, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Jacob Scott.
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Martin
15. Birthplace Maryland

16 (a) Informant Robert Marshall
(b) Address 3120 Barclay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Baltimore, Md.

18 (a) Funeral director Mrs. Lee. H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16 1943, at 7:A M

21. I certify that death occurred on the date above stated; that I attended deceased from August 10 1943, to Dec 16 1943, and that I last saw her alive on Dec 15 1943.

Immediate cause of death	Duration
pulmonary edem	24
Due to cerebral thrombosis	4 days
Due to	
Other Conditions arte sclo - cystitis (Include pregnancy within 3 months of death)	4 mos.

Date of operation —
Major findings of operation:
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James D. Carr, M. D.
Address 515 Mulberry St. Date signed 12/17/43

Please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

AB-65391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 13429

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4240 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 43 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 212
(If outside city or town limits, write RURAL and give town)
(d) Street No. 424 Hutchins Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jane Walker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widow

6 (b) Name of husband or wife Jefferson (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?-? 80?

8. AGE: Years	Months	Days	If less than one day
80?	?	?	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Richard ?
13. Birthplace Va

MOTHER
14. Maiden Name Ella Brown
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Pleasant Park
Location Towson, Md.

18 (a) Funeral director Geo. H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) (b)
(Date rec'd by registrar) Harrington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-16 1943, at 3:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-13 1943, to 12-16 1943, and that I last saw h.. alive on 12-16 1943.

Immediate cause of death

Uremia — Duration 3 da

Due to Arteriosclerotic Renal
Cardiovascular Disease — ?

Due to Diabetes Mellitus — ?

Other Conditions Gangrene Rt Leg — 7 wks.

(Include pregnancy within 3 months of death)

Date of operation 12-14-43

Major findings of operation: Gangrene Leg

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald B Hett M. D.
Address Balto City Hosp Date signed 12-16-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 727 Wolfe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 727 Wolfe St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Venais Alberta Smallwood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 19, 1852

8. AGE: Years	Months	Days	If less than one day
91	2	14	hr. min.

9. Birthplace Ft Mary Co, Md
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business None

FATHER 12. Name Geo Briscoe

13. Birthplace Ft Mary Co

MOTHER 14. Maiden name Eliza Hampton

15. Birthplace Ft. Mary Co

16 (a) Informant Mamie Shannon

(b) Address 727 Josephine St

17 (a) Burial (b) Date thereof 12-14-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore, Md.

18 (a) Funeral director Wm. Geo. H. Holland

(b) Address 1631 Druid Hill Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/14/43 19 4 P.M. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/6/43 19 12/14/43 19
and that I last saw h[illegible] alive on 12/14/43

Immediate cause of death: Uremia

Duration

Due to Senile Debility

Due to Arteriosclerosis

Due to Old Age

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Hugh Ellis M.D.

Address 727 Wolfe St Date signed 12/15/43

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1312

Registered No. G 11431

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 711 N. Mount St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 711 N. Mount St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James H. Jones
3 (b) If veteran, name war
3 (c) Social Security Account No. H

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Eliza J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12, 1861

8. AGE: Years	Months	Days	If less than one day
82	9	28	hr. min.

9. Birthplace Elliott City, Md.
(Town, county, and state)
10. Usual Occupation Gardener
11. Industry or business

FATHER
12. Name James R. Jones
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Eliza J. Jones
(b) Address 711 N. Mount St.

17 (a) Burial (b) Date thereof 12-18-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Chas. H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) DEC 18 1943 (b) Thurlington Hill Registrar
(Date rec'd by registrar)

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/15 1943, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/1 1943, to 12/15 1943, and that I last saw h alive on 12/15 1943

Immediate cause of death	Duration
Cer. Nephritis	
Due to Uremia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Benj. Lotty M. D.
Address 734 [illegible] Date signed 12/17/43

G 11432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 11432 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 904 Bark Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 904 Bark Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

4

3 (a) FULL NAME Olivia Peterson

3 (b) If veteran, name war

3 (c) Social Security Account No. #

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22, 1878

8. AGE: Years	Months	Days	If less than one day
65	8	22	hr. min.

9. Birthplace St. Inachel, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Geneva Peterson
(b) Address 904 Bark Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Eugene A. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 1943, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1943, to Dec 14 1943, and that I last saw her alive on Dec 13 1943.

Immediate cause of death Lobar Pneumonia — Duration 7 days.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. W. Julian Jr.
Address 5 W. Schroeder St. Date signed 12/19/43 M. D.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G 13433

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1218 Mosher St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1218 Mosher St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JASPER M. BURTON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Lillian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1895

8. AGE: Years 48 | Months 3 | Days 21 | If less than one day hr. min.

9. Birthplace Richmond, Va.
(Town, county, and state)

10. Usual Occupation Porter

11. Industry or business Ba. R. R.

FATHER
12. Name Marge Burton
13. Birthplace Virginia

MOTHER
14. Maiden Name Lucy ? ? ?
15. Birthplace Virginia

16 (a) Informant Lillian M. Burton
(b) Address 1218 N. Mosher St.

17 (a) Burial (b) Date thereof 12-19-1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto. Natl. Cem.
Location Balto. Md.

18 (a) Funeral director Mrs. George M. Wallace
(b) Address 1631 Druid Hill Ave.

19 (a) (Date rec'd by reg'r) 12-19-1943 (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1943, at 2 30 M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Cerebral hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. Z. Wallenmeyer M.D.
Deputy Medical Examiner.
Date signed 12-14-43

11434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 85

Registered No. G 11434

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 124 N. Clinton Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 124 N. Clinton Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

10

3 (a) FULL NAME WILLIAM KRAMER

3 (b) If veteran, name war	3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/9/1900

8. AGE: Years	Months	Days	If less than one day
3	6	7	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George A. Kramer
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Mary L. Dougherty
15. Birthplace Baltimore Maryland

16 (a) Informant George A. Kramer
(b) Address 124 N. Clinton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 18 1943 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Easton Pike Road

18 (a) Funeral director John C Mosser
(b) Address 3000 E Balto St

19 DEC 18 1943 (Date received by Registrar) (b) Hunting & Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16, 1943, at 3:30 P. M

21. I certify that I took charge of the remains described above, held an inquiry (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Status epilepticus.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. J. Wollenweber M.D.
Medical Examiner.
Date signed 12-17-43.

VS 151

C 11435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 B G [illegible] Registered No. [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3017 E. Monument Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3017 E. Monument Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Margaret Miller

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	widow

6 (b) Name of husband or wife Ferdinand H. Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22nd 1868

8. AGE: Years	Months	Days	If less than one day
75	5	24	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Michael J. Ritter
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Frances Smith
15. Birthplace Baltimore, Maryland

16 (a) Informant Emma Harper
(b) Address 3017 E. Monument Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 20 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Frederick D. Miller, Inc.
(b) Address 3019 E. Monument Street

19 (a) DEC 18 1943 (Date filed by Registrar) [illegible] Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/16 1943, at 5.55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/ 1940, to 12/16 1943, and that I last saw h[illegible] alive on 12/16 1943.

Immediate cause of death	Duration
Carcinoma of Stomach	1 year
Due to	
Due to	
Other Conditions Chronic Arthritis Hypertension	3 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN, Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Allen P. Liberatory M. D.
Address 1939 Eutaw Place Date signed 12/17/43

G 11436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161a

G 11436

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette Sts
(c) Hospital or institution: Franklin Sq. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2339 Eastern Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby boy Kapela

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-13-43

8. AGE: Years	Months	Days	If less than one day
		4	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frank
13. Birthplace Md

MOTHER
14. Maiden Name Klucyanky
15. Birthplace Md.

16 (a) Informant Hospital Record
(b) Address

17 (a) B (Burial, cremation, or removal) (b) Date thereof 12-18-43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Germantown Pike

18 (a) Funeral director John Fuda
(b) Address 2229 Hudson St

19 (a) (Date rec'd by reg.) DEC 18 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-17-1943, at 6:10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-13 1943, to 12-17, 1943, and that I last saw him alive on 12-17, 1943.

Immediate cause of death	Duration
Asphyxia	
Due to Aspiration	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isadore Siegel M. D.
Address Franklin Square Hosp. Date signed

0

11937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 11437 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 803 S. Charles St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MINNIE BUSHROD. HARDIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Charles —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15, 1881

8. AGE: Years 62 | Months 3 | Days 29 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Homemaker

11. Industry or business

FATHER
12. Name John Brown
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Harry Bushrod (S)
(b) Address 903 Sharp St

17 (a) Burial (b) Date thereof 12/18/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co Md

18 (a) Funeral director Isaiah L Brown & Son
(b) Address 108 W Montgomery St

19 (a) DEC 18 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1943, at 11 A.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic cardiovascular disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 12-14-43

VS 151

The causes of death clearly and legibly. Typewrite or; please write the

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be careful... correct as is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1927

Registered No. G 11438

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 210 W Hennietta
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days) 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 W Hennietta
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry H Lawrence

3 (b) If veteran, name war —
(c) Social Security Account No. —

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 1893

8. AGE: Years 50 | Months 5 | Days 27 | If less than one day hr. min.

9. Birthplace Sparta Georgia
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name last known
13. Birthplace

MOTHER 14. Maiden Name last known
15. Birthplace

16 (a) Informant Gertude Barnes
(b) Address 210 W Hennetta

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a a . Co. Md

18 (a) Funeral director Joseph L Brown & Son
(b) Address 628 W Montgomery St

19 DEC 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/14/43 19 , 10A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/10 1941 to 12/14 1943, and that I last saw h[illegible] alive on 12/13 1943

Immediate cause of death Pneumonia
Endocarditis
Myocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Lawrence M. D.
Address [illegible] Sea Date signed 12/17/43

G 11439 G 11439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1316 Wilcox St.
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 9

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1316 Wilcox St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John A. Baker

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Mary A. Baker nee Kelly
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Dec 24, 1863

8. AGE: Years	Months	Days	If less than one day
79	11	29	hr. min.

9. Birthplace Ellicott City Md. (Town, county, and state)
10. Usual Occupation Janitor in Office
11. Industry or business Penn. R.R. Co.

FATHER
12. Name Jacob Backer
13. Birthplace Baltimore Co, Md

MOTHER
14. Maiden Name Catherine Baddy
15. Birthplace Baltimore Co. Md

16 (a) Informant Mrs. Mary A. Baker Wife
(b) Address 1316 Wilcox St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Cathedral Cemetery
Location 4300 Old Frederick Rd

18 (a) Funeral director Elmer W. Conklin
(b) Address 924 E. Eager St

19 (a) (Date rec'd by registrar) (b) Huntington Registrar

DEC 18 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17, 1943, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 13 1943, to Dec 17 1943, and that I last saw him alive on Dec 17 1943.

Immediate cause of death	Duration
Bronchopneumonia	4 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jacob Fraher M. D.
Address 823 N. Wood St. Date signed 12/18/43

G 11440 — BALTIMORE CITY HEALTH DEPARTMENT — G 11440

CERTIFICATE OF DEATH

Registered No. 1226

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Please write the correct age in years. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1136 Homewood Ave
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1136 Homewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hugh E. Toner

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife: —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1. 1869

8. AGE: Years	Months	Days	If less than one day
74	11	16	15 hr. min.

9. Birthplace Baltimore (Town, county and state)
10. Usual Occupation Retired Shipping Clerk
11. Industry or business Penn. R.R.

FATHER
12. Name Bernard Toner
13. Birthplace Ireland

MOTHER
14. Maiden Name Sarah Cannon
15. Birthplace Ireland

16 (a) Informant Mrs. Mary Lucy
(b) Address 1136 Homewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 20/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location 4300 Old Frederick Rd.

18 (a) Funeral director Edgar W. Conklin & Son
(b) Address 924 E. Eager St.

19 (a) (Date received by registrar) (b) Registrar

VS: DEC 18 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16, 1943 at 5:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934 19 , to Dec 16 19 43, and that I last saw him alive on Dec 15 1943

Immediate cause of death	Duration
Intestinal Obstruction	2 days
Due to Argentaffine tumor of Small Intestine	10 Years
Due to Alcoholic Myocardial degeneration	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation March 17, 1934
Major findings of operation: argentaffine tumor of small
of autopsy Intestine

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Haughey M.D.
Address 10 E. Biddle St Date signed 12/17/43

C 11441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832

G 11441

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1122 N. Milton Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 - 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 N. Milton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret K. Schoeler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Gustave A. Schoeler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 24 - 1864

8. AGE: Years	Months	Days	If less than one day
79	0	24	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business

FATHER
12. Name Andrew Biedenbach
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant George Schoeler
(b) Address Pope Ave Stemmers Run, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21-43 (month) (day) (year)
(c) Cemetery or crematory St. Matthews Cem
Location O'Donnell St.

18 (a) Funeral director John A. Miller
(b) Address 2934 Jefferson St.

19 DEC 18 1943 (Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1943, at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1938, to Dec. 16 1943, and that I last saw alive on Dec. 15 1943.

Immediate cause of death	Duration
Cerebral Thrombosis	1 week
Arteriosclerosis - Generalized	10 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Israel Rosen M. D.
Address 2413 E. Monument St. Signed

Huntington Williams, M.D.

12/17/43

11442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 11442
Registered No.

write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1431 Bank St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1431 Bank St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANTHONY KALACZYNSKI

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W.

6 (b) Name of husband or wife Prahsada
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years	Months	Days	If less than one day
about 80			hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Laborer

FATHER
12. Name ?
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant John Kalaczynski
(b) Address 2413 Forster Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location German Hill Rd.

18 (a) Funeral director W. S. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) (b) Registrar
Date Rec'd by Registrar DEC 18 1943

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1943, at 3:30 P.M.

21. I certify that I took charge of the remains described above, held an inquiry (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic cardiovascular disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. F. Wallenmeyer M.D.
Medical Examiner.
Date signed 12-17-43

11443

AB-85022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 61

C 11443

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 3-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23days
(e) Length of stay in Baltimore (yrs., mos., or days) 61 1/2 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 415 S. Central Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sophia Morawski or Sophia Marawski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife John (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?-1881

8. AGE: Years	Months	Days	If less than one day
62	?	?	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ? Fistola (D)
13. Birthplace ?

MOTHER
14. Maiden Name ? (D)
15. Birthplace Poland

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 20-43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore Md

18 (a) Funeral director McLean Funeral Home
(b) Address 618 Eastern Ave

19 (a) Huntington Williams M.D. Registrar
(b) DEC 18 1943
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/16 1943 at 9:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/23 1943 to 12/16 1943 and that I last saw her alive on 12/16 1943.

Immediate cause of death Cardiac decompensation — Duration 1 mo.

Due to H.C.V.D. — ?

Due to

Other Conditions Diabetes mellitus, Hemoplegia rt — ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Seigman M.D.
Address BCH Date signed 12/16

1144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

G 11144
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 577 Baker St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14-3
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 577 Baker St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME David Holmes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-12-83

8. AGE: Years 60 | Months 2 | Days 2 | If less than one day hr. min.

9. Birthplace King William Co., Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Contractor

FATHER
12. Name Calvin Holmes
13. Birthplace Va.

MOTHER
14. Maiden Name Rachel Lee
15. Birthplace Va.

16 (a) Informant Mary Rhone
(b) Address 577 Baker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 | 18 | 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halsted
(b) Address 918 Druid Hill Ave.

19 DEC 18 1943 (Date rec'd by Registrar) Signature for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-14 1943, at 9:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-3-1943 to 12-14-1943 and that I last saw h[illegible] alive on 12-14-1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days.
Due to	
Due to	
Other Conditions: Cardio-Renal-Vascular	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. C. Rago M. D.
Address 1516 N. Mount St. Date signed 12-16-43

VS 8

G 11445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11445 Registered No. 1210

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 728 N. Carolina St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town 2 (If outside city or town limits, write RURAL and give town)
(d) Street No. 728 N. Carolina St. (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Agnes L. Kelly.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years: 53 | Months: | Days: | If less than one day: ..... hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER
12. Name George Davis
13. Birthplace Maryland

MOTHER
14. Maiden Name Frances Buttas
15. Birthplace Maryland

16 (a) Informant Daughter.
(b) Address 728 N. Carolina St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 20 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore City Md.

18 (a) Funeral director Mrs. Ida Bailey
(b) Address 1421 Jefferson St.

19 (a) ..... (b) ..... (Date rec'd by Registrar) Registrar

DEC 20 1943 Hunting & Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17th 1943, at 4 03 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-14 1943 to 12-17 1943 and that I last saw h.. alive on 12-16 1943.

Immediate cause of death: Bronchopneumonia — Duration: 5 days
Due to .....
Due to .....
Other Conditions: Hypertensive Cardio-renal disease
(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature Agnes Browne, M. D.
Address 15 W. E. Madison St. Date signed 12-17

11446 — BALTIMORE CITY HEALTH DEPARTMENT — C 11446

CERTIFICATE OF DEATH

937 — Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Fayette Avenue St
(c) Hospital or institution: Bon Secours

(d) Length of stay in hospital or inst. (yrs., mos., or days): 20
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md (b) County: —
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 3050 Stafford St
(If rural give location)
(e) Citizen of foreign country?: (Yes or No)
If yes, name country:

3 (a) FULL NAME: John Gilbert

3 (b) If veteran, name war: —
3 (c) Social Security Account No.: —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Augusta Gilbert
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug 20 - 1864

8. AGE: Years	Months	Days	If less than one day
79	3	26	hr. min.

9. Birthplace: Baltimore Md.
(town, county, and state)
10. Usual Occupation: (Retired)
11. Industry or business:

FATHER
12. Name: John Gilbert
13. Birthplace: Md.

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Md

16 (a) Informant: Thomas Anderson
(b) Address: 3050 Stafford St

17 (a): Burial
(Burial, cremation, or removal)
(b) Date thereof: 12/20/43
(month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore Md

18 (a) Funeral director: F. A. Meyerpeter Son
(b) Address: Belair Ave. Baltimore Md

19 (a): DEC 18 1943
(Date rec'd by registrar)
Filed for Record by Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/16 1943 at 8:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/15 1943, to 12/16 1943, and that I last saw him alive on 12/15 1943.

Immediate cause of death	Duration
Congestive Heart Failure	6 hrs.
Due to: Arteriosclerotic cardiovascular disease	
Other Conditions: Hypertension	
(Include pregnancy within 3 months of death)	

Date of operation:
Major findings of operation:
of autopsy: Arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: E. Edmund Levy M. D.
Address: Bon Secours Hospital Signed 12/17/43

G 13447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 13447

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry of items on this certificate is required by law. Physicians: please write the causes of death clearly and legibly. Information as to items not known may be omitted if correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 113 McPhail St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and name town)
(d) Street No. 113 McPhail St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis F. Felger

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Dora Felger
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 12-1862

8. AGE: Years	Months	Days	If less than one day
81	4	4	....hr. ....min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation (Retired)
11. Industry or business

FATHER
12. Name John Wm. Felger
13. Birthplace Germany

MOTHER
14. Maiden Name Dora Lytchenberg
15. Birthplace Germany

16 (a) Informant Mrs Wm F. Felger
(b) Address 113 McPhail St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md

18 (a) Funeral director W. A. Whisman & Son
(b) Address Baltimore Maryland Ave

19 (a) DEC 18 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/16/1943, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/14 1943, to 12/16 1943, and that I last saw h[illegible] alive on 12/15 1943

Immediate cause of death Edward Felger
Hypertension
Due to
Due to
Other Conditions My cancer
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas A Cohen M. D.
Address 2145 W Balto St Date signed 12/17/43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G 11448

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3701 Milford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2½ yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3701 Milford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Teresa O'Neill

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Michael J. O'Neill
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) May 4 1884

8. AGE: Years	Months	Days	If less than one day
59	7	13	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name ------ Kearns
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen --------
15. Birthplace Ireland

16 (a) Informant Michael J. O'Neill Jr.
(b) Address 3701 Milford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Henry A. Arnscheidt
(b) Address 4204 Ridgewood Ave

19 (a) DEC 18 1943 (Date rec'd by registrar) (b) Huntington Hillsdale

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17th 1943, at 10. P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1943 to Dec 17 1943. and that I last saw her alive on Dec 14 1943.

Immediate cause of death	Duration
1) - Cerebro-Sclerotic Heart Disease -	- 5 yrs. ?
Due to - Generalized Sclerosis	
Other Conditions - Chronic Bronchitis.	

(Include pregnancy within 3 months of death)

Date of operation - None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earl L. Chambers M. D.
Address 410 E. Lafayette Ave Date signed 12/18/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 11449

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1455 HENRY ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1455 HENRY ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNA. GERHARDT.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: FEM-

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: FERDINAND GERHARDT

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) JAN 19TH 1850

8. AGE: Years 93 | Months 10 | Days 27 | If less than one day ... hr. ... min.

9. Birthplace AUSTRIA. (Town, county, and state)

10. Usual Occupation -

11. Industry or business -

FATHER
12. Name JOSEPH WINKNIRAL
13. Birthplace AUSTRIA.

MOTHER
14. Maiden Name NOT KNOWN.
15. Birthplace AUSTRIA.

16 (a) Informant MRS JULIA A HUDNUT.
(b) Address 1455 HENRY ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 20-43 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS CEM
Location A.A. Co.

18 (a) Funeral director Bernard C Hardesty
(b) Address 121 E West St

19 (a) DEC 18 1943 (Date rec'd by registrar) (b) Huntington Williams MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 16TH 1943, at 1.20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1943, to Dec 16 1943, and that I last saw her alive on Dec 16 1943.

Immediate cause of death: Terminal Bronchopneumonia — Duration: 1 wk.

Due to: Senility (old age)

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. H. Marasco M. D.

Address 436 E Fort Ave Date signed 12/17/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully inspected. correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95w

Registered No. C 11450

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 12

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 9
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4102 Hickory Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK PERRY

3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-05-4762

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Laura J. Perry
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2-9-74

8. AGE: Years	Months	Days	If less than one day
69	10	8	hr. min.

9. Birthplace Maine
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Theodore Perry
13. Birthplace Canada

MOTHER
14. Maiden Name ? Blackard
15. Birthplace Canada

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21-43 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Memorial Park
Location Elkridge Md

18 (a) Funeral director Bernard C. Hahn
(b) Address 121 E. West St

DEC 18 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1943, at 3:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1943, to Dec 17 1943, and that I last saw him alive on Dec 17 1943.

Immediate cause of death ~~Myocardial~~ Failure. Pulmonary edema — Duration

Due to ~~Pneumonia~~ Myocardial failure

Due to Pneumonia

Other Conditions ~~Pulmonary edema~~ Auricular fibrillation
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury John R. Bumgardner

23. Signature [redacted] M. D.
Address JHH Date signed 12/17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 11451 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 809 W. Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 809 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Vincent S. Brocato Sr.

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Grace M. Brocato

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26 - 1863

8. AGE: Years 80 | Months 3 | Days 22 | If less than one day hr. min.

9. Birthplace Sicily (Town, county, and state)

10. Usual Occupation Produce Dealer

11. Industry or business

FATHER
12. Name Sam Brocato
13. Birthplace Sicily

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Vincent Brocato
(b) Address 809 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 20. 1943 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location City

18 (a) Funeral director Geo. Mfg. John J. Tumulty Son
(b) Address 801 W. Fayette St

19 (a) 12/18/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1943 at 6.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 13 1943 to Dec. 17 1943 and that I last saw him alive on Dec. 12 1943.

Immediate cause of death: Arteriosclerotic Cardio-Vascular Renal disease — Duration: 5 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sol Jagunnault, M.D.
Address Medical Arts Bldg Date signed 12/17/43

VS 150

G 11452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940

Registered No. G 11452

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2304 South Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2304 South Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gus Hoffman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Lena E. Hoffman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1 1869

8. AGE: Years	Months	Days	If less than one day
74	4	16	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Paper Broker
11. Industry or business

FATHER
12. Name Jacob Hoffman
13. Birthplace Germany

MOTHER
14. Maiden Name Rosa Weinberg
15. Birthplace Germany

16 (a) Informant Mrs. J. Rosenthal
(b) Address 2307 South Road

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/12/43 (month) (day) (year)
(c) Cemetery or crematory Crestlawn
Location Atlanta, Ga.

18 (a) Funeral director Harriet Sonnebrun & Son
(b) Address 1202 Eutaw Place

19 DEC 18 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1943, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1943, to Dec 17 1943, and that I last saw [illegible] alive on Dec 17 1943

Immediate cause of death Myocardial failure — Duration 2

Due to Coronary thrombosis — 3

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel H. Cohen M. D.
Address 5611 Old Pimlico Rd Date signed 12/13/43

VS 8

G-13453 BALTIMORE CITY HEALTH DEPARTMENT G-13453

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th St.
(c) Hospital or institution:
Home for Incurables 13-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 yrs 9 mo 10 da
(e) Length of stay in Baltimore (yrs., mos., or days) 5yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W 40th
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Canada

3 (a) FULL NAME Laurence B. Hammond

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widwd

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10-26-1870

8. AGE: Years	Months	Days	If less than one day
72	1	21	hr. min.

9. Birthplace Toronto Canada
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Wallace Butcher
13. Birthplace London, Ontario - Canada

MOTHER
14. Maiden Name Euphemia Johnston
15. Birthplace Ouns Dries - Scotland

16 (a) Informant M. Wharton
(b) Address 700 W. 40th St

17 (a) Cremation (b) Date thereof 12/18/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.

18 (a) Funeral director Williams & Dickenson
(b) Address North & Pa. Ave

19 (a) DEC 18 1943 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1943 at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1943 to December 17 1943, and that I last saw him alive on 12/17 1943.

	Duration
Immediate cause of death: Cerebral Vascular Accident	2 Days
Due to Arteriosclerosis (Hypertension)	15 Years
Due to Right Hemiplegia	14 Years
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. Grafton Harrington M.D.
Address 214 Mulford Crt. Bldg Date signed 12/17/43

VS 3

Be sure the causes of death clearly and legibly. Physicians: please write the correct age in especially important.

1454 67 — 167 Fch

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82 V

Registered No. 1454

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 325 E 25th St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 325 E 25th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Rochfort

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 67 | Months — | Days — | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER
12. Name John R Rochfort
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Gallagher
15. Birthplace Ireland

16 (a) Informant Mrs K. Donohue
(b) Address 325 E 25th St

17 (a) Burial (b) Date thereof 12. 20 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Mary M Weisfeld
(b) Address 501 E 32nd St

19 (a) DEC 18 1943 (b) Investigator Williams M.D.
(Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16 1943, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15 1943 to Dec. 16 1943, and that I last saw h[illegible] alive on Dec. 15 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 6 hours.
Due to
Due to Cystic-sclerosis & Hypertension.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. Williams
Address 2500 W Pratt St M. D.
Date signed 12/17/43

Please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

11455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 11455 Registered No.

PLEASE WRITE PLAINLY. Fill all blanks. Give information requested as to the causes of death clearly and legibly. correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 410 N. Caroline St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 410 N. Caroline St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth (Lizzie) Brown

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	Widow

6 (b) Name of husband or wife William Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Rayford, N.C.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Effie Mc Clain
15. Birthplace N.C.

16 (a) Informant William Brown Jr.
(b) Address 410 N. Caroline St.

17 (a) Burial (b) Date thereof 12/18/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley Ave.

19 DEC 18 1943 Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 15 1943 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11 1943 to Dec 15 1943 and that I last saw h[illegible] alive on Dec 14 1943

Immediate cause of death Bronchio Pneumonia — Duration 4 days
Due to Hypertensive Cardio Vascular Renal Disease — 2 yrs.
Due to Influenza — 2 yrs.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2227 N. Caroline Date signed Dec 16-43

56 BALTIMORE CITY HEALTH DEPARTMENT X ✓ C 11456
CERTIFICATE OF DEATH 1208 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Hospital 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Charles
(c) City or town Indianhead
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 E. Patton Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cornelius H. Gelhaus

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25, 1899

8. AGE: Years	Months	Days	If less than one day
44	1	23 or 24	hr. min.

9. Birthplace Annapolis, Md. (Town, county, and state)
10. Usual Occupation Chemist
11. Industry or business

FATHER
12. Name Frederick Gelhaus
13. Birthplace Germany

MOTHER
14. Maiden Name Antoinette Rehn
15. Birthplace Annapolis, Md

16 (a) Informant Mrs. Helene Gelhaus
(b) Address 3319 Cherdale Ave, Hamilton, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Bluff
Location Annapolis

18 (a) Funeral director Leonard J. Rinaldi
(b) Address 5205 Harford Road

DEC 18 1943 (Date rec'd by registrar) Harrison Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17 19 43 at 12 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 19 43 to Dec 17 19 43 and that I last saw h[illegible] alive on Dec 17 19 43

Immediate cause of death	Duration
Obstruction of small intestine	
Due to Acute paralytic adhesions following operation for	
Due to partial colectomy	
Other Conditions Chronic ulcerative colitis	

(Include pregnancy within 3 months of death)
Date of operation Dec 6, 1943
Major findings of operation: Chronic ulcerative Colitis
of autopsy: As noted above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Vernon H. Norwood M. D.
Address Church Home & Hosp Date signed 12-18-43

PLEASE WRITE PLAINLY, with pen and ink. Every item of information should be given if known. Do not abbreviate except as indicated especially important. Physicians: please write the causes of death clearly and legibly.

11457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. C 11457

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 511 E. Randall St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 511 E Randall St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles P. Bowker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Mary V.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-21-1878

8. AGE: Years	Months	Days	If less than one day
64	1	21	hr. min.

9. Birthplace Frederick Md
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name P.
13. Birthplace

MOTHER
14. Maiden Name N.
15. Birthplace

16 (a) Informant Jane Mary V. Bowker
(b) Address 511 E Randall St

17 (a) Burial (b) Date thereof 12-20-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Balto Co Md

18 (a) Funeral director Leonard Pugh
(b) Address 5305 Harford Rd

19 (a) DEC 19 1943 (b) Huntington Williams M.D.
(Date received by registrar)

VS 110

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-16 1943 at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-1, 1943 to 12-16 1943 and that I last saw ~~him~~ alive on 12-16 1943

Immediate cause of death	Duration
Coronary Thrombosis	1 Day
Due to Arteriosclerosis	4 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature A. Hallock
Address 707 E. Fort Ave Date signed 12-16-43 M. D.

PLEASE NOTE: Every item of information should be given. Please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

11458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11458 Registered No. 944

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: VOA South Baltimore Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 Hanover St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Calvin S. Snow

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Marie E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 29-1890

8. AGE: Years	Months	Days	If less than one day
52	7	19	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Pipe fitter Bethlehem Fairfield

11. Industry or business

FATHER
12. Name Thomas A
13. Birthplace Md.

MOTHER
14. Maiden Name Jennie Smith
15. Birthplace Md

16 (a) Informant Mrs Marie E Snow
(b) Address 1509 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Leonard Hartz
(b) Address 5305 Harford Rd

DEC 18 1943 (Date rec'd by registrar)

(b) Huntington Williams Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/18 1943 2:25 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh A. McNally M.D. Medical Examiner.
Date signed 12/18/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 Registered No. C 11459

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 1/4 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 232 Caton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1943

8. AGE: Years	Months	Days	If less than one day
	3	7	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name James Snowden
13. Birthplace Md.

MOTHER
14. Maiden Name Beulah Jenkins
15. Birthplace Md

16 (a) Informant Margaret Simms
(b) Address 232 S. Caton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 18, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem
Location Mt Zion Cem

18 (a) Funeral director Mrs Katie P. Williams
(b) Address 922 N. Schroeder St.

DEC 16 1943 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-16 1943 at 3:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-16 1943 to 12-16 1943, and that I last saw h[illegible] alive on 12-16 1943

Immediate cause of death Respiratory failure

Due to Pneumonia & Gastro-Enteritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas B. Dunnel M.D.
Address Univ. Hosp. Date signed 12-17-43

11460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 132

G 11460

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 Sarahanne St., 18th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William H. Harris

If U. S. Veteran specify WAR

(a) Residence: No. 1122 Sarah Anne St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 14, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carlisle, Pa Pennsylvania

FATHER

13. NAME George Harris

14. BIRTHPLACE (city or town) (State or country) Carlisle Pennsylvania

MOTHER

15. MAIDEN NAME Caroline French

16. BIRTHPLACE (city or town) (State or country) Carlisle Pennsylvania

17. INFORMANT Sophia Hemmings
(Address) 623 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cem. Date Dec 18 1943

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 324 N. Edmondson St.

20. FILED Dec 18 1943 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1943

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1943 to Dec. 15, 1943
I last saw him alive on Dec 15, 1943 Death is said to have occurred on the date stated above, at 12.28 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular disease of heart	3 years

Other contributory causes of importance:

nephritis	8 mos

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Physical signs & symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John E. L. Lemmer M. D.
(Address) 634 N. Carey St, Balto

SEE CAUSE OF DEATH IS DIFFICULT TO DEFINE, OCCUPATION is very important. See instructions on back of certificate.

VS 2

G 11461 ✓ G 11461

445589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 74a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. 11

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla. (b) County
(c) City or town St. Petersburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 935 6th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clara N Coburn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Willie

6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) 1-5-76

8. AGE: Years 67 | Months 11 | Days 13 | If less than one day hr. min.

9. Birthplace W. Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Samuel Freeland
13. Birthplace W. Va.

MOTHER
14. Maiden Name Lucinda Sisler
15. Birthplace W Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-43 (month) (day) (year)
(c) Cemetery or crematory Terra Rita
Location West Va.

18 (a) Funeral director John E Milby Inc
(b) Address 2435 E Pratt St

DEC 19 1943 (Date received by Registrar) Theodore Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1943, at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1943, to Dec 18 1943, and that I last saw her alive on Dec 18 1943

Immediate cause of death Acute Myeloblastic Leukaemia — Duration 4 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Andrew Lowrie M.D.

Address Johns Hopkins Hospital Date signed 12-18-43

G 11462 ✓ G 11462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2216 Sidney Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2216 Sidney Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie C Huber

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widow

6 (b) Name of husband or wife Wm H Huber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 15 - 1865

8. AGE: Years	Months	Days	If less than one day
78		2	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business Retired

FATHER
12. Name Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Catherine Huber
(b) Address 2216 Sidney Ave

17 (a) Burial (b) Date thereof Dec 20 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location

18 (a) Funeral director Charles P Powell
(b) Address 2401 Edmondson Ave

19 (a) (b)
(Date rec'd by registrar) Registrar

DEC 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1943, at 5:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14, 1943, to Dec 17, 1943, and that I last saw him alive on Dec 17, 1943.

Immediate cause of death	Duration
(a) Bronchopneumonia	4 days
Due to (b)	
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Schonfeld M.D.
Address 2301 Edmondson Ave Date signed Dec 19 1943

correct age is especially important. Physicians: please write the

VS 3

G 11463 BALTIMORE CITY HEALTH DEPARTMENT ✓ G 11463

CERTIFICATE OF DEATH 140 B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address UNION MEMORIAL HOSP.
(c) Hospital or institution: 33rd + CALVERT
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 dy
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2606 GARRET AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MRS MILDRED BROWN STATON

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: LEROY STATON
6 (c) If alive, give age: 21 years

7. Birth date of deceased (mo., day, yr.): 2 / 7 / 23

8. AGE: Years: 20 | Months: 10 | Days: 11 | If less than one day: hr. min.

9. Birthplace: VIRGINIA
(Town, county, and state)

10. Usual Occupation: HOUSE WIFE
11. Industry or business:

FATHER
12. Name: FRANK BAUGHN
13. Birthplace: VIRGINIA

MOTHER
14. Maiden Name: UNKNOWN -
15. Birthplace: VIRGINIA

16 (a) Informant: HUSBAND
(b) Address 2606 GARRET AVE.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 20/43 (month) (day) (year)
(c) Cemetery or crematory Beams Chapel.
Location Luray Va

18 (a) Funeral director John C. Mitchell Home
(b) Address 1706 Eutaw Place

19 (a) DEC 20 1943 (Date filed by registrar) (b) Hunter Van Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/18 1943, at 6 43 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/3 1943, to 12/18 1943, and that I last saw h[illegible] alive on 12/18 1943.

Immediate cause of death: CARDIO-RESPIRATORY FAILURE — Duration:

Due to: DIFFUSE PERITONITIS + ADYNAMIC ILEUS

Due to: THERAPEUTIC ABORTION BECAUSE OF

Other Conditions: PATENT DUCTUS ARTERIOSUS
(Include pregnancy within 3 months of death)

Date of operation: 12/6/43

Major findings of operation: PREGNANCY - 3 mo.

of autopsy: Pelvic Abscess

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: NO
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Nathaniel D. Ewing
Address: Union Mem. Hosp. Date signed: 12/18/43

For Kirsch

G 11464 ✓ G 11464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3819 Norfolk Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs

2. USUAL RESIDENCE OF DECEASED:
(a) MD (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3819 Norfolk Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie J Prissman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years 56 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER
12. Name Benjamin C Prissman
13. Birthplace Russia

MOTHER
14. Maiden Name Zerna Yesner
15. Birthplace Germany

16 (a) Informant Julius J Prissman
(b) Address 3819 Norfolk Ave

17 (a) Burial (b) Date thereof 12/ 15 / 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location East Baltimore St

18 (a) Funeral director Sol Levin Bro
(b) Address 1124-26 W Baltimore
DEC 9 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18 1943 at 1205 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/9 to 12/18 1943
and that I last saw h alive on 12/9/18 19

Immediate cause of death: Acute Coronary Thrombosis

Duration: 1 hr

Due to

Due to

Other Conditions: Coronary Sclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Milton B. Kirsch M.D.
Address 240 W Mt Date signed 1/4/44

VS 180

Please write the cause of death clearly and legibly. Physicians: please give a specific important

G 11465 ✓ G 11465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 337 E. Lorraine Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 337 E. Lorraine Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MICHAEL E. MURRAY, SR.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Anna B. (nee McGinni

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/20/73

8. AGE: Years	Months	Days	If less than one day
70 yrs.	8	27	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired R.R.Conductor

11. Industry or business

FATHER
12. Name Patric ?
13. Birthplace Ireland

MOTHER
14. Maiden Name Curley ?
15. Birthplace Ireland

16 (a) Informant Wife
(b) Address

17 (a) Burial (b) Date thereof 12/20/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Joseph's
Location Texas, Maryland.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) DEC 20 1943 (b) Eugene Williams
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1943, at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1941, to Dec 17 1943, and that I last saw him alive on Dec 16 1943.

Immediate cause of death Gangrene Both Lungs. — Duration 2 wks

Due to Arterio Sclerosis (Chronic) — Duration 2 yrs

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation Rt leg amputation 1941

Major findings of operations: Gallen bloc Kidney

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J P A Thomas M. D.
Address 2818 Harford Rd Date signed 12-18-43

Please write the causes of death clearly and legibly. Correct age is especially important. Physicians: please

446057 G 11466 ✓ G 11466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5404 Belair Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Anna Liebel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-4-61

8. AGE: Years	Months	Days	If less than one day
82	4	14	hr. min.

9. Birthplace Bavaria
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name George Liebel
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Baer
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 12/21/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Immanuel
Location Glyndon Lane
18 (a) Funeral director J. Kleinmann & Son
(b) Address 32 S. Broadway

12 9 1943 Timothy J. Williams, M.D. Registrar
(Date filed by Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1943, at 240 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1943, to Dec 18 1943, and that I last saw her alive on Dec 18 1943.

Immediate cause of death	Duration
Bronchopneumonia	2 wks
Due to	
Due to	
Other Conditions Fracture, left humerus	10 days

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12-12-43 at 7:00 P M
(c) Where did injury occur? Baltimore Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Fell in bath tub.

23. Signature Abraham Geneen
Address J. Hopkins Hospital Date signed 12-13-43

Approved for C. H. McNealy, by Howard J. Mueller, M.D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 927

G 11467 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Bclto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-O-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 Bell Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gertrude B. Miller

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Georg. Miller

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 1869

8. AGE: Years 74 | Months 3. | Days | If less than one day ..... hr. ..... min.

9. Birthplace Shubbery, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Nathanial Cleary.
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant John J. Gittings
(b) Address 1805 Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Ulpsid Md.

18 (a) Funeral director Hopkins Haynes
(b) Address 32 E. Eight St.

19 (a) DEC 19 1943 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-17-1943, at 5-57 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Arteriosclerotic Cardio-vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Haddaway M.D.
Medical Examiner.
Date signed 12-16-43

VS 151

G 11468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87B

✓ G 11468

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3902 Overlea Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3902 Overlea Ave
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Louella Tuchton

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Edgar E. Tuchton,
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1873

8. AGE: Years	Months	Days	If less than one day
70	4	2	..... hr. ..... min.

9. Birthplace Granite, Md.
(Town, county, and state)

10. Usual Occupation At Home.

11. Industry or business .....

FATHER
12. Name Robert Mason
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca Jenkins
15. Birthplace Md.

16 (a) Informant Mrs. Sena Franks (Daughter)
(b) Address 3902 Overlea Ave.

17 (a) Burial (b) Date thereof Dec. 20 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St Carmel M.E. Church
Location Emmorton, Harford Cemetery
Co., Md

18 (a) Funeral director P. Howard Evans
(b) Address 1409 S. Charles St.

19 (a) 12/19/43 (b) .....
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17, 1943 at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9th 1943 to Dec 17 1943
and that I last saw her alive on Dec 17th 1943.

Immediate cause of death	Duration
Acute Polyneuritis	
Due to Virus infection	
Due to	
Other Conditions X	

(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: X
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature H. Hutchinson M. D.
Address 1040 E. Chase St. Date signed 12/19/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11469

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

C 11469

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 730 Dolphin St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 730 Dolphin St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Ann Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Charles C. Hall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-25-75

8. AGE: Years 68 | Months 5 | Days 27 | If less than one day hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Armstead
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Brooks
15. Birthplace Maryland

16 (a) Informant Husband (Charles C. Hall
(b) Address 730 Dolphin St.

17 (a) Burial (b) Date thereof 12-20-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto., Md.

18 (a) Funeral director Charles R. Law
(b) Address 612 Harlem Ave.

Dec 19 1943
(Date rec'd by registrar)

Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17, 1943, at 8:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15, 1943, to Dec. 17, 1943, and that I last saw her alive on Dec. 16, 1943.

Immediate cause of death	Duration
Broncho-Pneumonia	2 wks.
Due to: Cardio-Vascular Renal	6 mos.
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. D. Bando M. D.
Address 2445 W. Hill Ave. Date signed 12-18-43

VS 3

G 11470 — BALTIMORE CITY HEALTH DEPARTMENT — G 11470

CERTIFICATE OF DEATH 93c

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D.O.A. West Baltimore Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2607 Quantico Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Diana Dinowitz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1906

8. AGE: Years 37 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Saleslady

11. Industry or business

FATHER
12. Name Jacob Dinowitz
13. Birthplace Poland

MOTHER
14. Maiden Name Sarah -
15. Birthplace Poland

16 (a) Informant Wm. Dinowitz (bro.)
(b) Address 5807 Longwood Ave

17 (a) Burial (b) Date thereof 12-19-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Israel
Location North Point - Edgemere Rd.

18 (a) Funeral director Sol Levine Co
(b) Address 1439 E. Balt. St.

19 (a) DEC 19 1943 H. W. Williams, M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/18 1943, at 10 A.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Rheumatic Cardio Vascular disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 12/18/43.

G 11471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 11471 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2904 Rockrose Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2904 Rockrose Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Isaac Herman Zlotowitz

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

MOTHER / FATHER

12. Name Morris David
13. Birthplace Poland
14. Maiden Name Dobra
15. Birthplace Poland

16 (a) Informant Sam Zlotowitz (Son)
(b) Address 2904 Rockrose Ave

17 (a) Burial (b) Date thereof 12-19-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Gwynn Oak Rd.

18 (a) Funeral director Jack Levine Inc
(b) Address 1434 E. Balto St. Baltimore Maryland

19 (a) DEC 18 1943 (b) 0
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1943 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/12 19 to 12/16 1943
and that I last saw him alive on 12/16 1943

Immediate cause of death	Duration
Acute coronary thrombosis	2 hr
Due to	
Due to	
Other Conditions Coronary thrombosis 1942 (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Theodore B. Kenworthy M.D.
Address 2904 Rockrose Ave Date signed 12/17/43

VS 180

G 11472 G 11472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. • Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 W. Barney St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry McLaughlin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan - 1883

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Mitton McLaughlin (Son)
(b) Address 2615 Quantico Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-43 (month) (day) (year)
(c) Cemetery or crematory Wellman Circle Cem.
Location Herman Mill Md.

18 (a) Funeral director Joe Heine Inc
(b) Address 1439 E. Baltimore St

19 (a) (Date rec'd by registrar) (b) Lemington Williams M.D. Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19, 1943, at 5:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 6, 1943 to Dec. 19, 1943. and that I last saw h. alive on Dec 19, 1943

Immediate cause of death	Duration
Pulmonary edema	
Due to Cong Heart Failure	14 days
Due to Arteriosclerotic Heart Disease	
Other Conditions Peptic ulcer. Pulmonary Tb (?) (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Neuwirth M.D.
Address Sinai Hosp. Date signed 12/19/43

Fill in the cause of death clearly and legibly. Write the cause of death clearly and legibly. Physicians, please

G 11473

YA-84713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11473 / 1147 D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 737 W. Lexington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Dura

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ? 1879

8. AGE: Years	Months	Days	If less than one day
64 ?	?	?	hr. min.

9. Birthplace Lithuania
(Town, county, and state)
10. Usual Occupation Labor
11. Industry or business

FATHER
12. Name Charles Dura
13. Birthplace Lithuania

MOTHER
14. Maiden Name Caroline
15. Birthplace Lithuania

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec (Month) 19 (day) 43 (year)
(c) Cemetery or crematory Holy Redeemer
Location Balt Co

18 (a) Funeral director Joseph Lannuzzo Inc
(b) Address 62 Washington Blvd

19 (a) 9 1943 (b) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/18 1943, at 9:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/5 1943 to 12/18 1943, and that I last saw h[illegible] alive on 12/15 1943.

Immediate cause of death: Lung abscess, L.U.L. — Duration 3 mos ?

Due to

Due to

Other Conditions Azotemia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Sugman M.D.

Address BCH Date signed 12/18

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11474 Schaaf G 11474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1862

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Colvert St.
(c) Hospital or institution: Union Memorial Hosp W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 62 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3009 N. Colvert St City
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Mrs Adolph Schaaf (Louise)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	W

6 (b) Name of husband or wife Mr. Adolph Schaaf
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 1, 1862

8. AGE: Years	Months	Days	If less than one day
79	1	17	8 hr. — min.

9. Birthplace Baltimore, Md.
(Town, county and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name John P. Lutz
13. Birthplace Germany

MOTHER
14. Maiden Name Elise Droescher
15. Birthplace Germany

16 (a) Informant Staff
(b) Address —

17 (a) Final (Burial, cremation, or removal) (b) Date thereof 12/21/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Fulton & Fox
(b) Address 1219 E. Fayette St

(Signature of registrar) Huntington Williams, M.D. Registrar

DEC 19 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18 1943, at 8:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-13 1943, to 12-18-1943, and that I last saw h.er alive on 12-17-1943.

Immediate cause of death Respiratory Failure — Duration, 10 min.

Due to Dislocation 6th cervical vertebra — 6 days

Due to Trauma

Other Conditions Bladder paralysis. Paralysis lower extremity & part of upper — 62 days
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-13-43 at 9:30 A.M.
(c) Where did injury occur? Balt., Balt., Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? —
(Specify type of place)
(e) Means of injury Fell from porch

23. Signature John L. Whitehorn Jr. M. D.
Address Union Memorial Hosp Date signed 12-18-43

Approved: Robert Lee Graham M.D. 12/19/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 11475

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison
(c) Hospital or institution:
Maryland General
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore #14
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3034 Westfield Av
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Margaret C. Hawk

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Charles L
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1894

8. AGE: Years	Months	Days	If less than one day
49	9	8	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER 12. Name Anthony Tirbull
13. Birthplace Germany

MOTHER 14. Maiden Name Charlotte Ankmann
15. Birthplace Germany

16 (a) Informant Charles L Hawk
(b) Address 3034 Westfield Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md
18 (a) Funeral director Milburn & Son
(b) Address 1217 Eutaw St Baltimore, Md

19 (a) DEC 19 1943 (b) A
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1943, at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 17 1943, to Dec. 17 1943, and that I last saw h~~e~~r alive on Dec. 17 1943.

Immediate cause of death	Duration
Carcinoma of breast - with multiple metastases	
Due to especially to lungs	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. H. Williams M. D.
Address Md. Gen. Hosp Date signed Dec. 17, 1943

VS 180

Correct and especially important. Physicians: please write the causes of death clearly and legibly.

G 11476 BALTIMORE CITY HEALTH DEPARTMENT G 11476

CERTIFICATE OF DEATH 1927

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 611 N. Brice St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 611 N. Brice St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Barnes.

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: none

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1864

8. AGE: Years 79 | Months 9 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation none
11. Industry or business

FATHER
12. Name Harry H Darner
13. Birthplace Pennsylvania

MOTHER
14. Maiden name Margaret Harmon
15. Birthplace Maryland

16 (a) Informant Ernest Cahlo
(b) Address 611 N Brice St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/43 (month) (day) (year)
(c) Cemetery or crematory Schwan
Location Baltimore Md

18 (a) Funeral director Wilson & Son
(b) Address 1217 St Paul St

19 (a) 10 19 1943 (Date received by registrar) (b) Wilmington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/18 1943. 12 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh W. B. McNally M.D.
Medical Examiner.
Date signed 12/18/43.

VS 151

G 11477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943D

G 11477 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1621 St Paul St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1621 St Paul St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lena Coulter Long

3 (b) If veteran, name war: W
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Lewis R.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 14. 1860

8. AGE: Years 83 | Months 0 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Samuel Coulter
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Jane Adams
15. Birthplace Baltimore Md

16 (a) Informant Nellie Long
(b) Address 1621 St Paul St

17. Burial (Burial, cremation, or removal) (b) Date thereof 12/21/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto. Md.

18 (a) Funeral director W J Cook Inc
(b) Address 1217 St Paul St

19 (a) (b)
(Date rec'd by registrar) Huntington Williams, Registrar

DEC 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18 1943 at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1920 to Dec 6 1943, and that I last saw her alive on Dec 6, 1943.

Immediate cause of death Myocarditis — Duration 20 yrs.

Due to Coronary Thrombosis — 2 hrs

Due to Intestinal Tract Cancer — 20 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Seymour Pirosh 2nd M. D.

Address 2202 W North Ave Date signed

VS 150

SIGMAR PIROSH

C 11478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. C 11478

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette Sts
(c) Hospital or institution: Franklin Sq. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2147 Hollins St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian Dever

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: NONE

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: John A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1921

8. AGE: Years 22 | Months 9 | Days 20 | If less than one day hr. min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation N. W.

11. Industry or business At Home

FATHER
12. Name Richard D. Riggin
13. Birthplace N. C.

MOTHER
14. Maiden Name Amneda Thomas
15. Birthplace Va.

16 (a) Informant John A. Dever
(b) Address 2147 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/43 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location " Md.

18 (a) Funeral director William Doty Inc
(b) Address 1217 St. Paul St

19 (a) DEC 19 1943 (b) [illegible] Williams, M.D. Registrar
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-17- 1943, at 12:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-11 1943, to 12-17 1943 and that I last saw her alive on 12-17- 1943.

Immediate cause of death: Pneumonia,
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration
12-14-
4 days
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. R. Thompson, Surgeon M. D.
Address 3053 W Fayette Date signed 12-17-43

G 11479 G 11479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 332a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2607 N. Calvert st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2607 N. Calvert st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Wehr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband~~ or wife Jessie Mitchell

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) June 12 1869

8. AGE: Years	Months	Days	If less than one day
74	6	4	....hr. ....min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Own Business

FATHER
12. Name Herman Wehr
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Kabernagel
15. Birthplace Balto. Md.

16 (a) Informant Jessie M. Wehr
(b) Address 2607 N. Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 (a) DEC 1943 (Date rec'd by registrar) (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1943 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1943, to Dec 16 1943, and that I last saw h~~im~~ alive on Dec 16 1943.

Immediate cause of death Pneumonia — Duration 23 days
Due to Grippe
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 112 Chase Date signed 12/18/43

G 11480 — BALTIMORE CITY HEALTH DEPARTMENT — G 11480

CERTIFICATE OF DEATH 927

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Gold Spring Lane
(c) ~~Hospital~~ or institution: Gold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 405 E. 31st St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence V. Gordon

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~: Henry Gordon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 19th 1861

8. AGE: Years 82 | Months 10 | Days 27 | If less than one day hr. min.

9. Birthplace Warren Co Va.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Inman H. Thompson
13. Birthplace Va.

MOTHER
14. Maiden Name Julia Myers
15. Birthplace Augusta Co. Va.

16 (a) Informant Mrs Etta Hammack
(b) Address 405 E. 31st St.

17 (a) Burial (b) Date thereof 12/20/43
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Balto Md.

18 (a) Funeral director William Cook Sr
(b) Address 617 St. Paul St

19 (a) (b)
(Date rec'd by registrar) Registrar

DEC 19 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16th 1943, at 7.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1943, to Dec 16 1943, and that I last saw her alive on Dec 14 1943.

Immediate cause of death: Valvular heart disease — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Fuhrman M. D.
Address 2324 Reisterstown Rd Date signed 12/18/43

G 11481 G 11481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1214

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2803 Garrison Blvd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3508 Lyndale Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth C Hall

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Richard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22 1875

8. AGE: Years	Months	Days	If less than one day
68	9	25	hr. min.

9. Birthplace Rawmount Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Edward [illegible] Mc
13. Birthplace Md

MOTHER
14. Maiden Name Sallie Leech
15. Birthplace Md

16 (a) Informant Seth Hall
(b) Address 3508 Lyndale Ave

17. Burial (Burial, cremation, or removal) (b) Date thereof 12/21/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Md

18 (a) Funeral director Wilson & Dove
(b) Address 1219 Park Ave

19 (a) Filed (Date received by registrar) (b) Registrar Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1943, at 10 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1943, to Dec 16 1943, and that I last saw h.. alive on Dec 17 1943.

Immediate cause of death	Duration
Cerebral Coma	1 day
Due to Thrombosis Cerebri	4 mos
Due to Cerebral Sclerosis ?	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C N Negus Jr
Address 1520 E. 32nd. Date signed 12/16/43 (M. D.)

G 11482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

Registered No. G 11482

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution: Aged Home, M.E. Church
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isabella Marshall

3 (b) If veteran, name war: N

3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lenford H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 13 1864

8. AGE: Years 79 | Months 8 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James Nichols
13. Birthplace Baltimore Co Md

MOTHER
14. Maiden Name Elizabeth Talby
15. Birthplace Baltimore Co Md

16 (a) Informant Miss G. Savage
(b) Address 2211 Rogers Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md

18 (a) Funeral director Wilhorn & Son Inc
(b) Address 1217 E Fort Ave

19. (a) Date received by registrar DEC 1943 (b) Signature for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1943, at 5 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 13 1943 to Dec 18 1943 and that I last saw h[illegible] alive on Dec 17 1943.

Immediate cause of death	Duration
Myocarditis	3 days
Insufficiency	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur J Dames M. D.
Address 800 W 36th St Date signed 12-18-43

VS 150

G 11483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

Registered No. G 11483

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2601 Madison Ave
(c) Hospital or institution: Temple Gordon Apts

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2601 Madison Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Jane Tall

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Joseph L Tall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31, 1848

8. AGE: Years	Months	Days	If less than one day
95	8	16	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Kussmaul
13. Birthplace Germany

MOTHER
14. Maiden Name Mary A Kussmaul
15. Birthplace Germany

16 (a) Informant Joseph L Tall Jr
(b) Address 2601 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Pilkerton & Son
(b) Address 1217 E Oliver St

19 (a) DEC 19 1943 (Date received by registrar) Huntington Williams M.D. (Signature)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1943 at 1:55 M

21. I certify that death occurred on the date above stated, that I attended deceased from 12/11/43 to 12/17/43 and that I last saw h[illegible] alive on 12/17/43

Immediate cause of death
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D.
Address Temple Gordon Apts Date signed 12/18/43

G 11484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 11484

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 826 Edmonson Ave.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Estenson Burleigh (Burley)

3 (b) If veteran, name war: None

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Blk | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Beatrice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22 1883

8. AGE: Years: 60 | Months: 5 | Days: 24 | If less than one day: hr. min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual Occupation: Porter

11. Industry or business

FATHER
12. Name: Charles Burley
13. Birthplace: Md

MOTHER
14. Maiden Name: Annie ?
15. Birthplace: Md

16 (a) Informant: James Madden Cousin
(b) Address: 671 George St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-43 (month) (day) (year)
(c) Cemetery or crematory: Mt Auburn Cemetery
Location: Baltimore Md

18 (a) Funeral director: Charles H. Cooper
(b) Address: 512 W. Carrollton Ave

19 (c) DEC 19 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

(d)

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-16 1943 at 4:00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-13 1943 to 12-16 1943, and that I last saw h. alive on 12-16 1943.

Immediate cause of death	Duration
Bronchial pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nathan E. Cheek M. D.

Address St Joseph's Hospital Date signed 12-16-43

G 11485 G 11485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. 16

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 N. Payson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 N. Payson St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Laura Madelene Shephard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Basil Bassford Shephard 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 23-1879

8. AGE: Years	Months	Days	If less than one day
64.	2.	21.	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name Alex. E. Childs Morris Shepherd
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Dell
15. Birthplace Baltimore Md.

16 (a) Informant Basil Bassford Shephard
(b) Address 610 N. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-20-1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore Md

18 (a) Funeral director Maurice B. Syfer
(b) Address 1600 W. North Ave

19 (a) Dec 1943 (b) Date received by registrar) Martin Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec-16 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1941 to Dec-16 1943.
and that I last saw her alive on Dec-16 1943.

Immediate cause of death Bronchial pneumonia — Duration 10 days

Due to Nephritis — many yrs.

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. E. Schmidt M. D.
Address 2924 Brighton Date signed 12/16/43

Cause and age is especially important. Physicians: please write clearly and legibly.

Gastroenteritis / 1 transcribed

881 N. Howard St / 108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 903 W. Lexington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 903 W. Lexington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura B. Baker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug-26-1878.

8. AGE: Years 65 | Months 3 | Days 21 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Thomas J. Baker
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Black
15. Birthplace Germany

16 (a) Informant Miss Millie Lucas
(b) Address 903 W. Lexington St.

17 (a) Burial (b) Date thereof Dec. 20-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Baltimore Md.

18 (a) Funeral director Mamie C. Syfer
(b) Address 1600 W. North Ave. Baltimore, Md.

19 (a) DEC 19 1943 (Date received by registrar) Registrar

VS 156

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17th 1943, at 2:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16 1943, to Dec. 17th 1943, and that I last saw her alive on Dec. 16 1943.

Immediate cause of death	Duration
Acute Cardiac Dilatation	12 hrs
Due to Bilateral Pneumonia	4 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Michael A. Abramson M. D.
Address 2360 Eutaw Place Date signed 12/21-43.

Cause age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11482 G 11487

BALTIMORE CITY HEALTH DEPARTMENT

YA-84999

CERTIFICATE OF DEATH 13B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2012 Harlem Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Saunders

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Francis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 27, 1877

8. AGE: Years	Months	Days	If less than one day
66	1	21	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John
13. Birthplace Md.

MOTHER
14. Maiden Name Cornelia Cherry
15. Birthplace Va.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-43 (month) (day) (year)
(c) Cemetery or crematory Dot Chase
Location Pasadena Town Md
18 (a) Funeral director Geo. A. Fuhrman
(b) Address Fulton & Fayette
19 (a) [illegible] by registrar Huntington Williams M.D.

19 1943
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/18 1943, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-2-43 to 12/18 1943, and that I last saw him alive on 12/15 1943.

Immediate cause of death
Pulmonary TBC — Duration 7

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: No post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Seipman M. D.
Address BCH Date signed 12/15

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1820

Registered No. G 11488

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D O A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5412 Catalpha Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sydney Cross Trimmer Jr

3 (b) If veteran, name war 0 | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11 | 9 | 43

8. AGE: Years	Months	Days	If less than one day
	1	9	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Sydney C. Trimmer Sr
13. Birthplace Ky

MOTHER
14. Maiden Name Margaret Beakley
15. Birthplace Va

16 (a) Informant Mrs S C Trimmer Sr
(b) Address 5412 Catalpha

17 (a) Shipped (b) Date thereof 12/19/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Charlottesville Va
Location Charlottesville Va

18 (a) Funeral director J J Jakey & Sons
(b) Address 1318 Light St

19 (a) DEC 19 1943 (b)
(Date rec'd by registrar)

Funeral to be held from William's Residence

VS 151

MEDICAL CERTIFICATION 40

20. DATE OF DEATH Dec. 18 1943, at 6 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation
due to bed clothes

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Dec. 18 1943 at 6 P M.
(b) Where did injury occur 5412 Catalpha Ave
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? no
(d) Means of injury in bed

23. Signature Robert Lee Gaston M.D.
Medical Examiner.
Date signed Dec. 19 1943

G 11489 BALTIMORE CITY HEALTH DEPARTMENT G 11489

CERTIFICATE OF DEATH 83W

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 253 S.HIGHLAND AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 253 S.HIGHLAND AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELIZABETH CROUCHER

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: JOHN CROUCHER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): JUNE 18 1863

8. AGE: Years 80 | Months 5 | Days 29 | If less than one day hr. min.

9. Birthplace: BALTIMORE MD. (Town, county, and state)
10. Usual Occupation: HOUSE WIFE
11. Industry or business: AT HOME

FATHER
12. Name: CHARLES NELSON
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: UNKNOWN
15. Birthplace: GERMANY

16 (a) Informant: WILLIAM CROUCHER (SON)
(b) Address: 253 S.HIGHLAND AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC.20/43 (month) (day) (year)
(c) Cemetery or crematory: MT.CARMEL
Location: ODONNELL ST.

18 (a) Funeral director: Lilly and Geiler INC.
(b) Address: 403 S.WOLFE ST.

19 (a) DEC 19 1943 (Date rec'd by registrar) (b) [illegible] Williams M.D.

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC.17 19 43 12/30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from JUNE 19 36 to Dec 17 19 43 and that I last saw her alive on DEC 17 19 43.

Immediate cause of death: ARTERIO SCLEROSIS — Duration: 7 Yrs
Due to:
Due to:
Other Conditions: CEREBRAL HEMORRHAGE — 1 Day

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: James F Kavanaugh M.D. M. D.
Address: 3325 McElderry St. Date signed: 12-18-43

G 11490 BALTIMORE CITY HEALTH DEPARTMENT G 11490

CERTIFICATE OF DEATH 93F

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2918 ODONNELL ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2918 ODONNELL ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH LOEFFLER

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.:

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: MARIE LOEFFLER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 11 1896

8. AGE: Years 47 | Months 1 | Days 6 | If less than one day hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation MERCHANT
11. Industry or business

FATHER
12. Name JOSEPH LOEFFLER
13. Birthplace BALTO.

MOTHER
14. Maiden Name BARBARA FOETSCHBECK
15. Birthplace BALTO.

16 (a) Informant MARIE LOEFFLER (WIFE)
(b) Address 3301 DUDLEY AVE.

17 (a) BURIAL (b) Date thereof DEC. 21/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 1943 (b)
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION PM.

20. DATE OF DEATH DEC. 17 1943 at 1/30

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1943 to Dec 17 1943
and that I last saw h[illegible] alive on Dec 16 1943.

Immediate cause of death: Coronary Thrombosis — Duration 6 weeks
Due to
Due to
Other Conditions Myocarditis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert E. Lukowsky M. D.
Address 5939 Dudley Ave Date signed 12/18/43

G 11491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11491 Registered No. 118

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Since Dec. 14, 1943
(e) Length of stay in Baltimore (yrs., mos., or days) Since past 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State R. I. (b) County
(c) City or town Providence
(If outside city or town limits, write RURAL and give town)
(d) Street No. 29 Garden Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

Baltimore add: New Fountain Hotel Pratt & Calvert Sts

3 (a) FULL NAME JOHN LEO MULHOLLAND

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-14-0516

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/30/90

8. AGE: Years	Months	Days	If less than one day
53	3	15	hr. min.

9. Birthplace Fall River, Mass.
(Town, county, and state)
10. Usual Occupation Engine Room- On board ship
11. Industry or business Merchant Marine

FATHER
12. Name Hugh Mulholland
13. Birthplace Conn.

MOTHER
14. Maiden Name Mary Cusick
15. Birthplace Conn.

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 20/43 (month) (day) (year)
(c) Cemetery or crematory Rhode Island Location Easton Road

18 (a) Funeral director Lilley and Zeiler Inc
(b) Address 402 S. Wolfe St.

DEC 19 1943
(a) Date received by registrar (b)

Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15, 1943, at 10:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14, 1943, to Dec. 15, 1943, and that I last saw him alive on Dec. 15, 1943.

Immediate cause of death	Duration
Lobar pneumonia, right lower & middle lobes	Several days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Clarence T. Gladhill M.D.
Address Baltimore, Md. Date signed 12/17/43

MS-49817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

84f

Registered No. 21492

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution:
Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 - 0 - 28
(e) Length of stay in Baltimore (yrs., mos., or days) 1 - 0 - 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Maine (b) County
(c) City or town Portland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 605 Stevens Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Mary Anthony Baker

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5, 1905

8. AGE: Years	Months	Days	If less than one day
38	11	14	hr. min.

9. Birthplace Portland, Maine
(Town, county, and state)
10. Usual Occupation Religious
11. Industry or business

FATHER
12. Name Charles Baker
13. Birthplace

MOTHER
14. Maiden Name Ada Riggs
15. Birthplace

16 (a) Informant Mount Hope Retreat
(b) Address 6420 Reisterstown Road

17 (a) Personal (b) Date thereof 12-19-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Portland-Me
Location Portland-Me

18 (a) Funeral director Sherwood Mourning Co.
(b) Address 108 W Franklin

19 (a) DEC 20 1943 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1943, at 10:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 21 1943, to Dec. 19 1943, and that I last saw her alive on Dec. 19 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 wks.
Due to	
Due to	
Other Conditions Arteriosclerosis - Cataleptic type	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause, to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Duncan P. Hogan M. D.
Address 33 W Hamilton St Date signed

Correct age is especially important. Physicians: please write clearly and legibly.

VS 2

1493 BALTIMORE CITY HEALTH DEPARTMENT G 1493

CERTIFICATE OF DEATH

47 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7-5

(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County.....
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 3900 Connecticut (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) **FULL NAME** William F. Tippin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Jane

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-31-88

8. AGE: Years 54 | Months 11 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Florida (Town, county, and state)

10. Usual Occupation Lumberman

11. Industry or business

FATHER 12. Name Philip Tippin
13. Birthplace Ala

MOTHER 14. Maiden Name Bessie Hale
15. Birthplace Ala

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/43 (month) (day) (year)
(c) Cemetery or crematory Gulfport, Miss.
Location

18 (a) Funeral director Ohly & Mitchell Kloss
(b) Address 806 Cathedral Place City

19 (a) [illegible] (Registrar) (b) Huntington Williams, M.D. Registrar

DEC 20 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1943, at 10:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1943 to Dec 17 1943 and that I last saw h[illegible] alive on Dec 19 1943.

Immediate cause of death	Duration
Medistinal mass, malignant	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation.....
Major findings of operation:.....
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at ..... M
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature E. S. Cross Jr., M. D.
Address J. H. H. Date signed 12-19-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

143 C

Registered No. G 11494

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 420 Lawrence St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) /
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 420 Lawrence St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mildred Gibson Hall

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married

6 (b) Name of husband or wife James Hall

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) April 19, 1906

8. AGE: Years	Months	Days	If less than one day
37	8	6	..... hr. — ..... min.

9. Birthplace Bel Air Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John H. Gibson
13. Birthplace Bel Air Md

MOTHER
14. Maiden Name Mildred Gibson
15. Birthplace Bel Air Md.

16 (a) Informant Sarah Gibson
(b) Address Bel Air Md RFD 1

17 (a) Burial (b) Date thereof Dec 22/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Clark's Chapel
Location Harford Co., Md

18 (a) Funeral director Degnir Bros
(b) Address Bel Air Md

DEC 20 1943

19 (a) Filed (b) Signature Wm. Williams, M.D.
(State Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1943, at 8 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-17 1943, to 12-19- 1943, and that I last saw her alive on 12-19- 1943.

Immediate cause of death Uremic sanguination

Due to Pregnancy (?)

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Jno. H. Dunbar M. D.

Address 1632 Druid Hill Ave Date signed 12-19-43

VS 2

11495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X V G 11495

55 C

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hosp. 4-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 Days.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 Mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince George's
(c) City or town Ammendale
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Brother Emory Frances.

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single.

6 (b) Name of husband or wife ✓

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29 1880

8. AGE: Years	Months	Days	If less than one day
59 58	8	12	hr. min.

9. Birthplace Ireland.
(Town, county, and state)
10. Usual Occupation Religious.
11. Industry or business

FATHER
12. Name Frances
13. Birthplace Ireland.

MOTHER
14. Maiden Name Ann Corrigan.
15. Birthplace Ireland.

16 (a) Informant Deceased.
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or ~~crematory~~ Ammondale
Location Ammondale, Md

18 (a) Funeral director Lloyd Kaiser
(b) Address Laurel, Md.

19 (a) 2 0 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

DEC

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/19 1943 at 2 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1943 to 12/19 1943 and that I last saw h[illegible] alive on 12/19 1943.

Immediate cause of death	Duration
Cancer of neck.	9 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. E. Queen M. D.
Address Mercy Hosp. Date signed 12/19/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Spell out full name and address. Give correct age in years, months and days. Occupation should indicate the trade, profession or particular kind of work done during most of working life, even if deceased was retired at time of death. Industry or business should indicate the name of the establishment in which the occupation was followed. Residence should be the place where deceased lived, whether or not temporarily absent. Cause of death should be certified to by physician, if he was in attendance during last illness; otherwise by coroner. Physicians: please write the causes of death clearly and legibly.

1496 BALTIMORE CITY HEALTH DEPARTMENT G 11496

CERTIFICATE OF DEATH 157C

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 5½ hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 E. 29th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BABY GIRL O'DONNELL

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18. 1943

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day 2 hrs. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation none
11. Industry or business

FATHER 12. Name Charles O'Donnell
13. Birthplace Frackville, Pa.

MOTHER 14. Maiden Name Jeanne Lisiv
15. Birthplace Frackville, Pa.

16 (a) Informant Thos. J. O'Donnell
(b) Address 1709 E. 29th St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 19. 1943 (month) (day) (year)
(c) Cemetery or crematory St. Joseph's Cem,
Location Frackville Penna.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway

19 (a) DEC 20 1943 (Date filed by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 / 18 1943, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12 / 18 1943, to 12 / 18 1943, and that I last saw her alive on 12 / 18 1943

Immediate cause of death	Duration
Anencephalic Monster	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. B. Bellows M. D.
Address St. Joseph's Hosp. Date signed 12/18/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully noted and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G 11497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G 11497

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 N. Highland ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hubert Lee Naylor

3 (b) If veteran, name war —

3 (c) Social Security Account No. 246-16-8177

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Marcie (nee Richards)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/29/16

8. AGE: Years 27 | Months 10 | Days 19 | If less than one day hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation Electrician Helper

11. Industry or business Amer. Smelting & Refining

FATHER
12. Name Ariel Naylor
13. Birthplace N. C.

MOTHER
14. Maiden Name Strickler
15. Birthplace N.C.

16 (a) Informant wife
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/22/43 (month) (day) (year)

(c) Cemetery or crematory
Location: Dunn, North Carolina

18 (a) Funeral director Charles P. Lakeman & Co.
(b) Address 2601 E. Madison Street

19 (a) DEC 22 1943 (Date received by registrar) (b) Clinton Williams, M.D. Registrar

VS 161

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-16- 1943, at 7:55 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Acute Congestive Cardiac Failure

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: 26/9

(a) Date of injury 12-18- at 7:27 A M.
(b) Where did injury occur? Yard of 707 S. Highland ave
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? no
(d) Means of injury Fell down back steps.

23. Signature Howard J. Mullen M.D.
Medical Examiner.
Date signed 12-18-43

over

11498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

510 Registered No. G 11498

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution:
Md. Gen. Hosp. 11-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Cecil
(c) City or town Liberty Grove
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard E. Preston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Georgianna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 23, 1872

8. AGE: Years 71 | Months 7 | Days 26 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Jonas Preston
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Reed
15. Birthplace Maryland

16 (a) Informant Wife - Georgianna
(b) Address Gen. Md. Gen. Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22 1943 (month) (day) (year)

(c) Cemetery ~~or crematory~~ West Baltimore Lawn
Location Colgate Md.

18 (a) Funeral director J. C. Tyson
(b) Address Rising Sun, Md.

19 (a) (b) Registrar
(Date rec'd by registrar)

DEC 20 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1943, at 7 00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/13 1943 to 12/19 1943, and that I last saw him alive on 12/19 1943

Immediate cause of death Severe Jaundice
Possible Carcinoma of Prostate with metastasis to liver — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard E. Preston M. D.
Address Md. Gen. Hosp. Date signed 12/19/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

C 11499 — BALTIMORE CITY HEALTH DEPARTMENT ✓ — C 11499

CERTIFICATE OF DEATH

94a — Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4614 Charleston St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 05 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4614 Charleston St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary C. Bond

3 (b) If veteran, name war — W
3 (c) Social Security Account No. — NONE

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Thomas A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16. 1855

8. AGE: Years 88 | Months 3 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace St Marys Co Md. (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name John Harper
13. Birthplace Md

MOTHER
14. Maiden Name Sarah M. Thompson
15. Birthplace Md.

16 (a) Informant Bertha Mason
(b) Address 4614 Charleston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Parkville. Balto Co.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St Paul St.

DEC 20 1943 — Date received by local registrar — Wilhelmina Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18-43 19.. at 6 25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1943 to Dec. 18 1943, and that I last saw h.. alive on Dec. 17. 1943

Immediate cause of death Hypostatic pneumonia — Duration 5 weeks

Due to Coronary thrombosis

Due to sclerosis of the arteries, hypertension

Other Conditions Thrombosis of right arm, myodegeneration of heart

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dave Neubauer M. D.
Address 1211 River Ct. Date signed 12-19-43

Dr Nevins Russell 3902 Greenleigh Ave X 3136 G 11500

11500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct as is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Belloua Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3706 Hayward Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fillmore Rogers

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of ~~husband or~~ wife: Clara Rogers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 6th 1860

8. AGE: Years 83 | Months 1 | Days 12 | If less than one day hr. min.

9. Birthplace Harford Co. Md.
(Town, county, and state)

10. Usual Occupation Retired
11. Industry or business Stationary Engineer

FATHER 12. Name Unknown Rogers
13. Birthplace Md.

MOTHER 14. Maiden Name Margaret Grafton
15. Birthplace Md.

16 (a) Informant Mrs Linda Hoffman
(b) Address 3706 Hayward Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/43 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Everton Church, Harford Co. Md.

18 (a) Funeral director William Rost (Inc
(b) Address 217 St. Paul St

19 (a) (Signature) (b) Hunting ton Williams, M.D.

DEC 20 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18th 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/10 1943, to 12/17 1943, and that I last saw him alive on 12/17 1943

Immediate cause of death Chronic nephritis
Arteriosclerosis

Duration 2 yrs 3-6? yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Nil
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nevins Russell M.D.
Address 3902 Greenleigh Ave Date signed 12/17/43
Balto 15 Md

1501 25 1943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 91a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2505 W North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 2505 W North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul M Lyon

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: None
4. Sex: Male
5. Color or race: White
6 (a) If single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Maud E Lyon
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 3. 1880

8. AGE: Years 63 | Months 10 | Days 16 | If less than one day: hr. min.
9. Birthplace New Orleans La (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Wood + Textile

FATHER
12. Name Michael Lion
13. Birthplace France

MOTHER
14. Maiden Name Josephine Atkinson
15. Birthplace France

16 (a) Informant Commander P M Lyon
(b) Address 3712 Wadley Rd R.R. Washington D.C.
17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12/20/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md
18 (a) Funeral director Fulton Gordon Lee
(b) Address 2317 Ft Ave Balto Md

DEC 20 1943 (Date received by Local Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1943, at 1 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 29 1943, to Dec 19 1943, and that I last saw her alive on Dec 19 1943

	Duration
Immediate cause of death: Cerebral Embolism	1 day
Due to: Sub Acute Bacterial Endocarditis Mitral	1943
Due to:	
Other Conditions: Congenital Heart Disease (Include pregnancy within 3 months of death)	Infectious

Date of operation: None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Walter E Lemmon M. D.
Address 5013 Pk Heights Ave Date signed 12-15-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr Stillman 6 E Biddle St

1502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G-71502

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2113 Mt. Holly St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

15-09

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2113 Mt Holly St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gertrude M. E. Loewe

3 (b) If veteran, name war — N
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Balto Md.

8. AGE: Years	Months	Days	If less than one day
72	2	4	18 hr. 14 min. 1871

9. Birthplace Balto
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Henry Loewe
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Emma L. Bower
15. Birthplace Balto. Md.

16 (a) Informant Miss Sutherland
(b) Address 2113 Mt Holly St.

17 (a) Burial (Burial, ~~cremation~~ or removal) (b) Date thereof 12/21/43
(month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 (a) DEC 20 1943 (Local registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18th 1943, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1943 to Dec 18 1943, and that I last saw h.. alive on Dec 18 1943

Immediate cause of death Coronary Thrombosis — Duration 1 day
Due to General arterio-sclerosis — 5 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William F. Stillman
Address 6 E Biddle St Date signed 12/19/43 M. D.

WILBUR STILLMAN

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11503 BALTIMORE CITY HEALTH DEPARTMENT C 11503

CERTIFICATE OF DEATH 125 ff. Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Lexington 1603
(c) Hospital or institution:
Univ. Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt
(c) City or town Balt. Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 929 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sidney P. Heselton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife Mary Heselton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace Boston Mass
(Town, county, and state)
10. Usual Occupation Butcher
11. Industry or business

FATHER
12. Name Sidney Heselton
13. Birthplace N. H.

MOTHER
14. Maiden Name Margaret Merry
15. Birthplace Canada

16 (a) Informant Mary Reese H
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Wash & Fairfax
18 (a) Funeral director Lupa A Farley
(b) Address Fulton & Fayette
19 (a) DEC 20 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 19 1943, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-13 1943, to 12-19 1943, and that I last saw h in alive on 12-19 1943

Immediate cause of death Respiratory failure

Due to Acute hepatitis -

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. W. Konnegen, Jr M. D.
Address Date signed 12-19-43

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

21504 BALTIMORE CITY HEALTH DEPARTMENT G 21504

CERTIFICATE OF DEATH

Registered No. 48a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8 E Hamburg St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8 E. Hamburg St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Willie Ruth Collins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife James L.
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) October 22, 1891

8. AGE: Years	Months	Days	If less than one day
52	1	24	hr. min.

9. Birthplace Cambridge, Md.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at Home

FATHER
12. Name William H. Burton
13. Birthplace Dorchester, Co.

MOTHER
14. Maiden Name Laura Davidson
15. Birthplace Dorchester, Co.

16 (a) Informant Mr. James L. Collins Sr.
(b) Address 8 E. Hamburg St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Blvd AA Co.

18 (a) Funeral director William M. Mareck
(b) Address 715 Light St.

19 (a) DEC 20 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/16/ 1943, at 4.35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to Dec 16 1943 and that I last saw her alive on 19

Immediate cause of death	Duration
Carcinoma of Cervix	1 year
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Miller M.D. M. D.
Address 225 S Charles St Date signed 12/17/43

VS 180

Correct age is supremely important. Physicians, please write the causes of death clearly and legibly.

G 11505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11505

131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 514 N. Schroeder St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 514 N. Schroeder St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES LEE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace South Carolina
(Town, county, and state)

10. Usual Occupation Blacksmith

11. Industry or business

FATHER
12. Name Boston Lee
13. Birthplace S. C.

MOTHER
14. Maiden Name Estelle Johnson
15. Birthplace S. C.

16 (a) Informant Mrs Mimmie Sharperson
(b) Address 4636 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-43 (month) (day) (year)
(c) Cemetery or crematory
Location Barnwell, S. C.

18 (a) Funeral director Mrs Frances A. Hemaley
(b) Address 578 W. Biddle St.

19 (a) (Date rec'd by registrar) (b) Hunter Williams, M.D. (Registrar)

DEC 20 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16, '43 19 , at 10P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1943 to Dec 16 1943, and that I last saw h[illegible] alive on Dec 14 1943

Immediate cause of death: Cardio Vascular Renal disease — Duration

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. F. Howell
Address 601 N Carrollton Ave Date signed 12/18/43 M D

correct age is especially important. Typewrite or print plainly.

G 11506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108.

G 11506 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10-0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1436 E Monument
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Haywood Mc Cloud

3 (b) If veteran, name war

3 (c) Social Security Account No. 250-20-3442

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-10-23

8. AGE: Years	Months	Days	If less than one day
20	3	4	hr. min.

9. Birthplace SC (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William McCloud
13. Birthplace SC

MOTHER
14. Maiden Name Sarah
15. Birthplace SC

16 (a) Informant Records Room
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. Co. Md.

18 (a) Funeral director Mc Bramm & Hensley
(b) Address 578 W. Biddle St

19 (a) DEC 20 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 1943, at 915 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1943, to Dec 14 1943, and that I last saw him alive on Dec 14 1943.

Immediate cause of death	Duration
pneumonia, RLL LLL	
Due to pneumococcus untyped	
Due to	
Other Conditions leukopenia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. E. Thurman Jr. M. D.
Address Sth Date signed 12-16-43

correct ago is especially important. Physicians, please write

VS 150

G 12507 — 12507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy
(c) Hospital or institution: Mercy
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 12
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3502 Maryland Rd.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mary P. Sadler 12-01

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Ryland Sadler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 13, 1866

8. AGE: Years	Months	Days	If less than one day
77 78	10	6	hr. min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name Joseph Pippen (Pippen)
13. Birthplace N-C.

MOTHER
14. Maiden Name Sarah Cherry
15. Birthplace N. C.

16 (a) Informant Ryland O. Sadler
(b) Address 3502 Maryland Ave

17 (a) Burial (b) Date thereof 12-21-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Enfield Cem.
Location Enfield N. C.

18 (a) Funeral director Leonard J. Covington
(b) Address 21 W. 20th St.

19 (a) 12-19-1943 (b) Registrar
(Date received by)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/19 1943, at 3 05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/13 1943 to 12/19 1943 and that I last saw her alive on 12/19 1943.

Immediate cause of death Hypostatic pneumonia CVCC
or Igniter Cataris

Due to

Due to

Other Conditions Uremia

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. B. Brooks M. D.
Address Mercy Hosp Date signed 12/19/43

correct age is especially important. Physicians, please

G 11503 — G 11508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital — 3-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore — 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1032 S. Lombard St. - 2nd fl. rear
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elva Stilson

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	←

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1876

8. AGE: Years	Months	Days	If less than one day
67	9		hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Louis ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant John R. Stilson (Son)
(b) Address 423 Pitman Place

17 (a) Burial (b) Date thereof Dec 20/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Moreland M. Park Cem.
Location Taylor Ave Balt. Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

DEC 20 1943 (Date received by registrar) (Harrington for Williams M.D.) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-17- 1943, at 5:20 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic Myocardial Degeneration

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Andersen M.D.
Medical Examiner.
Date signed 12-28-43

G 11509 G 11509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94 A

Registered No.....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 424 S. WOLFE ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days) 50 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 424 S. WOLFE ST.
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME: KATHERINE RAKOWSKI

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife CASIMIR RAKOWSKI
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 17 1872

8. AGE: Years	Months	Days	If less than one day
71	7 6	1	..... hr. ..... min.

9. Birthplace POLAND
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name ANTHONY JARZYNSKI
13. Birthplace POLAND

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace POLAND

16 (a) Informant BENJIMAN RAKOWSKI (SON)
(b) Address 424 S. WOLFE ST.

17 (a) BURIAL (b) Date thereof DEC. 22/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY ROSARY
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) 1943 (b) Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

correct age is especially important. Typewriter preferred.

UE 98 16

MEDICAL CERTIFICATION

AM.

20. DATE OF DEATH DEC. 18 19 43 at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 43 to Dec 18 19 43 and that I last saw h[illegible] alive on Dec 16 19 43

Immediate cause of death: Anuria gastritis — Duration: unknown
Due to: Coronary Sclerosis — Duration: Years
Due to: — Duration:
Other Conditions: — Duration:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward J. Novak M. D.
Address 101 W. Read St Date signed 12-20-43

309364 11510 ✓ G 11510

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Patient

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 Orleans Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Otis Jeffers

3 (b) If veteran, name war ∧

3 (c) Social Security Account No. 215-22-5772

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-2-24

8. AGE: Years	Months	Days	If less than one day
19	1	16	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation sweater helper

11. Industry or business

FATHER
12. Name Joe Jeffers
13. Birthplace N.C.

MOTHER
14. Maiden Name Alice Hicks
15. Birthplace N.C.

16 (a) Informant records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 20-1943 (month) (day) (year)

(c) Cemetery or crematory
Location Milton N.C.

18 (a) Funeral director Rafuse & Williams
(b) Address 15 McElderry St

DEC 20 1943 (Date rec'd by registrar) Registrar

correct age is especially important

VS 150

MEDICAL CERTIFICATION

DATE OF DEATH Dec. 18 1943, at 8 39 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death Lobar pneumonia, RUL, RML, RLL — Duration 7 days

Due to Pneumococcus, type III

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Confirms

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T B Schwartz M. D.
Address Date signed

G 11511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 11511

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3903 Ferndale Ave
(c) Hospital or institution:
Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto., Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3903 Ferndale ave
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) **FULL NAME** John H. Gundersdorf

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Kammerer

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 5/24/1871

8. AGE: Years 72 | Months 6 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Bookkeeper

11. Industry or business

FATHER 12. Name Christian Gundersdorf

13. Birthplace Isserdamstadt Germany

MOTHER 14. Maiden Name Sophia Golstedt

15. Birthplace Bremen Germany

16 (a) Informant Ethel Schmitt

(b) Address 3124 Oakley Ave

17 (a) Burial (b) Date thereof Dec 21-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Sandow Park

Location Balto. Md.

18 (a) Funeral director Ellsworth Armacost

(b) Address 3912 Belair Rd Ave.

19 (a) ..... (b) .....
(Date rec'd by Registrar) Registrar

DEC 20 1943

Huntington Hill, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/18 1943, at 5:25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/18 1943 to 12/18 1943 and that I last saw him alive on 12/18 1943

Immediate cause of death Toxemia and acedosis

Due to Lobar Pneumonia

Due to Staphylococcus Aureus

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: .....

of autopsy: .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Jos. B. Arnold M. D.

Address Mercy Hosp. Date signed 12/18/43

correct age is especially important

12

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 11512 Registered No.

CERTIFICATE OF DEATH 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution:
Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3701 Greenmount Ave. (If rural give location)
(e) Citizen of foreign country? Ho (Yes or No)
If yes, name country

3 (a) FULL NAME Ella R. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Robert A. Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1856

8. AGE: Years 87 | Months 9 | Days 14 | If less than one day hr. min.

9. Birthplace Harford County, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name William Murphy
13. Birthplace Harford County, Md.

MOTHER
14. Maiden Name Catharine Hutchison
15. Birthplace Harford County, Md.

16 (a) Informant Joseph H. Smith
(b) Address 3701 Greenmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/43 (month) (day) (year)
(c) Cemetery ~~Orchardbury~~ Union Chapel
Location Harford County, Md.

18 (a) Funeral director John A. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) (Date received by Registrar) (b) Huntington Williams M.D. Registrar

DEC 20 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 18, 1943, at 1.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1943 to Dec 18 1943 and that I last saw h[illegible] alive on Dec 18 1943

Immediate cause of death: Pernicious Myocarditis — Duration: Indy

Due to:

Due to:

Other conditions: Arteriosclerosis — Indy
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. A. Richardson M.D.

Address 112 W. 25th St. Date signed Dec. 20 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

C 11513 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 211 Ridgewood Road
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 Ridgewood Road
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mary M. Hiss

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 23, 1859

8. AGE: Years	Months	Days	If less than one day
84	9	24	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name P. Hanson Hiss
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Susan Shirk
15. Birthplace Md.

16 (a) Informant Judge Morris Soper
(b) Address 102 W. 39th St.

17 (a) R Cremation (b) Date thereof 12/20/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location North & Greenmount Aves.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) (b) Registrar

DEC 20 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from about 15 years to Dec. 19, 1943, and that I last saw h.. alive on Dec. 18, 1943.

Immediate cause of death	Duration
Bronchio-Pneumonia	2 days
Due to	
Due to	
Other Conditions Myocarditis & arterio-Sclerosis	15 yrs.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Theodore H. Morrison M. D.
Address 11 E. Chase St. Date signed

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11514

Registered No. 97

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Pulaski & Fayette Sts
(c) Hospital or institution:
Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 945 Hollins St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. SALLIE CUMMINGS.

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Widow

6 (b) Name of husband or wife John T. Cummings
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Oct 13, 1865

8. AGE: Years	Months	Days	If less than one day
78	2	7	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation House work
11. Industry or business at home

FATHER
12. Name Patrick Hogan
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen O'Meara
15. Birthplace Ireland

16 (a) Informant Miss Mary Cummings
(b) Address 945 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/43 (month) (day) (year)
(c) Cemetery or crematory Mt Cathedral Cem
Location 4300 Old Frederick Rd

18 (a) Funeral director John Conway & Son
(b) Address 901-03 Hollins Street

19 (a) (Date rec'd by registrar) (b) Huntington Hillman, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/19/43 19..., at 10 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/11/1943, to 12/19/1943, and that I last saw h[er] alive on 12/19/1943.

Immediate cause of death	Duration
C.V. Collapse	
Due to MARKED ATHEROSCLEROSIS	
Due to	
Other Conditions ANASARCA	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles P. Conroy M. D.
Address Bon Secours Date signed 12/20/43

15

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106a

S 11515

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 19 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4208 Massachusetts Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm. Jack Cummings

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1943

8. AGE: Years	Months	Days	If less than one day
		19	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER
12. Name John J Cummings.
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Wilmes
15. Birthplace Md.

16 (a) Informant (Father) Mr John Cummings
(b) Address 4208 Massachusetts Ave

17 (a) burial (b) Date thereof 12/21/43.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location 4300 Old Frederick Road

18 (a) Funeral director John F Conway & Son
(b) Address 901 Hollins Street

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-19-43 1943, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-19 1943 to 12-19 1943, and that I last saw him alive on 12-19 1943.

Immediate cause of death	Duration
Acute laryngeo-tracheo bronchitis?	
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard W Stier M. D.
Address St Agnes Hosp Date signed 12-19-43

VS 150

1516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 12/a

G 11516 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1323 Wilcox Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1323 Wilcox Street
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME George A. Merriken

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	widower

6 (b) Name of husband or wife Sarah E. Merriken
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13th, 1872

8. AGE: Years	Months	Days	If less than one day
71	2	4	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation Street Cleaner
11. Industry or business Municipality

FATHER
12. Name James Merriken
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Amanda Braughton
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs William R. Lupton
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 / 20/1943 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmondson Avenue

18 (a) Funeral director John J. Cowan & Son
(b) Address 901-03 Hollins Street

19 (a) 0 1943 (Date rec'd by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17th, 1943, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 11th 1942 to Dec. 17th 1943, and that I last saw h[illegible] alive on Dec. 17th 1943.

Immediate cause of death uraemia — Duration 24 hrs.

Due to Chr. nephritis & arteriosclerosis — 2 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. J. McDermott M. D.
Address 1136 Poplar Grove St Date signed 12/19/43

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 11517 Registered No.

CERTIFICATE OF DEATH 1316

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 603 N. Eden St.
(c) Hospital or institution: 51

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 603 N. Eden St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Benjamin Moore

3 (b) If veteran, name war None. | 3 (c) Social Security Account No. 220-07-7095

4. Sex Male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Separated

6 (b) Name of husband or wife Cora Moore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 21, 1894

8. AGE: Years 49 | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace Chester, Pa. (Town, county, and state)

10. Usual Occupation Musician

11. Industry or business

FATHER 12. Name Samuel Moore
13. Birthplace Md.

MOTHER 14. Maiden Name Rebecca Brown
15. Birthplace Md.

16 (a) Informant Alberta Glascoe
(b) Address 603 N. Eden St.

17 (a) Shipment (Burial, cremation, or removal) (b) Date thereof 12/20/43 (month) (day) (year)
(c) Cemetery or crematory
Location Chester, Pa.

18 (a) Funeral director Robert L. Young
(b) Address 804 N. Caroline St.

19 (a) DEC 20 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 1943 at 9:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1943, to Dec 16 1943, and that I last saw him alive on Dec 16 1943.

Immediate cause of death	Duration
Gangrene amputation Syphilitic (Anemia)	Sept 1943
Due to	
Due to	Sept 1943
Other Conditions Generalized Arteriosclerosis Chronic Rheumatic Heart Disease with Systolic murmurs Mitral (Include pregnancy within 3 months of death)	
Date of operation None	
Major findings of operation: None	
of autopsy: None	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph J. Young, M.D.
Address 1429 E. Monument Date signed 12/18/43

VS 2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. C 11518

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2705 Westwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2705 Westwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Grafton Hooker

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24, 1890

8. AGE: Years	Months	Days	If less than one day
53	5	25	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Baker
11. Industry or business American Stores

FATHER
12. Name Lewis Hooker
13. Birthplace Pikesville, Md.

MOTHER
14. Maiden Name Florence V. Bull
15. Birthplace Harford Co., Md.

16 (a) Informant Mrs. Margaret Hooker
(b) Address 2705 Westwood Ave.

17 (a) Burial (b) Date thereof 12/22/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 20 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1943, at 4:25 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Fulton M.D.
Medical Examiner.
Date signed Dec. 19 1943.

~~11519~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

C 11519

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 503 W. Franklin Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 503 W. Franklin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Theodore Beck

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Elizabeth Weaver Beck

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Apr. 16, 1861

8. AGE: Years	Months	Days	If less than one day
82	8	2	..... hr. ..... min.

9. Birthplace: Balto.
(Town, county, and state)

10. Usual Occupation: Poultry Dealer

11. Industry or business: Self - Retired

FATHER
12. Name: Philip Beck
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: "

16 (a) Informant: Mrs. Mary F. Seligman
(b) Address: 3531 Belvedere Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/43 (month) (day) (year)
(c) Cemetery or crematory: Western Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 DEC 20 1943 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

8

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18 1943, at 1 45 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerosis
cardiovascular disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury:

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed Dec. 18, 1943.

520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 11520

Registered No. 61

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3408 Glen Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3408 Glen Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eva Ducetta Hook

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Ernest P.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1877

8. AGE: Years	Months	Days	If less than one day
66	10	17	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Edward J. Sinclair
13. Birthplace: Ohio

MOTHER
14. Maiden Name: Sarah Jenkins
15. Birthplace: Md.

16 (a) Informant: Mr. Ernest P. Hook
(b) Address: 3408 Glen Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/43 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge Cem.
Location: Pikesville, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

DEC 20 1943 (Date rec'd by registrar) (b) Huntington for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18, 1943, at 3:17 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/16 1943 to 12/18 1943
and that I last saw h~~e~~ alive on 12/17 1943

Immediate cause of death: Coronary occlusion — Duration 42 hrs

Due to: Coronary sclerosis

Due to:

Other Conditions: Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Samuel Wilfson M. D.
Address 5721 Park Heights Ave Date signed 12/18/43

WILFSON

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item on this certificate must be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

521 ✓ G 21521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., ✓ ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mary E Seippel 17

If U. S. Veteran specify WAR .....

(a) Residence: No. 2905 St Paul St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Seippel Sr.

6. DATE OF BIRTH (month, day, year) Feb 25, 1861

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	82	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife - retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) 11 yrs.

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Montheuter

14. BIRTHPLACE (city or town) (State or country) St Marys Co. Md.

MOTHER

15. MAIDEN NAME Mathilda Herman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Arthur W. Seippel

(Address) 2905 St Paul St

18. BURIAL, [illegible] Place Loudon Park Cem. Date 12/22/43 19....

19. UNDERTAKER WM. J. TICKNER & SONS

(Address) Walton, Md.

20. FILED DEC 20 1943 19.... Hunter for Williams, MD Registrar.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1943

22. I HEREBY CERTIFY, That I attended deceased from November 19 43 to Dec. 19 1943

I last saw her alive on December 16, 1943 Death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Vascular accident	12/17/43

Other contributory causes of importance:

generalized arteriosclerosis & hypertension unk

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Francis M. Block M. D.

(Address) 715 Park ave

G 11522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11522 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town RURAL (Raspeburg)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 20 Greenwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter W. Rouse.

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-20-1160

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Edna R. Rouse
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1897

8. AGE: Years	Months	Days	If less than one day
45	11	25	hr. min.

9. Birthplace Balto., Maryland
(Town, county, and state)
10. Usual Occupation Bartender
11. Industry or business

FATHER
12. Name Wm. W. Rouse
13. Birthplace Balto., Maryland

MOTHER
14. Maiden Name Sophia C. Hentchen
15. Birthplace Germany

16 (a) Informant Mrs. W. W. Rouse
(b) Address 20 Greenwood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21, 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Maryland

18 (a) Funeral director Lasagna Funeral Home
(b) Address 740 Belair Rd

19 (a) Dec 20 1943 (Date rec'd by registrar) (b) [signature] Registrar

VS 15

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/18 1943, at 6.45 A.M.

21. I certify that I took charge of the remains described above, held an Inquiry Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Rest death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Delirium Tremens

Due to Alcohol

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 12/18/43.

G 11523

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13B

Registered No. G 11523

1. PLACE OF DEATH: 1933 Christian St.
(a) Baltimore City, Maryland
(b) Street address 1933 Christian St.
(c) Hospital or institution:
City Morgue
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1933 Christian St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harold Augustus Harris

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-07-7843

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Nellie Harris

6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) June 26, 1915

8. AGE: Years 28 | Months 5 | Days 15 | If less than one day 23 hr. min.

9. Birthplace Hearntown Va
(Town, county, and state)

10. Usual Occupation Manager in Food Fair

11. Industry or business Grocery

FATHER
12. Name Augustus F. Harris
13. Birthplace Hearntown Va.

MOTHER
14. Maiden Name Eulah Wessels
15. Birthplace Accomac Co. Va.

16 (a) Informant Mrs. Eulah Dickerson ("Mother")
(b) Address 1933 Christian St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21, 1943 (month) (day) (year)
(c) Cemetery or crematory Portersville Cemetery
Location Stockton Md.

18 (a) Funeral director Charles W. Williams, M.D.
(b) Address 3109 Frederick Ave.

19 (a) DEC 20 (b) 1943
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1943, at 11:45 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic pulmonary tuberculosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Preston M.D.
Medical Examiner.
Date signed Dec 19 1943

VS 151

G 11524 ✓ G 11524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 118

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [redacted]
(c) Hospital or institution Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1227 Valley St. (or rural drive location)
(e) Citizen of foreign country? U.S. (Yes or No)
If yes, name country .....

3 (a) FULL NAME Anne Mullen

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 14 1895

8. AGE: Years 48 | Months 7 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business .....

FATHER
12. Name Arthur Mullen
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna McWilliams
15. Birthplace Baltimore

16 (a) Informant Anne Mullen
(b) Address 1227 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22, 1943 (month) (day) (year)
(c) Cemetery or crematory Carlin's
Location Baltimore

18 (a) Funeral director Rita Windsperger
(b) Address 914 Greenmount Ave

19 (a) ..... (b) ..... (Date received by registrar) Registrar

DEC 20 1943

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/18 1943, at 11:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/17 1943 to 12/18 1943, and that I last saw h[illegible] alive on 12/18 1943

Immediate cause of death Hematemesis ..... Duration .....

Due to ....

Due to ....

Other Conditions ....

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature J. Carl Dyer M.D.
M. D.
Address Mercy Hospital Date signed 12/18/43

Please write the causes of death clearly and legibly. Spelling is especially important. Physicians: please

446758 G 11525

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 11525

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2037 E Jefferson (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Louisa Yent

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Walter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9, 1881

8. AGE: Years	Months	Days	If less than one day
62	4	8	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Weber
13. Birthplace Md

MOTHER
14. Maiden Name Louisa Schoet
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21/43 (month) (day) (year)
(c) Cemetery or crematory Druid Hill Town
Location Baltimore

18 (a) Funeral director Philip Hennighausen
(b) Address 2024 Orleans St

19 (a) DEC 20 1943 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1943, at 10:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1943, to Dec 17 1943, and that I last saw her alive on Dec 17 1943.

Immediate cause of death	Duration
Cardiac Failure	3 days
Due to Auricular Fibrillation	—
Due to Arteriosclerotic Heart Disease	—
Other Conditions Bronchopneumonia	—

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Abraham Gamerman M. D.
Address Johns Hopkins Hospital Date signed 12-17-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11526 G 11526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3826 Eastern
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 65yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3828 Eastern Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine J. Bruwell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Jefferson D. Bruwell

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13, 1861

8. AGE: Years	Months	Days	If less than one day
82	0	4	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Philip Slemmer
13. Birthplace Md

MOTHER
14. Maiden Name Unk
15. Birthplace

16 (a) Informant Howard Bruwell
(b) Address 3825 Eastern

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 20 43
(month) (day) (year)
(c) Cemetery or crematory Union Protestant
Location Md

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St

19 DEC 20 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1943, at 9:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1943, to Dec 19..., and that I last saw h.. alive on Dec 17, 1943.

Immediate cause of death	Duration
Cardiac Failure	
hypertension	
Due to arteriosclerosis	
senile degeneration of mental im-	
Due to wearing down from years	
long ago.	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Allen C. Beetham M. D.
Address 3139 E. Baltimore St. Date signed 12-19-43

VS 8

11527 G 11527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

927 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 633 N. Castle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN L. COLE

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Late Emma E. Cole

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1 1868

8. AGE: Years 75 | Months 1 | Days — | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name John Cole
13. Birthplace Baltimore

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mr. Robert Fields
(b) Address 2335 Mt Elderry st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 20 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Eastern Ave

19 (a) DEC 20 1943 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1943 at 12 40 M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Cerebrovascular cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. Z. Wallenmeyer M.D.
Medical Examiner.
Date signed 12-17-43

VS 151

G 11528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106a

G 11528

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 2330 Penn ave
(b) Street address
(c) Hospital or institution: Balto mf
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County Balto
(c) City or town Balto mf
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2330 Penn ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Shaning Fuller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	negro	infant

6 (b) Name of husband or wife infant

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/17/43

8. AGE: Years 5 | Months mos | Days July 17/43 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation infant

11. Industry or business

FATHER
12. Name Weldon Fuller
13. Birthplace N C

MOTHER
14. Maiden Name Marion Lee
15. Birthplace Balto Md

16 (a) Informant Mrs Cornelius Price
(b) Address 2330 Penn ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 20 1943 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director Wm Brooks
(b) Address 1463 N. Carey St.

19 (a) (b) Huntington Hollins, Md
(Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18- 1943, at 1:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 13 1943, to 12-18 1943 and that I last saw h alive on 12-18-1943.

Immediate cause of death: Respiratory failure, Croupous Bronchopneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M Boyken MD

Address 1135 Eutaw Date signed 12/28/43

G 11529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 106a

G 11529 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Gyllenwood Redwood St
(c) Hospital or institution:
University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 515 W. Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Patsy Grace (Grace)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3 1942

8. AGE: Years 1 | Months 5 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Rance Grace.
13. Birthplace Ala

MOTHER
14. Maiden Name Amelia Cook
15. Birthplace Ala

16 (a) Informant Mr Rance Grace.
(b) Address 515 W. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Mr P Francis A. Kennedy
(b) Address 515 W. Biddle St.

19 (a) DEC 20 1943 (Date rec'd by registrar) (b) Signed by Dr Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-19 1943 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-19 1943 to 12-19 1943 and that I last saw her alive on 12-19 1943

Immediate cause of death Respiratory failure

Due to Acute laryngo-tracheo bronchitis

Due to Overwhelming infection of undetermined type

Other Conditions (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Wilson M. D.
Address Univ. Hosp. Date signed 12-19-43

Please write plainly. Entries must be made in ink. Physicians: please write the causes of death clearly and legibly. Every item of information should be given. Be sure correct age is especially important.

530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G 11530

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2206 Gough St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2206 Gough St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stefania Bronzert

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. W.

6 (b) Name of husband or wife Jan Bronzert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years about 74 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Stefan Bronzert
13. Birthplace Poland

MOTHER
14. Maiden Name Barbara Skrucha
15. Birthplace Poland

16 (a) Informant Varelia Lukowski
(b) Address 2206 Gough St.

17 (a) Burial (b) Date thereof 12-21-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Germans Hill Rd.

18 (a) Funeral director Wm J Fialkowski
(b) Address 2007 Eastern Ave Balto Md.
(Signature of Funeral Director or Undertaker)

19 (a) (b)
(Date received by registrar) Registrar

DEC 20 1943
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 19 43, at 2.35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 19 43, to Dec 17 19 43, and that I last saw h alive on Dec 17 19 43

Immediate cause of death Senility — Duration —

Due to — —

Due to — —

Other Conditions Diabetis — 7
M yocardial Infarc
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leo L. Jurlacke M. D.

Address 176 S. Patterson Pk. Ave. Date signed Dec 19/43

G 11531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11531

Registered No. 186a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) V

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3613 Glen Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph LEVY

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years	Months	Days	If less than one day
83			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Isaac Levy
13. Birthplace Russia

MOTHER
14. Maiden Name Eva
15. Birthplace Russia

16 (a) Informant Hosp Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Pratt & Hamilton Aves

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Pratt St

19 (a) 12-20-1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 1943, at 1:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1943, to Dec 19 1943, and that I last saw him alive on Dec 19 1943.

Immediate cause of death Pulm. Edema. — Duration

Due to Arteriosclerotic Ht. Dis

Due to

Other Conditions Fracture Rt. Hip. Hypostatic Pneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12-9-43 at 5:30 P.M.
(c) Where did injury occur? 3613 Glen Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Slipped & fell downstairs

23. Signature Irving R. Levy
Address Sinai Hosp. Date signed 12/19/43 M. D.

Affirmed by Howard J. Mueller, M.D.

1532 BALTIMORE CITY HEALTH DEPARTMENT G 11532
CERTIFICATE OF DEATH 1313 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2628 Loyola Southway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 33yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2308 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME IDA SUTTLEMAN

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Charles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Russia. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER / FATHER
12. Name Joseph
13. Birthplace Russia
14. Maiden Name Rae
15. Birthplace Russia

16 (a) Informant Mrs. H. Funk
(b) Address 2308 Eutaw Place

17 (a) Burial (b) Date thereof 12-20-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phila Pk & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St

19 (a) (Date rec'd by registrar) (b) Registrar
DEC 20 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/20/43 19 at 1.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct- 1942 to Dec-19-1943, and that I last saw her alive on Dec-19-1943.

Immediate cause of death	Duration
Myocardial Insufficiency	about 10 yrs
Due to Chronic Pulmonary Fibrosis	
Due to Pulmonary Tbc	
Other Conditions Arthritis deformans	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herman Seidel M. D.
Address 2404 Eutaw Pl Date signed 12/20/43

correct age is especially important. Physicians, Undertakers and Registrars

C 11533

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

C 11533 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4229 Pimlico Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 13
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4229 Pimlico Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Flax

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sarah Harper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 21-1880

8. AGE: Years 63 | Months 4 | Days 28 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Charles Flax
13. Birthplace Russia

MOTHER
14. Maiden Name Bertona
15. Birthplace Russia

16 (a) Informant Wife
(b) Address U

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-43 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Belt Rd & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St

19 (a) (Date rec'd by registrar) DEC 20 1943 (b) Harrington Williams M.D. Registrar

VS 150

correct age is especially important. Physicians, please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1943, at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1921, to Dec. 19 1943, and that I last saw him alive on Dec. 19 1943.

Immediate cause of death	Duration
chronic myocarditis	
Due to	
Due to	
Other Conditions Bronchial asthma	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H Patterman M. D.
Address 4324 Resterstown Rd Date signed 12/24/43

G 11534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 11534 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1406 Brunt St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1406 Brunt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maggie M. Thomas
3 (b) If veteran of the war
3 (c) Social Security Account No.

4. Sex Fem | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec, 22, 1889

8. AGE: Years 53 | Months 11 | Days 24 | If less than one day hr. min.

9. Birthplace Trappe Md.
(Town, county and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name John Thomas.
13. Birthplace Md.

MOTHER 14. Maiden Name Mary Bennett.
15. Birthplace Trappe Md.

16 (a) Informant Josephine Nicholas King
(b) Address 1406 Brunt St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12/20/1943. (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cemetery
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 3227 Schroeder St. Huntington Wilmington, Md.

19 (a) (b)
Registered in registry No.
DEC 20 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1943 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1943 to Dec 16 1943. and that I last saw h alive on Dec 16 1943.

Immediate cause of death Cardio Renal — Duration 6 mo.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature B. J. Hatcher M. D.
Address 17 E Pratt Date signed 12/20/43

Physicians: please correct age is especially important. Causes of death clearly and legibly.

G 11535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92D

11535

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1125 N. Stricker St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 N. Stricker St.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Prince Edward Johnson

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Married

6 (b) Name of husband or wife Lillian Johnson
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 7, 1886

8. AGE: Years	Months	Days	If less than one day
57	8	8	..... hr. ..... min.

9. Birthplace Prince Geo. Va.
(Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business .....

FATHER
12. Name Henry Johnson
13. Birthplace Prince Geo. Va.

MOTHER
14. Maiden Name Ruth Linsay
15. Birthplace Prince Geo Va

16 (a) Informant Lillian Johnson
(b) Address 1125 N. Stricker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 20-1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location .....

18 (a) Funeral director Mrs Katie P. Williams
(b) Address 712 N. Schroeder St.

19 (a) DEC 20 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15 1943, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sep. 30 1943 to Dec 15 1943 and that I last saw h.. alive on Dec 10 1943.

Immediate cause of death	Duration
(a) Chronic Cardiac Valvular Dis	
Due to	
Due to	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature W. F. Haverly M.D.

Address 601 N Carrollton Ave Date signed 12/20/43

PLEASE WRITE CLEARLY and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 192a

G 11536 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 921 N. Wolfe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County,
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 921 N Wolfe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James G. Dockery

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Ora

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) May 3, 1883

8. AGE: Years	Months	Days	If less than one day
60	7	14	hr. min.

9. Birthplace N. Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Thomas Dockery
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Ora Dockery
(b) Address 921 N. Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 20 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location G. G. County Md.

18 (a) Funeral director Mrs. Rebecca Elliott
(b) Address 429 N. Carlton St.

DEC 20 1943 (a) (b) Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/17 1943, at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1943 to Dec 17 1943. and that I last saw h alive on Dec 16 1943

Immediate cause of death Uremia Insufficiency — Duration One year

Due to

Due to

Other Conditions Hypertension — One year

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. F. Young
Address 424 E. Lexington St. Date signed Dec 19 1943

PLEASE WRITE CLEARLY — correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195E

G 11537 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hosp. 7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6118 Everell Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard R. Steinmetz

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-12-7811

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2. 1917

8. AGE: Years 26 | Months 1 | Days 16 | If less than one day hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation Shipbuilding
11. Industry or business Establishment

FATHER
12. Name Raymond V. Steinmetz
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Hettie Bauer
15. Birthplace Pa.

16 (a) Informant Mrs. R. V. Steinmetz
(b) Address 6118 Everell Ave.

17 (a) Burial (b) Date thereof Dec 21, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto., Md.

18 (a) Funeral director Lazarus & Funeral Home
(b) Address 7401 Belair Road

19 DEC 20 1943 Hunting for Williams Bros.
(Date received by registrar) (Signature of registrar)

VS 151

MEDICAL CERTIFICATION

40

20. DATE OF DEATH Dec. 18 1943, at 3 P M

21. I certify that I ~~took charge of~~ the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Compound fracture
of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Dec. 14 1943 at 12 50 P M.
(b) Where did injury occur? Bethlehem Steel, Sparrows Point.
(c) Did injury occur at ~~home or farm~~, industrial place, in public place? Industrial While at work? Yes
(d) Means of injury Piece of iron fell on head

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec. 19 1943

11538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11538 Registered No.

122a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvedere & Greenspring
(c) Hospital or institution:
Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 years
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere & Greenspring
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Aaron Rubin

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Leta Mennil
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day
92			hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation
11. Industry or business none

FATHER
12. Name Louis Rubin
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Levindale
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 20/43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Hebrew Rel
Location Bowley Lane
18 (a) Funeral director Sol Kweimore Bro
(b) Address 1124-26 W North Ave
19 (a) Date received (month, day, year) DEC 20 1943 (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1943, at 11 15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1/1943 to 12/19/1943, and that I last saw him alive on Dec. 19 1943.

Immediate cause of death	Duration
Broncho pneumonia	
Hypertension, arteriosclerosis.	
Due to	
Due to	
Other Conditions Cataract, right eye Bilateral inguinal hernia.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H Edmund Levin
Address Levindale Date signed 12/19/43 (M. D.)

11539

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

178 B

G 11539
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals 26

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Delaware (b) County R.D. #1
(c) City or town Marydel
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Grover N. Jolly

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: M.

6 (b) Name of husband or wife: Magdalina

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1912

8. AGE: Years: 30 | Months: 11 | Days: 25 | If less than one day: hr. min.

9. Birthplace: Kings Mountain, N.C.
(Town, county, and state)

10. Usual Occupation: Truck Driver

11. Industry or business

FATHER
12. Name: Hairston Jolly
13. Birthplace: Kings, N.C.

MOTHER
14. Maiden Name: Annie Bader
15. Birthplace: South Carolina

16 (a) Informant: Mrs. Hairston Jolly
(b) Address: Daniels, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/43
(month) (day) (year)
(c) Cemetery or crematory: Templeville Cem.
Location: Templeville, Md.

18 (a) Funeral director: R. B. Rawlings
(b) Address: Greensboro, Md.

19 (a) DEC 20 1943 (b)
(Date received by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18- 1943, at 8 A M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Asphyxiation

Due to Exhaust Gas. - auto. truck

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-18- at 26/4 A M.
(b) Where did injury occur Phila. Pk. & Erdman Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No ?
(d) Means of injury Exhaust gas.

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 12-18-43

11540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. C 11540

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: University Hospital 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 422 N. Caroline Street
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Walter Newsom

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 15, 1900

8. AGE: Years	Months	Days	If less than one day
43	9	2	.....hr. .....min.

9. Birthplace Wilson, N. C
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Pauline German
(b) Address 1500 E. Pratt St

17 (a) Burial (b) Date thereof 12/21/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery
Location.....

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Bentley Ave

DEC 20 1943 Huntington Williams M.D.
(a) (Date rec'd by Registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-12-1943, at 4 P. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH.....
Bronchio-pneumonia
Due to.....
Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury..... at.....M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?..... While at work?.....
(d) Means of injury.....

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 12-18-43

541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 73541

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution:
Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 531 McMechen St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Dyson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Nathaniel Dyson
13. Birthplace Md.

MOTHER
14. Maiden Name Irese Wilson
15. Birthplace Md.

16 (a) Informant Jeanie Jenadis
(b) Address 756 Dolphin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantly Ave

(c) Date received by registrar DEC 20 1943 (d) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 — 16 — 1943, at 12.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-16-1943, to 12-16-1943, and that I last saw h[illegible] alive on 12-16-1943.

Immediate cause of death Hypostatic Congestion

Due to Edis Vascular Renal Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: Indefinite

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Mary J. Wally M. D.

Address 861 Hanover Date signed 12-16-43

VS 150

Please write the causes of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. Correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11542 / 107

G 11542 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hosp. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. 64
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 809 West Cross St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jesse Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	M

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/9/1890

8. AGE: Years	Months	Days	If less than one day
53	9	9	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name George Johnson
13. Birthplace Md

MOTHER 14. Maiden Name Sarah —
15. Birthplace Md

16 (a) Informant Maggie Nicholas
(b) Address 2412 Puget St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. H. Nelson
(b) Address 1303 Overdale

19 (a) DEC 20 1943 (Date received by Local Registrar) (b) Certified by Wm. H. Taylor Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18 1943, at 4 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bronchopneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec 19 1943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 11543 33a

Registered No. C 11543

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 554 Robert st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 554 Robert st
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Jas. Jackson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1873

8. AGE: Years 70 | Months 69 | Days 9 | If less than one day 16 hr. — min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Josiah Reed
13. Birthplace Va

MOTHER
14. Maiden Name Fannie Jones
15. Birthplace Va.

16 (a) Informant Viola Bagley
(b) Address 554 Robert st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md

18 (a) Funeral director Geo. H. Nelson
(b) Address 1302 Pennsylvania Ave

19 (a) DEC 20 1943 (b) Huntington Williams M.D.
(Date received by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1943, at 8 02 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15 1943, to Dec. 17 1943, and that I last saw h[illegible] alive on Dec. 17 1943.

Immediate cause of death	Duration
Bilateral Lobar Pneumonia	10 days
Due to Influenza	7 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. H. Nelson M. D.
Address 1632 Druid Hill Ave Date signed 12-20-43

VS 2

Cause of death is especially important. Physicians: please write plainly.

11512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

G 11544 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1413 W. Mulberry St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1413 W. Mulberry St
(If rural give location)
(e) Citizen of foreign country? Md (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Nelson Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16, 1904

8. AGE: Years 38 | Months 11 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Alfred Williams
13. Birthplace Md.

MOTHER 14. Maiden Name Julia Compton
15. Birthplace Md.

16 (a) Informant Mary Williams
(b) Address 1761 Parrish St

17 (a) Burial (b) Date thereof 12/23/43
(burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. H. Kelson
Address 1623 Pennsylvania Ave

DEC 20 1943

19 (a) (b) Huntington Williams M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15, 1943, at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1943, to Dec 15 1943, and that I last saw him alive on Dec 15 1943.

Immediate cause of death Pneumonia (Upper Lobe) — Duration 4 days
Due to Influenza — 7 days
Due to Planning (Dry)
Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Geo. H. Pendleton M. D.
Address 1623 Pennsylvania Ave Date signed 12-20-43

11545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

G 11545 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 620 Baker St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 620 Baker St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Eliza Farrell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William Farrell

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) July 29, 1878

8. AGE: Years 65 | Months 7 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant William Farrell
(b) Address 620 Baker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Wm H. Kelso
(b) Address 1303 Pressstman St

19 (a) [illegible] (b) [illegible] for Williams M.D. Registrar

DEC 20 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1943, at 7.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1943, to Dec 17 1943, and that I last saw her alive on Dec 17 1943

Immediate cause of death: Cardio Vascular Renal Disease — Duration: 1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. William Frey M. D.

Address 1928 Pa. Ave Date signed 12/20/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Where unknown or inapplicable, so state. Be sure to state the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

G 11546 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 930 Pine St
(c) Hospital or institution:

17

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 930 Pine St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Amanda D. Wright

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Wilbert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/25/1898

8. AGE: Years 44 | Months 11 | Days 21 | If less than one day ... hr. ... min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Stevens Jones
13. Birthplace Va

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Christine Brown
(b) Address 930 Pine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md

18 (a) Funeral director Geo. S. Nelson
(b) Address 1303 Pennsylvania Ave

19 (a) 12-22-1943 (Date received by registrar) (b) writing for Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1943, at 9:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/15 1943, to 12/16 1943, and that I last saw h alive on 12/16 1943.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Burl Rutty M. D.
Address 739 Dumbarton Ave Date signed 12/17/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Jamie Jett

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

Registered No. G 11547

1547

Write the causes of death clearly and legibly. Physicians: please write correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1732 Stay St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ✓
(c) City or town Balto. City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1732 Stay St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jamie Jett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Edward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22/1877

8. AGE: Years	Months	Days	If less than one day
66	1	25	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Henry Lewis
13. Birthplace Md

MOTHER
14. Maiden Name Martha
15. Birthplace Md

16 (a) Informant Mamie Hayden
(b) Address 1345 Gordon

17 (a) Burial (b) Date thereof 12/21/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. M. Kelly
(b) Address 1303 Pressman St

19 DEC 20 1943 (b) Huntington Williams M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/17/43 19..., at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1/43 12/17/43 and that I last saw h[illegible] alive on 12/15/43.

Immediate cause of death: Pneumonia Duration 7 days
due to Terminal exhaustion
Due to Arteriosclerosis
Due to Senility 75 yrs
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
How injury occurred
23. Signature H. Lee Elkins M. D.
Address 1 W. Mt. Royal Ave Date signed 12/20/43

VS 150

G 11548 BALTIMORE CITY HEALTH DEPARTMENT G 11548

CERTIFICATE OF DEATH 122B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 25th Ward Medical

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto - Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 331 Pontiac st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Jewel Ann Ditto

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1 1943

8. AGE: Years	Months	Days	If less than one day
	8	18	hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Donald S Ditto
13. Birthplace Pa

MOTHER
14. Maiden Name Frances M Santagata
15. Birthplace New York

16 (a) Informant Mrs Donald S Ditto
(b) Address 331 Pontiac ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/43 (month) (day) (year)
(c) Cemetery or crematory Flushing Cemetery
Location New York

18 (a) Funeral director William M. Mareck
(b) Address 712 Light St.

19 (a) DEC 20 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18 1943, at 10 35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-18 1943 to 12-18 1943 and that I last saw h~~er~~ alive on 12-18 1943

Immediate cause of death Died 5 min. before arriving in Accident Room. Intestinal Obstruction — Duration

Due to Intussusception

Due to

Other Conditions Otitis media

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Intussusception - Appendix not involved

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas B. Dunn M. D.
Address University Hosp Date signed 12-18-43

correct age is especially important. Physicians: please write clearly the causes of death clearly and legibly.

11549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1926

G 11549 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3438-2nd St BROOKLYN
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3438-2nd St (BROOKLYN)
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH. M. FRANK

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEM.	WHITE	SINGLE

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) JUNE-7-1882

8. AGE: Years	Months	Days	If less than one day
61	6	11	..... hr. ..... min.

9. Birthplace BALTIMORE
(Town, county, and state)
10. Usual Occupation LABELER OF BOTTLES
11. Industry or business McCORMICK. CO

FATHER
12. Name CHAS. L FRANK
13. Birthplace MICH.

MOTHER
14. Maiden Name ANNA M JUNKER
15. Birthplace BALTO, MD.

16 (a) Informant MAMIE FRANK
(b) Address 3438-2nd St BROOKLYN

17 (a) BURIAL (b) Date thereof DEC-22-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location A.A.Co

18 (a) Funeral director Bernard C. Harlan
(b) Address 124 E. Mt. Royal Ave
DEC 20 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC-18th 1943, at 12.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from DEC 15 1943 to DEC 18 1943, and that I last saw Pt. alive on Dec 17th 1943

Duration

Immediate cause of death Myocardial Insufficiency.
Due to
Due to
Other Condition Mitral Insufficiency & Myocarditis.
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature John A Johnson M. D.
Address 1337 S. Charles Date signed 12/30/43.

VS 180

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92a

C 11550 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 Callender Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME STEPHEN SADOWSKI

3 (b) If veteran, name war -

3 (c) Social Security Account No. 212-01-3231

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Helen Marie Sadowski (Ireland-Maiden Name) 6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1911

8. AGE: Years	Months	Days	If less than one day
32	4	16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation AB Seaman
11. Industry or business Merchant Marine

FATHER
12. Name John Sadowski
13. Birthplace Poland

MOTHER
14. Maiden Name Antonnette ?
15. Birthplace Poland

16 (a) Informant Records, U. S. Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-43 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore Md

18 (a) Funeral director George A Weber.
(b) Address 705 S Linn st

19 (a) DEC 20 1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION A.

20. DATE OF DEATH Dec. 19, 1943, at 5:37 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 27, 1943 to Dec. 19, 1943, and that I last saw him alive on Dec. 19, 1943.

Immediate cause of death Congestive failure ----

Due to Rheumatic heart disease; Mitral stenosis; Aortic regurgitation.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None performed
Major findings of operation:
of autopsy: None done

Duration: Just before death. Unk., but approx. 9/1943.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. S Bracken M. D.
Address Baltimore, Md. Date signed 12/20/43

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Information as to correct age is especially important.

V8 150

MS-49385

11551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 11551

Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2510 Fleet Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 31,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2510 Fleet Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Hejda

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~xxxx~~ Ignatius
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1881

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ? Kosior
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Cecelia Spence (Daughter)
(b) Address 2510 Fleet Street

17 (a) Burial (b) Date thereof 12-22-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore Md.

18 (a) Funeral director George A Weber
(b) Address 704 S. Ann St

DEC 20 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 18th 1943, at 11:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 20 1943, to Dec 18 1943, and that I last saw her alive on Dec. 18 1943.

Immediate cause of death	Duration
Chronic nephritis	1 day
acute exacerbation	
Due to Chronic arterial Hypertension	yrs
Due to Chronic valvular Heart Dis	yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leo J Tierney M. D.
Address 432 S Patt St Date signed 12/20/43

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A 32967 G 11552

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

14 G 11552 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 weeks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 402 Pearl St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Dabney

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: black | 6 (a) Single, married, widowed, or divorced: child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-21-40

8. AGE: Years 3 | Months 1 | Days 27 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Henry Dabney
13. Birthplace Va.

MOTHER
14. Maiden Name Martha Nicholas
15. Birthplace VA

16 (a) Informant records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12-21-43 (month) (day) (year)
(c) Cemetery or crematory Maiden Rem Va
Location Goochland County Va

18 (a) Funeral director Williams & Jackson
(b) Address 916 Penna Ave

19 (a) (Date rec'd by registrar) (b) (Registrar)
DEC 20 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18 - 1943, at 8 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/29 1943, to 12/18 1943, and that I last saw him alive on 12/18 1943.

Immediate cause of death	Duration
Tuberculous meningitis	3 weeks
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C Lee Randol
Address Johns Hopkins Hosp Signed 12/18/43 (D)

Please write the correct age is especially important. Physicians:

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

129

G 11553

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution South Baltimore General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 59 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 407 annabell Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Christopher Elliott.

3 (b) If veteran, name war No

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Bertha Elliott
6 (c) If alive, give age 21 years

7. Birth date of deceased (mo., day, yr.) Dec 25 1912.

8. AGE: Years	Months	Days	If less than one day
31	11	6	23 hr. min.

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation Burner.
11. Industry or business Shipyard works.

FATHER
12. Name Joseph E Elliott
13. Birthplace North Carolina.

MOTHER
14. Maiden Name Annayd Gray.
15. Birthplace North Carolina.

16 (a) Informant Mrs Bertha Elliott.
(b) Address 407 annabell Ave.

17 (a) Burial (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Rutherfordton N.C.
Location R.F.D.

18 (a) Funeral director Fred W Ozazewski
(b) Address 1930 Eastern Ave

19 (a) (b)
(Date received by Registrar) Lillington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18-43 19..., at 11 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-21 1942, to 12-18 1943, and that I last saw h/m alive on 12-18 1943.

Immediate cause of death	Duration
Emphysema	
Due to Subdiaphragmatic abs.	
Due to Generalized peritonitis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Same as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles A. Mc Donald M.D.
Address 1213 Light St Date signed 12-19-43

G 11554

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1318

G 11554 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun + Fayette Sts
(c) Hospital or institution: Franklin Sq. Hosp. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 323 Park Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Chin Dick Jai

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W Chinese	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
abt 60			hr. min.

9. Birthplace China
(Town, county, and state)
10. Usual Occupation — None
11. Industry or business

FATHER
12. Name Could not ascertain
13. Birthplace China

MOTHER
14. Maiden Name Could not ascertain
15. Birthplace China

16 (a) Informant Mrs. Chin Quong (friend)
(b) Address 310 Park Ave

17 (a) Burial (b) Date thereof Dec 20/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn

18 (a) Funeral director Stewart & Movers Co
(b) Address 108 W. North Ave.

19 (a) (b)
(Date rec'd by registrar) Hardington Hill Registrar M.D.

VS 8
DEC 20 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-17- 1943 at 4 a.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-14 1943, to 12-17-1943 and that I last saw him alive on 12-16 1943.

Immediate cause of death	Duration
(a) Pleurisy	4 days
Due to (b) Bronchopneumonia	2 wks
Due to (c)	
Due to (d)	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature F. Howard Mc M. D.
Address 18 Eutaw St Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4408868

G 11555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11555

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3610 Fairview Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edmund Thomas Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. 216 - 18 - 0010

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bertha -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8 - 23 - 74

8. AGE: Years 69 | Months 3 | Days 26 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Contractor & Builder

11. Industry or business

FATHER
12. Name Thomas L. Jones
13. Birthplace Md

MOTHER
14. Maiden Name Alice Dickson
15. Birthplace Md.

16 (a) Informant Regarda
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 20 1943 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1943 at 7 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1943 to Dec 19 1943, and that I last saw him alive on Dec 19 1943

Immediate cause of death: Bronchopneumonia — Duration

Due to: Cerebral thrombosis

Due to: Generalized arteriosclerosis

Other Conditions: Diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not Done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. S. Cross M. D.

Address J. H. H. Date signed 12-19-43

Having for Middle name M

G 11556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

G 11556

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Windsor Ct. Apts. Windsor ave + Edmondson
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELSA T. STARKLOFF

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1879

8. AGE: Years	Months	Days	If less than one day
64	2	6	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Carl F. Starkloff
13. Birthplace Germany

MOTHER
14. Maiden Name Theresa Lertz
15. Birthplace Germany

16 (a) Informant Mrs. Clifton Andrews
(b) Address Windsor Ct. Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/43 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto. Walter Williams, M.D.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/28 1943 to 12/19 1943 and that I last saw h[illegible] alive on 12/15 1943

Immediate cause of death: Uremia — Duration 3 days

Due to Chr. Cardio-Vascular Renal disease — 10 yrs

Due to — 3 wks

Other Condition Apoplexy

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Luther Leavitt M. D.
Address 1901 Eutaw Date signed 12-20-43

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

VS 180

G 11557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 11557 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2610 Osmega ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Joseph M. Wright (Joseph Mowbray Wright)

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 220 - 03 - 0232

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Jennie S.?

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) March 23, 1870

8. AGE: Years 73 | Months 8 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Caroline Co.)
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Willis Wright
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Patchett
15. Birthplace Maryland

16 (a) Informant Mrs. Joseph M. Wright
(b) Address 2610 Osmega Ave. City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/43 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) ____ (b) ____

Date received in registrar's office DEC 28 1943 Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 27 1943, to Dec. 20 1943, and that I last saw h[illegible] alive on Dec. 20 1943.

	Duration
Immediate cause of death Cardio-Resp. failure	
Due to Bronchopneumonia	2 wks ?
Due to:	
Other Conditions Arteriosclerotic heart disease	

(Include pregnancy within 3 months of death)

Date of operation Dec. 8 1943

Major findings of operation: Exploratory Laparotomy - nothing found

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Union Memorial Hosp. Date signed 12-30-43 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11558 G 11558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 148a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 79 M 9 D 12/18/43.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Blackstone Apt
(If outside city or town limits, write RURAL and give town)
(d) Street No. Charlotte & 33rd Sts
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Alice E. Emery

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Ernest W. Emery

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 12-18-43.

8. AGE: Years: 79 | Months: 5 | Days: 10 | If less than one day: hrs. 9 | 8 | 18hrs min.

9. Birthplace: Baltimore
(Town, county, and state)

10. Usual Occupation: At Home.

11. Industry or business

FATHER
12. Name: James Carney
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Jane McCann
15. Birthplace: Baltimore

16 (a) Informant: Mrs Margaret Conroy Dunne
(b) Address: 86 Dunkirk Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-43 (month) (day) (year)
(c) Cemetery or crematory: St Mary's
Location: Cavans—

18 (a) Funeral director: Chas. F. Evans & Son
(b) Address: 118 W. Mt Royal Ave.

19 (a) (Date received by registrar) (b) William H. Taylor (Registrar)

DEC 20 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec - 18 1943, at 2:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/19/1943 to 12/18/1943, and that I last saw h.r alive on 12/18/1943

Immediate cause of death: Circulatory Collapse-Cardiac failure.
Due to: Generalized Metastases
Due to: Carcinoma of Cervix
Other Conditions: Recto-vaginal fistula -
(Include pregnancy within 3 months of death)

Date of operation: None
Major findings of operation:
of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Galbraith & Church M. D.
Address: Hopkins Hospital Date signed 12-18-43

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

G 11559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11559 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2506 Elet St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Stamborski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-6-~~93~~94

8. AGE: Years	Months	Days	If less than one day
49 ~~50~~	6	11	hr. min.

9. Birthplace Maryland (town, county and state)

10. Usual Occupation Longshoreman

11. Industry or business

FATHER
12. Name Anthony Stamborski
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Rycinska
15. Birthplace Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21 '43 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director Jerry M. Weber
(b) Address 404 S. Chester Street

19 (a) DEC 20 1943 (b) [illegible] for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1943 at 9 35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15 1943, to Dec. 17 1943, and that I last saw him alive on Dec. 17 1943.

Immediate cause of death	Duration
Lobar pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John R. Bumingham M. D.
FHH
Address Date signed 12-17

OCEN

Please write clearly and legibly. Physicians: please write the cause of death clearly and legibly. Give the correct age is especially important.

G 11560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92

G 11560 Registered No.

Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 10 S. Patterson Park ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 10 S. Patterson Park ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Antonina Stempar

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Joseph Stempar
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 70 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Michael Kowalski
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace Poland

16 (a) Informant Joseph Stempar
(b) Address Search and Sperrowpoint

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John F. Weber
(b) Address 409 S. Chester Street

19 (a) (Date rec'd by registrar) Registrar

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1943, at 12 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16, 1943, to Dec 18, 1943 and that I last saw her alive on Dec 17, 1943

Immediate cause of death Bronchial Pneumonia — Duration 2 days
Due to acute Bronchitis — 5 days
Due to
Other Conditions Chronic Valvular heart disease
(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature John J. Keagle M. D.
Address 1627 Eastern Ave Date signed 12/18/43

KEAGLE

G 11551

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 123 Scott St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 123 Scott St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie Richmond

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Widow

6 (b) Name of husband or wife late Harry Richmond
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21, 1888

8. AGE: Years	Months	Days	If less than one day
55	7	27	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Samuel Hecht
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Maril Burns
(b) Address 408 S. Gilmor St

17 (a) Burial (b) Date thereof Dec 21/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md

18 (a) Funeral director Harry M. Witzke
(b) Address 1401 Edmondson Ave
Huntington Maryland

19 (a) (Date rec'd by Registrar) (b) Registrar

DEC 20 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18 1943, at 4 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were
IMMEDIATE CAUSE OF DEATH Bronchopneumonia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Roland Lee Fontaine M.D.
Medical Examiner.
Date signed Dec 18 1943.

G 11562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11562 Registered No. 952

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1100 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital 8 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2618 Llewellyn Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Rafferty

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-6978

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Edith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/7/06

8. AGE: Years	Months	Days	If less than one day
37	9	11	hr. min.

9. Birthplace Balto. Md. (Town, county and state)
10. Usual Occupation Brewery Worker
11. Industry or business National Brewery

FATHER
12. Name Wm J Rafferty
13. Birthplace Unknown

MOTHER
14. Maiden Name Mrs Harcourt
15. Birthplace Unknown

16 (a) Informant Edith Marie Rafferty
(b) Address 2618 Llewelyn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Road

18 (a) Funeral director Wm J Miller Inc
(b) Address 2435 E. Oliver St. Hunting for Mulberry

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 20 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18 1943, at 2:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/16 1943; to 12/18 1943 and that I last saw him alive on 12/18 1943.

Immediate cause of death	Duration
Congestive heart failure	
due to rheumatic disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan E Chesler M. D.
Address St. Joseph's Hosp Date signed 12-18-43

G 11563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

G 11563
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 14 E. Chase St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 MOS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTO.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 14 E. Chase St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lieut. Edward P. Hale

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 20 1902

8. AGE: Years	Months	Days	If less than one day
41	10	28	hr. min.

9. Birthplace MANCHESTER N.H.
(Town, county, and state)
10. Usual Occupation SOLDIER
11. Industry or business U.S. GOVERMENT

FATHER
12. Name ARTHUR HALE
13. Birthplace NH.

MOTHER
14. Maiden Name ADDIE SMITH
15. Birthplace N.H.

16 (a) Informant U.S. GOVERMENT RECDS.
(b) Address 3rd. CORSP AREA BALTO. MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 23/43 (month) (day) (year)
(c) Cemetery or crematory NEW HAMPSHIRE
Location NEW HAMPSHIRE

18 (a) Funeral director Lillyand Geiler 1146.
(b) Address 403 S. WOLFE ST.

19 DEC 20 1943 (Date rec'd by registrar) Huntington Hill Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1943, at 5 A M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec. 19 1943

G 11564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

G 11564 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1203 N. Monroe St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1203 N. Monroe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Elizabeth Sheridan.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-16-7273

4. Sex Female

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1924

8. AGE: Years 19 | Months 9 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Clerk.

11. Industry or business Tommy Tucker 5 & 10 Cent Store

FATHER
12. Name Milton Hall.
13. Birthplace New York N.Y.

MOTHER
14. Maiden Name Bernice Sheridan
15. Birthplace Baltimore Md.

16 (a) Informant Bernice Sheridan
(b) Address 1203 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/43. (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Robert L. Young
(b) Address 804 N. Carrollton Ave.

19 (a) DEC 20 1943 (b) Registrar Huntington Williams, M.D.

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17 1943, at 6:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11 1943 to Dec. 17 1943, and that I last saw h[illegible] alive on 11/29/ 1943.

Immediate cause of death Acute Pneumonic Phthisis — Duration

Due to Pulmonary Tuberculosis 5 Yrs Marked.

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. S. Victor Smith M. D.
Address 874 N. Carey St. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 11565 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Sts
(c) Hospital or institution: Union Memorial Hosp. 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4d.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 921 Homestead St
(If rural give location)
(e) Citizen of foreign country? no (Yes, or No)
If yes, name country

3 (a) FULL NAME Miss Elizabeth Caroline Jumps

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 14, 1880

8. AGE: Years	Months	Days	If less than one day
63	32	5	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Peter Selsby Jumps
13. Birthplace England

MOTHER
14. Maiden Name Esther Coop
15. Birthplace England

16 (a) Informant Mrs. Nellie Jewell
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Leonard J. Rusk
(b) Address 5305 Harford Rd.
(c) Date received by registrar DEC 20 1943 Huntington Williams, M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1943, at 12:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1943 to Dec 19 1943 and that I last saw h.er alive on Dec 19 1943

Immediate cause of death Cardio-resp. failure. — Duration —

Due to Cerebro-vascular accident — 4 days

Due to hypertension — ?

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles W. Frye M. D.
Address 1 Mem. Hosp. Date signed 12-1943

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11566 — BALTIMORE CITY HEALTH DEPARTMENT — G 11566

CERTIFICATE OF DEATH 516

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5903 Arabia Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 14
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5903 Arabia Avenue (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) **FULL NAME** Jacob J. Harrington
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Fannie nee Perkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1869

8. AGE: Years	Months	Days	If less than one day
74	5	19	..... hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Charles Harrington
(b) Address 5903 Arabia Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Leonard J. Kucks
(b) Address 5309 Harford Road

19 (a) 20 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 1943 at 6 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jany 27 1943, to Dec 16 1943 and that I last saw him alive on Dec 15 1943

Immediate cause of death Carcinoma Prostate Gland — Duration about one year

Due to .....

Due to .....

Other Conditions None
(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at .....M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Morris B. Green M.D.
Address 5309 Harford Rd Signed 12/18/43
Baltimore, Maryland

G 11567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 11567 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be completed. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1304 Myrtle ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1304 Myrtle ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Spicer Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	Married

6 (b) Name of husband ~~or wife~~ Benjamin Green
6 (c) If alive, give age 18 years

7. Birth date of deceased (mo., day, yr.) May 10 1927

8. AGE: Years	Months	Days	If less than one day
16	7	9	hr. min.

9. Birthplace Cambridge Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Wesley Spicer
13. Birthplace Cambridge Md

MOTHER
14. Maiden Name Agnes Caldwell
15. Birthplace Wyoming Delaware

16 (a) Informant Agnes Spicer
(b) Address 1304 Myrtle

17 (a) Burial (b) Date thereof Dec 22-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Bethel Cem.
Location Cambridge Md.

18 (a) Funeral director Lewis H. Baynum
(b) Address 201 Washington St.

19 (a) (Date received by Registrar) (b) Clinton Williams Registrar

DEC 20 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec - 19 1943, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec-17 1943 to Dec-19 1943, and that I last saw h[er] alive on Dec 18 1943.

Immediate cause of death: Acute Bronchitis — Duration 5 Days
Due to Pneumonia
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at P M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Saunders
Address 1111 Lee Date signed 12/21/1943 M.D.

G 11568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1930

G 11568 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 113 S. Arlington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 D
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 S. Arlington Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Edna Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 1, 1881

8. AGE: Years	Months	Days	If less than one day
62	11	16	hr. min.

9. Birthplace Anne Arundel County, Md. (Town, county, and state)
10. Usual Occupation Bakery - Stall
11. Industry or business Hollins Market

FATHER
12. Name Jones
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Hester Pettibone
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Earl Jones
(b) Address 3217 Woodland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21, 1943 (month) (day) (year)
(c) Cemetery or crematory Asbury Park Cemetery
Location Anne Arundel County, Md.

18 (a) Funeral director Willis Lamoreaux
(b) Address 4903 W. Baltimore St.

19 (a) DEC 20 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17 1943, at 1.40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15 1943 to Dec. 17 1943, and that I last saw h. alive on Dec. 15 1943

Immediate cause of death Acute Cardiac Failure — Duration 2 hrs.
Due to Arterio Sclerotic Cardio-vascular disease 7 yrs?
Due to
Other Conditions Cellulitis Rt. foot — 2 wks.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earl Jones M.D.
Address 4001 Wilkens Ave Date signed 12-18-43 M. D.

VS 150

G 11569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 11569

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4015 Chatham Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4015 Chatham Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Blanche Virginia Burton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Dr. William E. Burton
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 30th 1868

8. AGE: Years	Months	Days	If less than one day
74	11	19	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Philip H. Dougherty
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Virginia H. Appleby
15. Birthplace Baltimore, Md.

16 (a) Informant Donald P. Frey
(b) Address 4015 Chatham Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21 1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville Maryland

18 (a) Funeral director Wilkins-Amoroso
(b) Address 4510 Liberty Heights Avenue

19 (a) DEC 20 1943 (Date received by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19th. 1943, at 4.30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to Dec 1943, and that I last saw her alive on Oct 1943.

Immediate cause of death

	Duration
Coronary Thrombosis	1 day
Due to	
Arterio-sclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. Volimer M.D.
Address 4710 Liberty Hghts Ave Date signed 12/ 1943

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~13570~~ G 13570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54 A

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: University Hospital W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-2
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County York
(c) City or town York
(If outside city or town limits, write RURAL and give town)
(d) Street No. 318 N. HAWTHORNE Ave
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Florence C. Smith

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William H.

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1893

8. AGE: Years 50 | Months 4 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace England
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Alfred Gayton
13. Birthplace England

MOTHER
14. Maiden Name Frances M. Pickford
15. Birthplace England

16 (a) Informant Steuart E. Steiner

(b) Address York, Penna.

17 (a) ..... (b) Date thereof Dec 20 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Stranger's Cem.

Location Dover (York Co) Pa.

18 (a) Funeral director Kalbaugh Cook, Inc.

(b) Address 1217 E. Market St.

DEC 21 1943 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/20 1943 at C.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/14 1943, to 12/20 1943, and that I last saw her alive on 12/20 1943

Immediate cause of death ..... Duration

Brain tumor
Due to Cerebral hemorrhage multiple

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: same

of autopsy: same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature R. K. Thompson M.D.

Address Asst. Hosp. Date signed 12/22/43

VS 180

44562S

7571

BALTIMORE CITY HEALTH DEPARTMENT X V G 13571

CERTIFICATE OF DEATH

114 D

Registered No.

MARGIN RESERVED FOR BINDING. BE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland

(b) Street address.....

(c) Hospital or institution:
JOHNS HOPKINS HOSPITAL 1-5

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....

(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Fla. (b) County .....

(c) City or town Miami Beach
(If outside city or town limits, write RURAL and give town)

(d) Street No. 4200 Alton Rd
(If rural give location)

(e) Citizen of foreign country? .....(Yes or No)
If yes, name country .....

3 (a) FULL NAME Albert E. Purchase

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Hazel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-4-87

8. AGE: Years	Months	Days	If less than one day
56	1	15	hr. min.

9. Birthplace Pa
(Town, county, and state)

10. Usual Occupation Real Estate Salesman

11. Industry or business

FATHER 12. Name Harry W. Purchase

13. Birthplace England

MOTHER 14. Maiden Name Selina Allen

15. Birthplace England

16 (a) Informant Records.

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial-Removal (b) Date thereof Dec. 21-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Arlington Forest Hill

Location Hyatts. Pa

18 (a) Funeral director W. C. Cook Inc.

(b) Address 1817 St Paul St.

DEC 21 1943 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 19 43 at 9 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4 19 43 to Dec 19 19 43 and that I last saw him alive on Dec 19 19 43

Immediate cause of death	Duration
Cerebral anoxia	
Due to Pulmonary edema	
Due to TOTAL PNEUMONECTOMY (RT)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 12/8/43

Major findings of operation: Multiple abscess - Rt. lung.

of autopsy: Pneumectomy specimen

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? .....
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)

(e) Means of injury .....

23. Signature R. Saunders M. D.

Address Johns Hopkins Hospital Date signed 12/19/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 11572

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5313 Edmondson Ave
(c) Hospital or institution:
Hood Nursing Home 15 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2901 Presbury St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY FRANCES GAIGLER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow

6 (b) Name of husband or wife Wm. H. Gaigler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1861

8. AGE: Years	Months	Days	If less than one day
82	0	16	hr. min.

9. Birthplace Richmond, Va.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

MOTHER / FATHER
12. Name Jacob Bothoff
13. Birthplace Germany
14. Maiden Name Mary Keehne
15. Birthplace Germany

16 (a) Informant Mr. Roland Gaigler
(b) Address 2901 Presbury St.

17 (a) Burial (b) Date thereof 12/21/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa., Balto., Md.

19 (a) DEC 21 1943 (Date rec'd by local registrar) (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION A

20. DATE OF DEATH Dec. 18, 1943, at 2:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1937 to Dec 18 1943 and that I last saw h.er alive on Dec 17 1943

Immediate cause of death	Duration
Myocarditis Acute & Dilatation of Heart	✓
Due to General Sclerosis	
Due to Coronary	✓
Other Conditions ✓	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: ✓
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? ✓
(Specify type of place)
(e) Means of injury ✓

23. Signature Clarence L. Packard M.D.
Address 1219 Cathedral Street Date signed 12/20/43

C 11573 — Dr Miller 1505 N Broadway — C 11573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 430 E 20th St
(c) Hospital or institution: 12-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 430 E 20th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Flora V Bailey

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Josephine A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 24, 1851

8. AGE: Years 92 | Months 8 | Days 24 | If less than one day hr. min.

9. Birthplace Shrewsbury Pa (Town, county, and state)

10. Usual Occupation Cabinet Maker Retired

11. Industry or business

FATHER
12. Name Henry Bailey
13. Birthplace Pa

MOTHER
14. Maiden Name Margaret Holekner
15. Birthplace Shrewsbury

16 (a) Informant Flora V Bailey
(b) Address 430 E 20th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/43 (month) (day) (year)

(c) Cemetery or crematory Evangelical Lutheran
Location Shrewsbury Pa

18 (a) Funeral director Wilhelm Colonge
(b) Address 1217 Lt Paul St

19 (a) DEC 21 1943 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1943, at 2:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/18 1943, to 12/18 1943, and that I last saw h[illegible] alive on 12/18 1943.

Immediate cause of death: Cerebral Arteriosclerosis — Duration: 6 yr

Due to:

Due to:

Other Conditions: Myocardial Degeneration — 6 days

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dallas Miller
Address 1500 N Broadway Date signed 12/20/43 M. D.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 108 G 11574

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1830 W. Balto. St.
(c) Hospital or institution: 20-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1830 W. Balto St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Linda Estilla Taylor

3 (b) If veteran, name war: W
3 (c) Social Security Account No. NAE

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or divorced: Widowed
6 (b) Name of husband ~~or wife~~: Thomas T. Taylor
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 1864
8. AGE: Years: 79 | Months | Days | If less than one day ..... hr. ..... min.
9. Birthplace (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: At Home

FATHER
12. Name: William Spragg
13. Birthplace: Balto Md.

MOTHER
14. Maiden Name: Harriett
15. Birthplace: Balto Md

16 (a) Informant: George W. Brady
(b) Address: Fidelity Building

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/24/43 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Baltimore Md

18 (a) Funeral director: Wm. Cook Inc
(b) Address: 127 St. Paul St

19 (a) DEC 21 1943 (Date rec'd by Registrar) (b) Huntington for Williams, Mgr

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 17 1943, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1943, to Dec 17 1943, and that I last saw h.. alive on Dec 17 1943.

Immediate cause of death: Fatal Pneumonia — Duration: 5 days
Due to:
Due to:
Other Conditions: Coronary Occlusion — 8 yrs.
Two to One Hypothyroidism
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature: John A. Evans M. D.
Address 612 N 40 St Date signed

VS 150

Jo #85506 11575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. G 11575

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals 12-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8hr. 50min.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2236 Calvert St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Chenis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Emma Chenis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5. ? 1885

8. AGE: Years	Months	Days	If less than one day
68	1	14	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation
11. Industry or business Fairfield Shipyard

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records, Balto. City Hosp.
(b) Address 4940 Eastern Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wilson & Son
(b) Address 1217 E. Fayette St.

19 (a) DEC 21 1943 (Date rec'd by Registrar) (b) Hunting Tom Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19, 1943, at 6:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/19 1943, to 12/19 1943, and that I last saw h[illegible] alive on 12/19 1943.

Immediate cause of death	Duration
(a) Lobar pneumonia; meningitis, purul.	6 d.
Due to (b) pneumococcic	4 d.
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: by Post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. F. Seigman M. D.
Address BCH Date signed 12/20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 74A

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 616 Woodbourne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 Woodbourne Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Dick

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 217-18-6884
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Lillian
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 1. 1876
8. AGE: Years 67 | Months 2 | Days 18 | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Rouemon Finish
11. Industry or business

FATHER
12. Name Anthony Dick
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Wolff
15. Birthplace Germany

16 (a) Informant Lillian Dick
(b) Address 616 Woodbourne Ave

17. Burial (Burial, cremation, or removal) (b) Date thereof 12/22/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Md

18 (a) Funeral director Wilhorn & Son
(b) Address 1217 E Pratt St

19 (a) DEC 21 1943 (Date rec'd by registrar) (b) Signature for Williams M.D.

V8 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1943 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 18 1943 to Dec. 19 1943, and that I last saw him alive on Dec. 18 1943.

Immediate cause of death: Myelogenous Leukemia — Duration: 4 months
Due to:
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Clark G Benson, M. D.
Address 5111 York Rd Date Dec 20, 1943

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 13577 ✓ C 13577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 9211

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 627 Eaton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 m
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 627 Eaton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie B Ziegler

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Paul A
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 19 1874

8. AGE: Years	Months	Days	If less than one day
69	3	-	hr. min.

9. Birthplace York Pa (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Levi Blanchbough
13. Birthplace Pa

MOTHER 14. Maiden Name Lucinda Keeling
15. Birthplace Pa

16 (a) Informant Richard A Ziegler
(b) Address 817 Homestead St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/43 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location York Pa

18 (a) Funeral director Myhom Co Inc
(b) Address 1217 St Paul St

DEC 21 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1943, at 6 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 13 1943, to Dec. 19 1943, and that I last saw her alive on Dec. 18 1943.

	Duration
Immediate cause of death Cardiac dilatation	24 hrs
Due to Aortic regurgitation	5 yrs.
Due to	
Other Conditions Bronchitis & Influenza (Include pregnancy within 3 months of death)	1 week

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert G Fitzgerald M. D.
Address 613 E. North Ave Date signed 12-19-43.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 13578 — 21 Blum — 1311 — 2-13578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 13578

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 949 Forrest St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10-12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 949 Forrest St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Susan B Ellison ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced?
—	none	Female	White	Widow

6 (b) Name of husband or wife Thomas H
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18 1868

8. AGE: Years	Months	Days	If less than one day
75	9	1	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name	John A Ringrose
13. Birthplace	Baltimore Md
MOTHER 14. Maiden Name	Isabella Mahoney
15. Birthplace	Baltimore Md

16 (a) Informant Aaron Ellison
(b) Address 1200 Brentwood Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md
18 (a) Funeral director Gilbert Bros Inc
(b) Address 1217 St Paul St

DEC 21 1943 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1943, at 6:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1943, to Dec 19 1943, and that I last saw her alive on Dec 19 1943

Immediate cause of death Bronchio-Pneumonia — Duration 5 days

Due to

Due to

Other Conditions Uterus-Sclerotic Cardiac Thrombosis (Include pregnancy within three months of death)

Date of operation

Major findings of operation:

of autopsy:

2

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Blum M. D.
Address 2062 E Preston St Date signed 12/20/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 11579

Registered No. 1258

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Rutland Ave
(c) Hospital or institution: Sinai Hosp. 6-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2119 Orleans St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mollie Scherr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Eli Scherr

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business

FATHER
12. Name Moses Lyman
13. Birthplace Poland

MOTHER
14. Maiden Name Jeannette Sarah
15. Birthplace Poland

16 (a) Informant Mrs. Miriam Abramson
(b) Address 2119 Orleans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-43 (month) (day) (year)
(c) Cemetery or crematory Chas Herman Cong
Location Druid Lane

18 (a) Funeral director Jos Levin Inc
(b) Address 1431 E Balto St

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 21 1943

VS-188

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1943, at 9:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 13 1943, to Dec 20 1943, and that I last saw her alive on Dec 20 1943.

Immediate cause of death Cholemia — Duration

Due to Liver Disease, undiagnosed Type

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert A. Jacobs M. D.

Address Date signed 12/21/43

G 11580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 11580

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3409 Holmes Ave.
(c) Hospital or institution:

13-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3409 Holmes Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JENNIE R. WILNER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife WILLIAM
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name Israel Hellman
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah
15. Birthplace Russia

16 (a) Informant Harry Wilner
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-43 (month) (day) (year)
(c) Cemetery or crematory Windsor Mill Rd
Location Windsor Mill Rd

18 (a) Funeral director Jack Levin Funeral Home
(b) Address 1439 E. Balto St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

DEC 21 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1943, at 9:32 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 30 1938 to Dec 20 1943, and that I last saw h-e alive on Dec 4 1943

Immediate cause of death	Duration
Coronary Thrombosis	Sud. few min.
Due to Coronary artery sclerosis; arteriosclerotic heart disease	Symptoms since 1938
Due to Generalized arteriosclerosis	
Other Conditions Arterial hypertension	Since 1938

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis P. Hamburger M. D.
Address 1207 Eutaw Pl. Date signed Dec 20 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 108 C 11581

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Saratoga
(c) Hospital or institution:
Mercy Hospital 29-11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs 9 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 15 Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2817 West Jackson
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Allen Sred

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1940

8. AGE: Years	Months	Days	If less than one day
3	9	20	18 hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Paul Sred
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Martha Freedman
15. Birthplace Maryland

16 (a) Informant Paul Sred
(b) Address 2617 W. Maryland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-43 (month) (day) (year)
(c) Cemetery or crematory Old Yonkers Cemy.
Location Broadway Road
18 (a) Funeral director Jos. Levin Inc
(b) Address 1439 E Balto St
19 (a) DEC 21 1943 (Date rec'd by registrar) (b) Huntington Williamsville Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/20/1943 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 8, 1943 to Dec 20, 1943 and that I last saw h, m alive on Dec. 20, 1943.

Immediate cause of death	Duration
Cardio Respiratory Failure	
Due to Bilateral Massive Lobar	
Due to Pneumonia	
Other Conditions Empyema	
Septicemia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John R. Davis Jr M. D.
Address Mercy Hospital Date signed

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11582 — C 11582

JL - 83966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 17-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 629 W. Franklin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bettie Stron

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Isaac Stron
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1891

8. AGE: Years	Months	Days	If less than one day
52	4	22	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Pete Savage
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Gibbons
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Shipped (b) Date thereof 12-21-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Tasley Cem. Va
Location Accomac County Va

18 (a) Funeral director William A Jackson
(b) Address 916 Penna Ave

19 (a) (b)
(By whom?) Registrar

DEC 21 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/19 1943, at 6:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/24 19 43 to 12/19 1943.
and that I last saw him alive on 12/19 1943.

Immediate cause of death Uremia; cachexia — Duration 3 mo.

Due to Peri-renal abscess
& uremo-colic fistula — Duration 4-5 mo.

Due to Para. pyelonephrosis
on ruptured diverticulum

Other Conditions H.C.V.D.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Seymour M. D.
Address BCH Date signed 12/20

Huntington Williams M.D.

G 11583 ✓ G 11583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

65 F Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Clemsion
(c) Hospital or institution: Provident Hospital 18 W
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 124 Schroder St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Floyd Holmes

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-5861

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Hilda Holmes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-10-1897

8. AGE: Years	Months	Days	If less than one day
46 45	-	7	hr. min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Shipyard

FATHER
12. Name Nelson Holmes
13. Birthplace Mississippi

MOTHER
14. Maiden Name Clara Maxwell
15. Birthplace Miami, Florida

16 (a) Informant Mrs Hilda Holmes
(b) Address 124 N. Schroeder St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 21 43 (month) (day) (year)
(c) Cemetery or crematory W. Laurel Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania Ave

19 (a) (Date received by registrar) (b) Registrar

DEC 21 1943

VS Form 0

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1943, at 5-00 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 16 1943, to Dec 17 1943, and that I last saw h. alive on Dec 17 1943.

Immediate cause of death	Duration
Adrenal Insufficiency.	
Due to Addison's Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Bamford M. D.
Address Provident Hospital Date signed 12/21/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 11584 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days 27-11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5106 Whiteford Ave, Hamilton (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME MR. ERNEST JARRETT SHAUCK

3 (b) If veteran, name war: 1st
3 (c) Social Security Account No. 220-05-5175

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife: Mrs. E. J. Shauck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1886

8. AGE: Years	Months	Days	If less than one day
57	6	-	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Inspector — Alarm & Heating
11. Industry or business

FATHER
12. Name Wm. H. Shauck
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Lewis
15. Birthplace Pittsburg Pa.

16 (a) Informant Mrs. Ruth P. Shauck
(b) Address 5106 Whiteford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23-1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Bertram Cook
(b) Address 2200 N. Howard St. Baltimore, Md.

19 (a) (b)
(Date rec'd by registrar) Registrar

DEC 21 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1943, at 4.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-17 1943, to 12-20 1943, and that I last saw h[illegible] alive on 12-20 1943.

Immediate cause of death	Duration
[illegible] ? Cerebral embolus	
Due to Lobar pneumonia, left upper & lower lobes (typical)	4 days
Due to Septicemia - Pneumococcus type I	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Herbert Jr., M. D.
Address Union Memorial Hosp. Date signed 12-20-43

G 11585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11585 Registered No. 320

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 N.Fultpn Ave
(c) Hospital or institution:
15-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 N.Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John H.Baierlipp,

3 (b) If veteran, name war ------
3 (c) Social Security Account No. 215-03-6477

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth Baierlipp
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) November 27.1884

8. AGE: Years	Months	Days	If less than one day
59	--	23	..... hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Laundryman
11. Industry or business Southern Hotel

FATHER
12. Name John H.Baierlipp,
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Graf,
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Mamie A.Krichton,
(b) Address 7609 Iroquis Sparrows Pt/19

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec.22.1943 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore Co.Md.

18 (a) Funeral director Robert S.Little.
(b) Address 2700 Edmondson Ave.

19 (a) DEC 21 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 20 1943, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1943, to Dec 20 1943. and that I last saw him alive on 17 1943.

Immediate cause of death	Duration
Coronary Thrombos	
Due to Arterio sclerosis	10 yrs
Due to Grippe	10 days
Other Conditions High Blood Pressure	6 yrs

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation:
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fred L. Zimmerman M. D.
Address 9858 Reisterstown Rd Date signed 12/21/43

VS 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11586 ✓ G 11586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 95 H

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3010 Clifton Ave
(c) Hospital or institution:

15-7

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3010 Clifton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah L. Gilbert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife Late H. G. Gilbert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 20 1869

8. AGE: Years 73 | Months 11 | Days 30 | If less than one day 29 hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business Own Home

FATHER
12. Name Thomas W. Cross
13. Birthplace Maryland

MOTHER
14. Maiden Name Laura A. Fairbanks
15. Birthplace Maryland

16 (a) Informant Mr. E. Ralph Cross
(b) Address 5813 63rd Ave. E. Riverdale Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 21 43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto. Md.

18 (a) Funeral director Harry A. Wiltzke
(b) Address 4106 Edmondson Ave

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 21 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-19 1943, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1943 to Dec 19 1943, and that I last saw h[illegible] alive on Dec 18 1943.

Immediate cause of death (Uremia Arteriosclerosis) Heart block — Duration 4 days

Due to Arterial changes in heart.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry D McCarthy M. D.
Address 37 W Preston St Date signed 12/20/43

G 11587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 938

G 11587

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 916 N. Stricker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maggie Monroe

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race Co. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) not known

8. AGE: Years about 56 | Months — | Days — | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Rev Taylor
(b) Address 916 N. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Baltimore A. & Ches. Rd.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 DEC 21 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17th 1943, at 7 20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/14 1943 to 12/16 1943.
and that I last saw h alive on Dec 16 1943

Immediate cause of death Hypertensive Type Heart Disease — Duration
Due to Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Evan A Bickley M. D.
Address 601 N. Calhoun Date signed 12/18/43

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

G 11588

JL - 60210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G 11588

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-2-0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 S. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles H. Klein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1865

8. AGE: Years	Months	Days	If less than one day
78	5	7	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Sea Food House

11. Industry or business

FATHER
12. Name Christopher Klein
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Harbig
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof dec 22 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E. Oliver St

DEC 21 1943
(Date accepted by Registrar) (b) Signature for Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/19 1943, at 2:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943, to 12/19 1943, and that I last saw h[illegible] alive on 12/19 1943.

Immediate cause of death	Duration
[illegible] bronchopneumonia	2 wks.
Due to	
Due to	
Other Conditions Gen. arterio-sclerosis (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

Hydrothorax Rt.; cord. hypostasis; [illegible]

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Jergman M. D.

Address B C H Date signed 12/20

G 11589

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 95c

Registered No. G 11589

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1117 N. Fulton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 87

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore; (If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 N Fulton Ave; (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Gesack

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Chas B Gesack
6 (c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) Oct 26, 1856

8. AGE: Years	Months	Days	If less than one day
87	1	24	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business at home

FATHER
12. Name David Mish
13. Birthplace Baltimore

MOTHER
14. Maiden Name Rachael Shaub
15. Birthplace Germany

16 (a) Informant Mrs. Matilda Edmerston
(b) Address 1117 N Fulton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E Oliver

19 (a) DEC 21 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1943, at 4 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1943, to Dec 20 1943, and that I last saw her alive on Dec 9 1943.

Immediate cause of death	Duration
arterio-sclerosis	
malnutrition	
Due to Acute coronaries	
Due to debilitation	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — — — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard S. French M.D.
Address 2329 Arunpon Date signed Dec 20 1943

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 1590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

G 11590 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton Road,
(c) Hospital or institution: Ashburton Nursing Home,
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3301 St Paul
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EMMA V. HYLE

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife George T. Hyle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16, 1867

8. AGE: Years	Months	Days	If less than one day
76	11	1	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name John Harper
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine Hatten
15. Birthplace Maryland.

16 (a) Informant Howard A. Sweeten
(b) Address 3301 St. Paul St.,

17 (a) Burial (b) Date thereof 12/21/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director Wilmot Funeral Home
(b) Address 2008 Orleans St.,

DEC 21 1943 (Date rec'd by registrar) (b) Interior Baltimore, Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/17/43 19 at 5:25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/30 1943 to 12/17 1943, and that I last saw h[er] alive on 12/17 1943

Immediate cause of death	Duration
Hypostatic Pneumonia	10 Days
Due to Unreported Intercurrent	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Taylor P. Offutt
Address 3205 Montlawn Rd Date signed 12/18/43 M. D.

G 11591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170c

G 11591

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 628 N. Hilton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alma H. Smith

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 215-10-7055

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Harvey L. Smith

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Apr 19, 1890

8. AGE: Years 53 | Months 8 | Days 0 | If less than one day hr. min.

9. Birthplace Patterson N. J (Town, county and state)

10. Usual Occupation Cook

11. Industry or business Restaurant

FATHER
12. Name George A. Hackett
13. Birthplace Canada

MOTHER
14. Maiden Name Jennie A. Hubbard
15. Birthplace N. Y

16 (a) Informant Harvey L. Smith
(b) Address 628 N. Hilton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22. 1943 (month) (day) (year)
(c) Cemetery or crematory Western
Location City

18 (a) Funeral director Mr. & Mrs. John W. Teufel & Son
(b) Address 801 W. Fayette St

19 (a) DEC 21 1943 (Date received by registrar) (b) [signature illegible] Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1943, at 2 10 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Dec 18 1943 13/42 A.M.
(b) Where did injury occur? Pulaski Hwy & Fulton Ave
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? No
(d) Means of injury Fell out of station wagon

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec 19 1943

G 11582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

G 11592 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 803 Vine St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 803 Vine St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Hill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Esther Hill

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Preacher

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Esther Hill
(b) Address 803 Vine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Date rec'd by local reg.) (b) Filed 12-21-43 Hunting [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1943, at 29 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 13 1943 to Dec 17 1943; and that I last saw h[illegible] alive on Dec 17 1943.

Immediate cause of death Myocarditis — Duration 6 Mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Date signed 12-21-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11593 Registered No. 1190

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 661 Pierce Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Mc Laughlin

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Child

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 23 1943

8. AGE: Years	Months	Days	If less than one day
	x	24	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Joe McLaughlin
13. Birthplace NC

MOTHER
14. Maiden Name McLaughlin
15. Birthplace NC

16 (a) Informant Joe McLaughlin
(b) Address 661 Pierce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Date rec'd by registrar) DEC 21 (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-17- 1943, at 1 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Nutritional Diarrhoea

Due to

Other Conditions Enteritis, dehydration.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Anderson M.D.
Medical Examiner.
Date signed 12-28-43

G 11594

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 11594

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. (2117 Dymison St) The Crawford Retreat St., 15-1 Ward)

Registered No. 46D
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph E. Hutson (Jos. Emory Hutson)
If U.S. Veteran specify WAR M.S.

(a) Residence: No. Stanleigh-Ballistos St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, ~~Divorced~~ (write which)
M.	W.	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) JUNE-27-1863 (May Shilson)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
80	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "

10. Date deceased last worked at this occupation (month and year) "

11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

FATHER
13. NAME Saml Hutson
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Elizabeth Reed
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Dr W E Hutson (Son)
(Address) 610 Shakespeare Rd-Ballto

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Vern-Howard Co Date Dec 21-43 19

19. UNDERTAKER Stewart & Mowen Company
(Address) 108-20-North Howard St City.

20. FILED DEC 21 1943 Deputy for T Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19th, 1943

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1943, to Dec 19, 1943

I last saw h-im alive on Dec 13 19 43 Death is said to have occurred on the date stated above, at 6.55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	about 1yr
Metastasis throughout Abdomen and viscera	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hallie Dunbar M.D.
(Address) 2220 Garrison Blvd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11595 ✓ G 11595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2408 Southern Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2408 Southern Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Louisa Grote Leubecker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John Leubecker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1852

8. AGE: Years 91 | Months 0 | Days 20 | If less than one day ....hr. ....min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Charles Grote
13. Birthplace Germany

MOTHER
14. Maiden Name ? Ziegler
15. Birthplace Germany

16 (a) Informant Mr. Christian A. Dietze
(b) Address 2408 Southern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Maryland

18 (a) Funeral director Lasahn Funeral Home
(b) Address 7401 Belair Road

19 (a) (b) Registrar

Dec 21 1943
VS 150

MEDICAL CERTIFICATION

A

20. DATE OF DEATH Dec. 19th. 1943, at 8.05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16 1943, to Dec 19 1943, and that I last saw h[illegible] alive on Dec 19 1943.

Immediate cause of death: Coronary Thrombosis — Duration

Due to: Arteriosclerotic Cardio vascular renal disease

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo M. Baumgardner M.D.

Address Balto 6 Md Date signed 12/24/43

Hunting for Williams, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 764 W HAMBURG ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Geraldine Cook

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEM.	WHITE	SINGLE

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 1st 1938

8. AGE: Years	Months	Days	If less than one day
5	4	19	hr. min.

9. Birthplace BALTIMORE MD
(Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name WILLIAM. COOK.
13. Birthplace BALTIMORE MD

MOTHER
14. Maiden Name NELLIE WHITE
15. Birthplace BALTIMORE MD

16 (a) Informant NELLIE COOK. (MOTHER.)
(b) Address 764 W HAMBURG ST.

17 (a) BURIAL. (b) Date thereof DEC.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS CEM.
Location A A Co.

18 (a) Funeral director BERNARD C HARLE
(b) Address 121 E WEST ST

19 (a) (b) Huntington Williams M.D.
(Date received by registrar) Registrar

DEC 21 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-20 1943, at 9:24 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-18 1943, to 12-20 1943, and that I last saw her alive on 12-20 1943.

Immediate cause of death	Duration
Bilateral diffuse lobular pneumonia	
Due to malnutrition dehydration, acidosis	
Due to anti-pneumonia mental deficiency (idiot)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H L Wilson, MD M. D.
Address Univ. Hospital Date signed 12-20-43

G 11597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 11597 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 808 Hanover St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 808 Hanover St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Chandler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name John Chandler
13. Birthplace Md

MOTHER
14. Maiden Name Mary —
15. Birthplace Md

16 (a) Informant Bettie Palmer Coates
(b) Address 808 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director James A Hayes
(b) Address 142 Wilkes St

19 (a) DEC 21 1943 (Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1943, at 6 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-10-1943 to 12-19 1943, and that I last saw h alive on Dec 18 1943.

Immediate cause of death	Duration
Acute Toxic Pneumonia	
Due to	
Due to	
Other Conditions Age	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James C Carson M. D.
Address 1016 E. Fayette St Date signed 12-21-43

Transcribed from Microfilm, M.H.

G 11598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

G 11598 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 128 S. Bond St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 128 S. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James E. Camper
3 (b) If veteran, name war World War #1
3 (c) Social Security Account No.
4. Sex Male
5. Color or race Col
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Bessie Camper
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 13, 1891
8. AGE: Years 52 Months 2 Days 5 If less than one day hr. min.
9. Birthplace Bucktown, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business Laborer

FATHER
12. Name Amos Camper
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Md.

16 (a) Informant Bessie Camper
(b) Address 128 S. Bond St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/43 (month) (day) (year)
(c) Cemetery or crematory
Location Bucktown, Md.
18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley ave
19 (a) (b)

DEC 21 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18 1943 at 4:40 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 10 1943 to Dec. 18 1943 and that I last saw h[illegible] alive on Dec. 18 1943.

	Duration
Immediate cause of death Acute myocarditis	2 D
Due to Chr. Valvular Heart Disease	6 mos
Due to Chr. Nephritis	6 mos
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Wm. L. Lemmy M. D.
Address 1420 E. Chase Date signed 12-20-43

G 11599

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

V 104a

Registered No. G 11599

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 406 N. Dallas St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 406 N. Dallas St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby George H. Ross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/28/43

8. AGE: Years | Months | Days: 14 20 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Geo. H. Ross
13. Birthplace Md.

MOTHER
14. Maiden Name Dorothea Johnson
15. Birthplace Md

16 (a) Informant Dorothea Ross
(b) Address 406 N. Dallas St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley Ave.

19 (a) DEC 24 1943 (Date rec'd by registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-19 1943, at 9 20 M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Upper Respiratory Infection

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. J. Wollenweber M.D.
Medical Examiner.
Date signed 12-20-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 11600 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2628 Loyola South way
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6

(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 E Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gertrude Newman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Isaac M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Harry Holzman
13. Birthplace Russia

MOTHER
14. Maiden Name Faga ?
15. Birthplace Russia

16 (a) Informant Morris Newman
(b) Address 2622 Loyola Northway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec, 21, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cem
Location Hamilton Ave & Phila. Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) DEC 21 1943 (b) (Date rec'd by registrar) Registrar

VS 150

Huntington Williams, MD

MEDICAL CERTIFICATION 10.55

20. DATE OF DEATH December 20 1943, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to Dec 20 1943, and that I last saw h alive on 12/20/43 19

Immediate cause of death
Seared, 2d Cerebrovascular Coronary Thrombosis — Duration 12 Yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Levine

Address 11 E. Edmondson Ave Date signed 12/21/43 M. D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11601 Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 214 S. Stricker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 214 S. Stricker St (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Goldie N. Pratt

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Morton S. Pratt

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) April 15 1884

8. AGE: Years 59 | Months 8 | Days 5 | If less than one day ... hr. ... min.

9. Birthplace Maud W. Va (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name Hudson Taylor
13. Birthplace W Va

MOTHER
14. Maiden Name Sarah Fry
15. Birthplace W. Va.

16 (a) Informant Morton S. Pratt
(b) Address 714 S Stricker St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Dec 21-1943 (month) (day) (year)

(c) Cemetery or crematory
Location New Montgomerville W Va

18 (a) Funeral director Roff & B. M. Walker
(b) Address Probt St Stricker St

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 21 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1943, at 3 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 21 1943, to Dec 19 1943, and that I last saw her alive on Dec 19 1943

Immediate cause of death: Cardiac Renal Disease — Duration

Due to: Bronchial Asthma

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theo Koldewey M D M. D.

Address 1715 McPhail Date signed 12/20/43

THEO. KOLDEWEY

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11602 X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 11602

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkins Ave
(c) Hospital or institution:
St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town 4709 Wilkins Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4109 Wilkins ave
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Richard Kistner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Child

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 18-1942

8. AGE: Years	Months	Days	If less than one day
1	3 15	2	..... hr. ..... min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation .....

11. Industry or business .....

FATHER
12. Name Charles H. Kistner
13. Birthplace Baltimore

MOTHER
14. Maiden Name Clara Knuckles
15. Birthplace Baltimore

16 (a) Informant Mrs. Clara Kistner
(b) Address 4109 Wilkins Avenue

17 (a) Burial (b) Date thereof 12/22/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Leonard J. Ruck

18 (a) Funeral director 5305 Harford Rd.
(b) Address .....

19 (a) ..... (b) .....
Date received by Registrar — Registrar

DEC 21 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/20 19 43 at 8:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/18 19 43 to 12/20 19 43 and that I last saw h alive on 12/20 19 43

Immediate cause of death .....

Lobar pneumonia — Duration: 2 days

Due to Acute Hemb. Comp

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation 12/19/43

Major findings of operation: Tracheotomy - anaglyptia

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Alfred Harrison M. D.
Address St Agnes Hosp Date signed 12/24/43

G 11603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 11603 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp. 14

(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1534 Shields Alley
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rebecca Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race C. | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Robert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 73 | Months | Days | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Albert Johnson
13. Birthplace Md

MOTHER 14. Maiden Name Sallie Wise
15. Birthplace Md

16 (a) Informant Mamie Walker
(b) Address 1534 Shields Pl.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. W. Kelso
(b) Address 1303 Pressetman

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 21 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1943, at 12:45 P. M.

21. I certify that I took charge of the remains described above, held an Inquest thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerosis
Cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec 19 1943

correct are especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11604

FREE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 11604 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2058 Kennedy Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-8
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2058 Kennedy Street.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY G. DAWSON.

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April. 15. 1872

8. AGE: Years 71 | Months 8 | Days 4 | If less than one day hr. min.

9. Birthplace New York State
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name George Dawson
13. Birthplace New York State.

MOTHER 14. Maiden Name Eliza Potter.
15. Birthplace New York State.

16 (a) Informant Rev. Dawson (Bro)
(b) Address 1403 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12. 23. 43 (month) (day) (year)
(c) Cemetery or crematory Louden Park Cem.
Location Frederick Ave.

18 (a) Funeral director Robert. L. Brooks.
(b) Address 1338 Hollins Street.

19 DEC 21 1943 (Date rec'd by Registrar)

Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 1943 at 8. P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1943 to Dec 19 1943 and that I last saw her alive on Dec 19 1943.

Immediate cause of death: Capillary Bronchitis — Duration 10 days

Due to Myocardial failure — 1

Due to Chr Myocardial Degeneration — 7

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry C. Hyde M. D.
Address 1106 E Lombard Date signed 12/24/43

HARRY C. HYDE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. G 11605

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 301 N Calhoun St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 301 N Calhoun St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME James E. Earkett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widower

6 (b) Name of husband or wife Josephine Earkett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1881

8. AGE: Years	Months	Days	If less than one day
62	3	16	hr. min.

9. Birthplace Portsmouth Va (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Albert Earkett
13. Birthplace Petersburg, Va.

MOTHER
14. Maiden Name Carrie Powell
15. Birthplace Norfolk, Va.

16 (a) Informant Gladys Wilton
(b) Address 1029 N. Poppleton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21, 1943 (month) (day) (year)
(c) Cemetery or crematory W. Fork Cem
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Belvedere St.

19 DEC 21 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1943, at 12:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 4 1943, to Dec 17 1943 and that I last saw h[illegible] alive on Dec. 16 1943.

Immediate cause of death	Duration
Cardiac decompensation	7
Due to Myocardial degeneration	?
Due to Hypertensive Heart disease	?
Other Conditions Chronic interstitial nephritis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Walter Sherrington M. D.
Address 201 N Carey St. Date signed 12/21/43

SHERVINGTON

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 33606

~~G 33606~~

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1503 Pennsylvania Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1503 Pennsylvania Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL BROWN

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Pearl C. Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1892

8. AGE: Years 51 | Months 8 | Days | If less than one day hr. min.

9. Birthplace Greensboro N.C
(Town, county, and state)

10. Usual Occupation Store Keeper

11. Industry or business Clothing

FATHER
12. Name Phil Brown
13. Birthplace Warrenton N.C

MOTHER
14. Maiden Name Polly Worthan
15. Birthplace Henderson N.C

16 (a) Informant Pearl Brown
(b) Address 1598 Penna. Ave

17 (a) Burial (b) Date thereof Dec 21 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory W. [illegible] Cem
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 324 N. Alexander St

19 (a) DEC 21 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1943 at 5 a M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 12-21-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1607 C 21607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33B

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2626 Pimlico Parkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2624 Pimlico Parkway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Kellam

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Samuel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
70	4th		hr. min.

9. Birthplace Ireland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Patrick Murdon
13. Birthplace Ireland

MOTHER
14. Maiden Name —
15. Birthplace Ireland

16 (a) Informant Patrick Murdock
(b) Address 2716 W. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Hollins Ferry Rd.

18 (a) Funeral director Jos. Lewis Sons
(b) Address 1439 E. Baltimore St.

DEC 21 1943 (Date rec'd by Registrar) (b) Huntingtown, Williams, Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20, 1943, at 8 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1936, to Dec. 17, 1943, and that I last saw he alive on Dec. 17, 1943.

Immediate cause of death Cardiac Hypertrophy, Cardiac Failure
Due to Arteriosclerosis
Due to La Grippe & Chest complications.
Other Conditions Hemiplegia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Walhaut Stpnick M. D.
Address 2351 Eutaw Pl. Date signed Dec. 21, 19

11608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 11608 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 N. Carrollton ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 N. Carrollton ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Washington J. Wright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race C.

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Frances A. Wright

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years 81 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Chestertown (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name Clinton. Wright

13. Birthplace md

MOTHER 14. Maiden Name Mariah Oakley

15. Birthplace md.

16 (a) Informant Frances. A. Wright

(b) Address 700 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-43 (month) (day) (year)

(c) Cemetery or crematory Location Chestertown md

18 (a) Funeral director Sam'l N. Chase Sons

(b) Address 638 N. Gilmor St

19 (a) DEC 1 1943 (Date received by registrar) (b) Registrar M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1943, at 12:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1943, to Dec 19 1943, and that I last saw him alive on Dec 19 1943.

Immediate cause of death	Duration
Bronchopneumonia	11 days
Due to	
Due to	
Other Conditions Myocarditis	?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H Watts M. D.
Address 515 Washington Date signed 12/24/43

G 11609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 11609

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 Tenden Ave (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME DEWEY CORDERY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife.....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 24-1898

8. AGE: Years 45 | Months 43 | Days 6 | If less than one day ..... hr. ..... min. | 25

9. Birthplace White Hall, Md (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name James Cordery
13. Birthplace White Hall, Md

MOTHER
14. Maiden Name Frances Billingsley
15. Birthplace White Hall, Md

16 (a) Informant Mrs. Clara Hall
(b) Address Shrewsbury, Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 19-43 (month) (day) (year)
(c) Cemetery or crematory Pine Grove
Location White Hall, Md

18 (a) Funeral director Howard S. Mankin
(b) Address White Hall, Md

19 (a) DEC 21 1943 (Date rec'd by registrar) (b) Huntingtown Maryland Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1943, at 3 30 P.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH.....
Pneumonia, lobar

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury..... at..... M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?..... While at work?.....
(d) Means of injury.....

23. Signature H. T. Wallenmeyer M.D. Asst Medical Examiner.
Date signed 12-19-43

G 11610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X G 11610 Registered No. 1248

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Eide
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 48

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Balto Jessups
(If outside city or town limits, write RURAL and give town)
(d) Street No. Md. House of Correction
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Colburn

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) ~~Single~~, married, widowed, or divorced? Divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28 1896

8. AGE: Years 47 | Months 5 | Days 22 | If less than one day hr. min.

9. Birthplace Balto (Town, county and state)

10. Usual Occupation Cooper - Md. House of
11. Industry or business Correction

FATHER
12. Name Edward Colburn
13. Birthplace Maryland.

MOTHER
14. Maiden Name Mary Mistic
15. Birthplace Maryland.

16 (a) Informant Florence Fisher; Niece
(b) Address 160 Kingston Rd, Roland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23/43 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampden.

18 (a) Funeral director Edward F. Donovan
(b) Address 3415-17 Chestnut Ave.

19 (a) Dec 21 1943 (Date received by local registrar) (b) Huntington Hills Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/20/43 19 , at 7 40 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/17 19 43 to 12/20 19 43, and that I last saw h~~e~~ alive on 12/20 19 43

Immediate cause of death Probable cancer of liver — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. J. Wehrmann M.D.
Address Md. H. of C. Date signed 12/20

Dr. Young,
1141 Eutaw Ave.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G 11611
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2612 Huntingdon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2612 Huntingdon Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin H. Davis.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. widower

6 (b) Name of husband or wife Emma R. Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21 1863

8. AGE: Years 80 | Months 5 | Days 28 | If less than one day hr. min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual Occupation Retired Motorman

11. Industry or business Balto Transit Co

FATHER
12. Name Robert S. Davis.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Anna E. Hinton.
15. Birthplace Maryland.

16 (a) Informant Burwell H. Davis.
(b) Address 2612 Huntingdon Ave

17 (a) Burial (b) Date thereof Dec 22/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Pine Grove
Location Balto Co. Md.

18 (a) Funeral director Chinnock & Donovan
(b) Address 3615-17 Edmondson Ave.

19 (a) DEC 21 1943 (b) [illegible] Baltimore, Md.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19, 1943, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1941 to Dec 17 1943 and that I last saw h[illegible] alive on Dec 17 1943.

Immediate cause of death Bronchopneumonia — Duration 3 days
Antecedent Cerebral Thrombosis — 2 yrs
Due to
Due to
Other Conditions Senility
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Granger
Address 1402 E. Lanvale Date signed 12-21-43

VS 150

G 11612

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G 11612 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 S. Curley St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16 S. Exeter St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosario Grasso

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of wife: Pauline

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12 1882

8. AGE: Years 61 | Months 8 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace Giarre Italy
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Santo Grasso
13. Birthplace Italy

MOTHER
14. Maiden Name Angela Marino
15. Birthplace Italy

16 (a) Informant Leonard Grasso (Son)
(b) Address 2220 Pelham Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 (a) ... (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

DEC 21 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1943, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1943 to Dec 9 1943 and that I last saw h alive on Dec 17 1943.

Immediate cause of death: Chronic Myocarditis — Duration 1943

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Abraham J. Blechman M. D.
Address 3505 Eastern Date signed

DR. ABRAHAM J. BLECHMAN Dec 9-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11613

Registered No. 1830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3218 Kesmond Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 5
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3218 Kesmond Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry S Frazier
3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sarah C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22 1865

8. AGE: Years 78 | Months 4 | Days 28 | If less than one day hr. min.

9. Birthplace Washington DC
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Thomas J Frazier
13. Birthplace unknown

MOTHER 14. Maiden name Rebecca A Childress
15. Birthplace unknown

16 (a) Informant Kathryn J Lang
(b) Address 3218 Kesmond Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore

18 (a) Funeral director Frank H Seth
(b) Address 814 W 36th St

19 (a) Dec 21 1943 (b)
(Date received by Registrar)
Registrar Huntington Williams, M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-20-43 1943 at 2:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6, 1943, to Dec 20 1943, and that I last saw h— alive on Dec 20 1943.

Immediate cause of death Central Hemorrhage — Duration
Due to Atherosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leonard Wallenstein MD
Address 848 W 36th St Date signed Dec 20/43

1614 BALTIMORE CITY HEALTH DEPARTMENT G-11614

CERTIFICATE OF DEATH 14

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Sydenham Hospital W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 Light Street (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country.....

3 (a) FULL NAME NORMAN WEBB

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 24, 1942

8. AGE: Years 1 | Months 3 15 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation child

11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name Beatrice WEBB
15. Birthplace Floyd Co. Kentucky

16 (a) Informant hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Catonsville Highway

18 (a) Funeral director Fred J. Haund & Son
(b) Address 1216 N. Charles St
(c) (Date received) DEC 21 1943 Huntington Williams, M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1943, at 10 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-13 1943 to 12-18 1943 and that I last saw him alive on 12-18 1943

Immediate cause of death: meningitis — Duration: 2 weeks

Due to tuberculosis (probably)

Due to.....

Other Conditions prob. miliary tuberculosis
(Include pregnancy within 3 months of death)

Date of operation.....

Major findings of operation:.....

of autopsy: same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Margaret H. D. Smith M. D.
Address Sydenham Hospital Date signed 12-20-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

G 11615

JL - 85478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13Q

G 11615 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2022 Fountain St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Daniel Wilkinson

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: MARY WILKINSON
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1868

8. AGE: Years 75 | Months 0 | Days 1 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Alexandder (D)
13. Birthplace Md.

MOTHER
14. Maiden Name Katherine (D)
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 EasternAve.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 22/43 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMANHILL ROAD.

18 (a) Funeral director Lillyard Zeiler & Co.
(b) Address 407 S. WOLFE ST.

19 DEC 21 1943 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

V8 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/18 1943, at 11:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/18 1943 to 12/18 1943, and that I last saw him alive on 12/18 1943.

Immediate cause of death Atypical Pneumonia ? Pulmonary TBC ? — Duration 2-3 wk

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No post

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Seigman M. D.

Address BCH Date signed 12/20

G 11616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46H

G 11616 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 110 E. Hamburg St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Eileen Marie Murray

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3, 1923

8. AGE: Years 20 | Months 3 3 | Days 2916 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business at Home

FATHER
12. Name Phillip Murray
13. Birthplace Maryland

MOTHER
14. Maiden Name Grace Wright
15. Birthplace Maryland

16 (a) Informant Mrs Katherine Traise
(b) Address 110 E. Hamburg St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12/22/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location End of East North Ave

18 (a) Funeral director William M. Mansell
(b) Address 715 Light St.

19 (a) (Date received by local registrar) — for [illegible] Registrar

DEC 21 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-19 1943, at 1 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-14 1943 to 12-19 1943, and that I last saw h[illegible] alive on 12-19 1943

Immediate cause of death Peto-peritoneal sarcoma — Duration 5 wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 12-17-43

Major findings of operation: Peto-peritoneal sarcoma

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Phillip R. Mansell M. D.

Address 1813 Light St Date signed 12-19-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 11617 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 809 S. Curley St.
(c) Hospital or institution:
Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Plucinski-Steffen

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Married

6 (b) Name of husband or wife George PLUCINS
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Matthew Polczynski
13. Birthplace Poland

MOTHER
14. Maiden Name Victoria Mardas
15. Birthplace Poland

16 (a) Informant George Plucinski - Steffen
(b) Address 809 S. Curley St.

17 (a) Burial (b) Date thereof 12/23/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory ST. Stanislaus'
Location Dundalk Ave.

18 (a) Funeral director John J. Duda
(b) Address 2829 Hudson St.

19 (a) DEC 21 1943 (b)
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1943, at 10 45 AM

21. I certify that death occurred on the date above stated; that I attended, deceased from Jan 12 1941 to Dec 20 1943.
I last saw Deceased alive on Dec 19 1943

Immediate cause of death: Hypertension C.V. Disease. — Duration 1-12-41
Myocardial Failure. — 12-15-43.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E A Schmunk M. D.
Address 842 S Conkling Date signed 12-21-43

G 11618

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 11618 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 601 Patapsco Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 601 Patapsco Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME TAZE MAGGARD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Edna Maggard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17th 1910

8. AGE: Years 33 | Months 7 | Days 2 | If less than one day ...hr. ...min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Welder
11. Industry or business Bethelm Steel

FATHER
12. Name Dave Maggard
13. Birthplace Pound Va

MOTHER
14. Maiden Name Leah Short
15. Birthplace Va

16 (a) Informant Bruce Maggard
(b) Address 3423 Fehlds Court

17 (a) Burial (b) Date thereof 12-22-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Pound Va

18 (a) Funeral director Leo S. Lynch
(b) Address 1703 N Patt Park Ave

19 (a) ... (Date rec'd by registrar) Thurston Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19, 1943, at 705 M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Pneumonia, lobar, bilateral

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ... at ... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. T. Wallenmeyer M.D.
Acting Medical Examiner.
Date signed 12-20-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Jo #32371 G 11619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 11619 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital 20-8

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mo. 17da.
(e) Length of stay in Baltimore (yrs., mos., or days) 85 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 412 St. Augusta Ave. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Julia Schmidt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1858

8. AGE: Years 85 | Months 3 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Emanuel (d)
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records, Balto. City Hosp.
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Flynn & Flannigan
(b) Address 1426 Light St.

19 (a) (Date received by registrar) DEC 21 1943 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19, 1943, at 2:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/2 1943, to 12/19 1943, and that I last saw h[illegible] alive on 12/19 1943.

Immediate cause of death: Bronchopneumonia — Duration 2 d.

Due to

Due to

Other Conditions: Gen. arteriosclerosis; senility
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. L. Sugman M.D.
Address BCH Date signed 12/26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11620

PLACE OF DEATH:
Baltimore City, Maryland
(b) Street address 203 Grindall St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 203 Grindall St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Harry S. Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23-1897

8. AGE: Years 46 | Months 4 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county and state)

10. Usual Occupation Machinist Helper

11. Industry or business Bethlehem Steel

FATHER 12. Name Charles Jones

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Anna Baker

15. Birthplace Baltimore Md

16 (a) Informant Margaret A. Moody

(b) Address 203 Grindall St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-43 (month), (day), (year)

(c) Cemetery or crematory Cedar Hill

Location U. S. A. Co. Md.

18 (a) Funeral director Flynn & Flynn

(b) Address 1476 Light St.

19 (d) DEC 21 1943 (Date received by registrar) (b) [illegible] Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1943 at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1943 to Dec 20 1943, and that I last saw him alive on Dec 19 1943.

Immediate cause of death Influenza.

Due to

Due to

Other Conditions Myocarditis Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature John A. Entwerth M. D.

Address 1337 S Charles St Date signed 12/22/43.

G 11621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 11621 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 347 Warren Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 347 Warren Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine E. Corcoran

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife John F.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14, 1867

8. AGE: Years 76 Months 39 Days 5 If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Patrick Mulligan
13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Murphy
15. Birthplace Ireland

16 (a) Informant Helen R. Corcoran
(b) Address 347 Warren Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Md.

18 (a) Funeral director Flynn & Fleming
(b) Address 1476 Light St.

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 21 1943

Huntington Hollins, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1943, at 9:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1943 to 12/19 1943, and that I last saw h[illegible] alive on 12/19 1943.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other Conditions Osteosclerosis
Arteriosclerosis & Myocarditis
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature John E. Schwenk, M.D.
Address 1337 S. Charles St. Date signed 12/20/43.

VS 250

11622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

S 11622 Registered No. 180

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rear of 1100 Block E. Monument St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joshua H. Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C. | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-2F-1865

8. AGE: Years 76 yr. | Months 1 | Days 20 21 | If less than one day hr. min.

9. Birthplace Greenville, S.C.
(Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Ephriam Moore
13. Birthplace S.C.

MOTHER
14. Maiden Name Candus ?
15. Birthplace S.C.

16 (a) Informant Mrs. Ula Scott
(b) Address 1504 Madison Ave.

17 (a) Burial (b) Date thereof 12-22-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.
Location Ba. Co., County, Maryland

18 (a) Funeral director William O. Jackson
(b) Address 2062 Pennsylvania Ave

19 (a) DEC 21 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 45

20. DATE OF DEATH Dec 19 1943, at 12 A.M.

21. I certify that I took charge of the remains described above, held an Inquest thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Toxemia due to 3rd & 4th degree burns

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Dec 19 1943 12 A.M. 10/2 05
(b) Where did injury occur? Rear of 1100 Block E. Monument St
(c) Did injury occur at home, on farm, industrial place, in public place? garage While at work? Not
(d) Means of injury Conflagration

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec. 19 1943.

correct age is especially important. Physicians: please write the

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G 11623 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1709 Poplar Grove
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 Poplar Grove (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME George M. Wochilke

3 (b) If veteran, name war: World War #1
3 (c) Social Security Account No. 215-09-7762

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 9, 1887

8. AGE: Years 56 | Months 3 | Days 11 | If less than one day: hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Carpenter Day

11. Industry or business Sam'l M. Gist Const Co

FATHER
12. Name John B Wochilke
13. Birthplace Germany

MOTHER
14. Maiden Name Louise Fischer
15. Birthplace Balto. Md

16 (a) Informant William B. Wochilke
(b) Address 1709 Poplar Grove St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22/43 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Balto.
Location Co. Howard Evans

18 (a) Funeral director 1400 S. B. Trusler Co

(b) Address

19 (a) DEC 21 1943 (b) Hastings for Williams M.D.
(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1943, at 1 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1943 to Dec 20 1943.
and that I last saw h-m alive on Dec 19 1943

Immediate cause of death	Duration
Myocarditis Acute & Substantiation of Heart	✓
Due to Uremia Arteriolar	✓
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation ✓
Major findings of operations: ✓
of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? ✓ (Specify type of place)
(e) Means of injury ✓

23. Signature John Strickland
Address 1219 Poplar Grove St Date signed 12/20/43

524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G 11624

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert
(c) Hospital or institution:
Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 415 E. 22nd St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Mulligan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1903

8. AGE: Years	Months	Days	If less than one day
40	6	2	hr. min.

9. Birthplace Balto, Md.
(Town, county, and state)

10. Usual Occupation Clerk B&O R.R.

11. Industry or business

FATHER
12. Name George Mulligan
13. Birthplace Govans Md

MOTHER
14. Maiden Name Katherine Boyd
15. Birthplace Riderwood Md.

16 (a) Informant Katherine Mulligan
(b) Address 415 E 22nd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22-43 (month) (day) (year)

(c) Cemetery or crematory Monte Mc Gill Cemetery
Location

18 (a) Funeral director Mary Mc Wakefield
(b) Address 416 E 22nd St

DEC 21 1943 (Date rec'd by registrar) Hunter Tor Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/20 1943, at 6:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/19 1943 to 12/20 1943, and that I last saw him alive on 12/20 1943

Immediate cause of death Cardio-Respiratory failure — Duration

Due to Pneumonia — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. R. Inglis M. D.
Address Mercy Hosp. Date signed 12/20/43

G 13625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 453

Registered No. G 13625

YA-85085

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Pulto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1143 W. Franklin St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Brown

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War No 1	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Eleanor (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1887

8. AGE: Years	Months	Days	If less than one day
56	10	6 4	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George W. Brown
13. Birthplace Md.

MOTHER
14. Maiden Name Elizebeth Parker
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23.1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Baltimore City

18 (a) Funeral director Joseph A. Sively,
(b) Address 419 N Mount Street,

DEC 21 1943 (a) (Date received by registrar) (b) Huntington Williams M.D. (Signature)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18 1943, at 10:18 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-26 1943, to 12-18 1943, and that I last saw him alive on 12-18 1943.

Immediate cause of death

	Duration
Carcinoma of Tongue	5 mo
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Donald M. Webb M. D.
Address Balto City Hosp Date signed 12-21-43

11626 G 11626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1318 Rutter Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1318 Rutter Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maggie Jackson

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Negro

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Henry Jackson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8 90

8. AGE: Years 53 | Months 5 | Days | If less than one day hr. min.

9. Birthplace Port Royal, Carolina
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant John Jackson
(b) Address 1318 Rutter St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/43 (month) (day) (year)
(c) Cemetery or crematory Fredricksburgh, Va
Location

18 (a) Funeral director Charles Alexander
(b) Address 700 McCulloh St.

19 (a) DEC 21 1943 (Date rec'd by registrar) (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18- 1943 at 8 A M

21. I certify that I took charge of the remains described above, held an Inspection / Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Weidels M.D.
Medical Examiner.
Date signed 12-18-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

C 11627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

C 11627 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2516 E. Lehane St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2516 E. Lehane St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Addie Heath

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Henry
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 2 1866
8. AGE: Years 77 Months Days If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Home

FATHER
12. Name Nicholas Miller
13. Birthplace Berlin Germany

MOTHER
14. Maiden Name Dont. Know
15. Birthplace Richmond Va.

16 (a) Informant Kathy J. Gosh
(b) Address 2516 E. Lehane St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22 43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.

18 (a) Funeral director John J. Hodgen
(b) Address 3000 E. Balto. St.

19 (a) DEC 21 1943 (Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19th 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940 to Dec 19 1943 and that I last saw her alive on Dec. 17 1943

Immediate cause of death	Duration
Hypertensive heart disease	5 yrs +
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Doud Schneider M. D.
Address 1101 Druid Park Drive Date signed 12-20-43

C 91628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

125B

G 11628 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lambert Grem 11.
(c) Hospital or institution: University Hospital 610

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1914½ 31st St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Eunice Nunes

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Paul Nunes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17 1914

8. AGE: Years	Months	Days	If less than one day
29	11	3	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Printing Company

FATHER
12. Name Anthony Watkins
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Margaret M. Donnelly
15. Birthplace Balto. Md.

16 (a) Informant Mrs. M. Watkins
(b) Address 1914½ 31st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24-43 (month, day, year)
(c) Cemetery or crematory Nat. Cath. Old Fredrick Rd
Location

18 (a) Funeral director John J. Hogan
(b) Address 3000 E. Balt. St.

19 (a) DEC 27 1943 (Date received by Registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-20 1943, at 5:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-19 1943, to 12-20 1943, and that I last saw h e r alive on 12-20 1943.

Immediate cause of death Acute Hepatitis (Toxic) — Duration

Due to ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Richards Jr. M.D. M. D.
Address Univ. Hospital Date signed 12-20-43

Hunting for Williams, Mrs.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11629 Registered No. 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 702 N. Linwood Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 N. Linwood Av (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harriet R. Ferris

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) July 31-1865

8. AGE: Years 78 | Months 4 | Days 19 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business Home

FATHER
12. Name Thomas Ferris
13. Birthplace New York

MOTHER
14. Maiden Name Annie Kenny
15. Birthplace New York

16 (a) Informant Thomas Curran
(b) Address 702 N. Linwood Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22-43 (month) (day) (year)

(c) Cemetery or crematory Mem. Gdns.
Location Old Frederick Rd

18 (a) Funeral director John A. McJoynson
(b) Address 3500 E. Balto St

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 21 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19th 1943 at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14, 1943 to Dec. 19, 1943. and that I last saw her alive on Dec. 18, 1943.

Immediate cause of death	Duration
Coronary occlusion	1 Mo.
Due to Arteriosclerosis	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death).

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert E. Singewald M.D.
Address 613 E. North Av Date signed 12-20

VS 150

Huntington Williams, M.D.

43.

446345

G 13630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 13630

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution:
JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 309 N. Ellwood Ave
(If rural give location)
(e) Citizen of foreign country? .....(Yes or No)
If yes, name country .....

3 (a) FULL NAME John Ward

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 12 - 22 - 72

8. AGE: Years 70 | Months 11 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace Md
(Town, county and state)
10. Usual Occupation Horse Leader
11. Industry or business Retired

FATHER
12. Name Eneje Ward
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget ?
15. Birthplace Ireland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Catonsville Md.

18 (a) Funeral director John O'G Moran
(b) Address 360 E. Balto. St.

19 (a) DEC 21 1943 (Date rec'd by registrar) (b) ..... Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1943 at 1:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1943, to Dec 19 1943, and that I last saw him alive on Dec 19 1943.

	Duration
Immediate cause of death: Cerebral hemorrhage	36 hrs.
Due to: Hypertension	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Paul O. Clatfield M. D.
Address Johns Hopkins Hosp. Date signed 12/19/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 11631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 11631

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D.O.A. Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 "H" Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 12/23/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Lottie Gross
(b) Address 1408 Ashland Ave

19 (a) DEC 21 1943 (Date rec'd by registrar) (b) Huntington & Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/20 1943; at M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic Myocardial Degeneration.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Joseph B. McNally M.D. Medical Examiner.
Date signed 12/20/43

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 11632 Registered No.

VS-12650

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr. 9 mos. 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 632 ~~Lawrence~~ or Laurens St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
William Wilson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1901

8. AGE: Years	Months	Days	If less than one day
42	10	7	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Not employed
11. Industry or business

FATHER
12. Name Abraham Wilson
13. Birthplace Va.

MOTHER
14. Maiden Name Alice Thornton
15. Birthplace Va.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec 24 1943 (month) (day) (year)
(c) Cemetery or crematory Coulbourn's Hill
Location

18 (a) Funeral director A Hanly Sons Co
(b) Address

19 (a) DEC 21 1943 (Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/20 1943, at 8.35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943 to 12/20 1943, and that I last saw h Alive on 12/20 1943.

Immediate cause of death
Pulmonary TBC
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: No Post

Duration
7

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature E L Seipman M.D.
Address BCH Date signed 12/21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 11633 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 609 N. Montford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 609 N. Montford Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Louise Ellis

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife George Ellis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1874

8. AGE: Years	Months	Days	If less than one day
69	8	16	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Joseph Bech
13. Birthplace

MOTHER
14. Maiden Name Not known
15. Birthplace

16 (a) Informant Louise Ellis
(b) Address 2716 E. Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Hugh Brooks Son
(b) Address 200 N. Eutaw St

19 (a) (Date rec'd by reg. dist.) (b) Registrar

DEC 21 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19, 1943, at 3:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 43 to Dec 19 43; and that I last saw h alive on Dec 19 43.

Immediate cause of death
Pulmonary Embolism
Due to Cardiac Thrombosis
Due to Coronary
Other Conditions Acute Cardiac Dilatation
(Interval between onset and death)
Date of operation
Major findings of operation:
of autopsy:

Duration
6 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ned Pereira M. D.
Address 20 W. Mulberry St Date signed 12-20-43

G 11634

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 11634 Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Elkridge 27
(If outside city or town limits, write RURAL and give town)
(d) Street No. Washington Blvd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David B. Kolhoff (Kohlhoff.)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Tallulah - wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/13/1900

8. AGE: Years 43 | Months 5 | Days 7 | If less than one day hr. min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual Occupation Lantern

11. Industry or business Mortar aircraft.

FATHER
12. Name Richard Kolhoff
13. Birthplace Germany

MOTHER
14. Maiden Name Harriet Sondenaga
15. Birthplace Maryland

16 (a) Informant wife
(b) Address Elkridge 27 Md.

17 (a) Burial (b) Date thereof Dec 24-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Meadowridge
Location Waverly Md.

18 (a) Funeral director Lloyd Lauer
(b) Address Laurel Md

19 (a) (b) Huntington White Mountains N.H.
(Date rec'd by registrar) DEC 21 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-20 1943, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1943 to Dec 20 1943. and that I last saw h[illegible] alive on Dec 20 1943.

Immediate cause of death: Uremia. — Duration: 1 mo.

Due to arteriosclerosis & nephritis

Due to High blood pressure — 6 mo.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert L. Mortimore M. D.
Address 270 St Paul Date signed 12-21-43

please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. This is especially important. Physicians: please write the causes of death clearly and legibly.

G 11635

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11635 Registered No. 159

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner + Dukeland Sts
(c) Hospital or institution:
West Balto Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 12 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Middle River
(If outside city or town limits, write RURAL and give town)
(d) Street No. 35 Right Aileron St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1943

8. AGE: Years	Months	Days	If less than one day
			12 hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Reese Allan Johnson
13. Birthplace Tazwell, Virginia

MOTHER 14. Maiden Name Viola Louise Reynolds
15. Birthplace Hollandsville, Maryland

16 (a) Informant Mrs. Reese Johnson
(b) Address 35 Right Aileron St, Aero Acres

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 20 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 DEC 21 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18 1943, at M

21. I certify that death occurred on the date above stated: that I attended deceased from 12/17 1943 to 12/18 19..., and that I last saw h/H alive on 12/18 19...

Immediate cause of death Prematurity

Due to – Placenta Previa
of mother – Caesarean

Due to Section

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 12/17/43

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis M. Hellman
Address 222 Tyson Pl Date signed 12/20/43

VS 150

0576

G 11636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1119a

Registered No. G 11636

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hosp. 17

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 13

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 746 Pierce St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy McKinnon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-29-43

8. AGE: Years	Months	Days	If less than one day
		13	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Dorothy McKinnon
15. Birthplace N. C.

16 (a) Informant Dorothy McKinnon
(b) Address 746 Pierce St.

17 (a) (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 20 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) DEC 21 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

0577

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-12 1943, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-29 1943, to 12-12 1943, and that I last saw him alive on 12-12 1943

Immediate cause of death: Asthenia

Due to: Diarrhea of Newborn.

Due to: Premature Birth.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Hamilton M. D.
Address Univ. Hosp. Date signed 12-12-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1190

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1803 N. Durham St.
(If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Rockett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-22-43

8. AGE: Years	Months	Days	If less than one day
		22	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Bernard
13. Birthplace N.Y.

MOTHER
14. Maiden Name Madelon Tracy
15. Birthplace N.Y.

16 (a) Informant Madelon Tracy
(b) Address 1803 N. Durham St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 20 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) DEC 21 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/14 1943, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/22 1943, to 12/14 1943, and that I last saw h[illegible] alive on 12/14 1943.

Immediate cause of death Pneumonia

Due to Dehydration

Due to Diarrhea of newborn

Other Conditions Premature birth

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wilson M. D.
Address Univ. Hosp. Date signed 12/14/43

0578

G 11638 G 11638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 513 N Calhoun ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 513 N. Calhoun St
(If rural give location)
(e) If foreign born, how long in U. S. A.? Yrs years

3 (a) FULL NAME Mamie Whitney

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife June 8, 1884

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 59 | Months 6 | Days 10 | If less than one day hr. min.

9. Birthplace Middleburg W. Va.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name John Brown
13. Birthplace W. Va.

MOTHER
14. Maiden Name Eliza Thornton
15. Birthplace W. Va

16 (a) Informant Lyeda Jackson (Daughter)
(b) Address 513 N. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location A.A. County Md

18 (a) Funeral director Charles E. Cooper
(b) Address 512 N. Carrollton Ave.

19 (a) (Date rec'd by registrar) (b) Lurlington Willis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/16/43 19 at 4:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/16/43 to 19; and that I last saw him alive on 12/16/43 19.

Immediate cause of death

Due to Cerebral Hemorrhage

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Cooper
Address 1134 Harlem Ave Date signed 12/20/43

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11639 (52 B) G 11639 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Hospital (5)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D. Box 358
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hillstrom, Mr Oscar

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mrs Ethel Hillstrom
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18, 1884

8. AGE: Years	Months	Days	If less than one day
59	2 1	2 9.	hr. min.

9. Birthplace Sweden (Town, county, and state)
10. Usual Occupation Sailor
11. Industry or business

FATHER
12. Name John Hillstrom
13. Birthplace Sweden

MOTHER
14. Maiden Name Hannah
15. Birthplace

16 (a) Informant Mrs Ethel Hillstrom
(b) Address R.F.D. Box 358 Essex, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22-43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave, Rd.

18 (a) Funeral director Thos. F. Kenneally
(b) Address 418 Eastern Ave East

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

DEC 21 1943

VS. 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17 1943, at 11:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from December 14 1943, to Dec. 17 1943, and that I last saw him alive on Dec 17 1943.

Immediate cause of death	Duration
Bronchopneumonia	3
Due to Uremia	?
Due to Carcinoma of Bladder with Bilateral Ureteral Obstructions	?
Other Conditions Hydronephrosis - Bilateral	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: As Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John M. Cullen Jr M. D.
Address Church Home & Hosp. Date signed 12-17-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

10 #55510 446640

B 11640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. C 11640

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 517 No. Marlin Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Klein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of wife Minnie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1882

8. AGE: Years 61 | Months 1 | Days 29 | If less than one day ... hr. ... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Carl Klein
13. Birthplace Holland

MOTHER
14. Maiden Name Christina
15. Birthplace Holland

16 (a) Informant Records, Balto. City Hosp.
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22 43 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel
Location Loudon Park

18 (a) Funeral director John F. Connelly
(b) Address 418 Eastern Ave Essex Hunting for Mt Carmel 12/21/43

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 21 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19, 1943, at 7:55P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/15 1943, to 12/19 1943, and that I last saw him alive on 12/19 1943.

Immediate cause of death
(a) Lobar pneumonia

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Dr. Frost

Duration: (a) 5

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature E. L. Seigman M. D.

Address BCH Date signed 12/20

G 11641

YA-85387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

469

Registered No. G 11641

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3902 Hudson Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Fisher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1886??

8. AGE: Years	Months	Days	If less than one day
57 ?	8?	6?	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Sta. Engneer

11. Industry or business City of Baltimore

FATHER
12. Name Ernest (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Gephardt (d)
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location 7225 Eastern Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) 12/21/43 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/17 1943, at 3:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/13 1943, to 12/17 1943, and that I last saw him alive on 12/17 1943.

Immediate cause of death: Coronary thrombosis

Due to: Acute pancreatic obstruction of common duct — Duration: 6 mo.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. L. Simpson M.D.

Address BCH Date signed 12/18

542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. (illegible)

PRESERVED FOR BINDING
MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [illegible]
(c) Hospital or institution: W. Old Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. Furman Hill + Manchester Rd
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Berle

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife V
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1861

8. AGE: Years	Months	Days	If less than one day
82	9	9 21	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Florist
11. Industry or business Florist

FATHER
12. Name Mat Hanson
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant August Koch
(b) Address Furman Hill + Manchester Rd

17 (a) Burial (b) Date thereof 12/22/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Old Pennington Rd

18 (a) Funeral director Salamone F. Hoffman
(b) Address 1639 Broadway

DEC 21 1943 (c) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1943, at 6 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 3 1942 to Dec. 19 1943, and that I last saw h[illegible] alive on Dec. 17 1943.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. H. Cutterman, M.D.
Address 2324 Penlington Rd Date signed 12/20/43

G 11643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 176

G 11643

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) N

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4200 Lombard Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John DiGiacomo

3 (b) If veteran, name war: none

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Amelia DiGiacomo

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 11 1892

8. AGE: Years 51 | Months 8 | Days 8 | If less than one day hr. min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation Crane Operator

11. Industry or business Canton R. R.

FATHER
12. Name Ferora
13. Birthplace Italy

MOTHER
14. Maiden Name Unknown
15. Birthplace Italy

16 (a) Informant Amelia DiGiacomo (Wife)
(b) Address 3425 Fort Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22 43 (month) (day) (year)
(c) Cemetery ~~crematory~~ St. Stanislaus
Location Dundalk ave.

18 (a) Funeral director Charles L. Zeiler
(b) Address 3605 Fait ave.

19 (a) DEC 21 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 1943, at 5:45 P.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
(Crushing of abdomen

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-19-43 at 5 P. 26/6 M.
(b) Where did injury occur? Canton, Md
(c) Did injury occur at home, on farm, industrial place, in public place? ~~in factory~~ While at work? Yes
(d) Means of injury Crushed by cogs of crane

23. Signature H. J. Wallenmeier M.D.
Coroner Medical Examiner.
Date signed 12-20-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. S-11644 [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 606 N Duke[illegible] Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 N Duke[illegible] Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Franklin Tall

3 (b) If veteran, name war None
3 (c) Social Security Account No. None
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Rita
6 (c) If alive, give age 61 years
7. Birth date of deceased (mo., day, yr.) March 2 1882
8. AGE: Years 11 Months 9 Days 18 If less than one day hr. min.
9. Birthplace Dorchester Co Md (Town, county, and state)
10. Usual Occupation Grocer
11. Industry or business Self
FATHER 12. Name Benjamin W Tall
13. Birthplace Dorchester Co Md
MOTHER 14. Maiden name Harriett Nuttall
15. Birthplace Dorchester Co Md
16 (a) Informant Rita Tall
(b) Address 606 N Duke[illegible] Ave
17. Burial (Burial, cremation, or removal) (b) Date thereof 12 22 43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Md
18 (a) Funeral director Wilhoms & Son
(b) Address 1217 W Fayette St
19 DEC 22 1943 (Date filed) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1943 at 7:30 M
21. I certify that death occurred on the date above stated; that I attended deceased from 12/1 1943 to 12/20 1943 and that I last saw [illegible] alive on 12/19 1943.

Immediate cause of death
(a) Uremia Cardiac Collapse
Vascular Renal Disease
Due to
Due to
Other Conditions Prostate Trouble
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
(a) 2
1 yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Albert L. Sikorski M.D.
Address 639 N Glenwood Ave Date signed 12/21/43

C 11645

AB-69253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. C 11645

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4240 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Yrs-2 mos.-13days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Kirk Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Fenge

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4-1859

8. AGE: Years 84 | Months 3 | Days 16 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Henry Fenge
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Muldourr or Muldrer
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals records
(b) Address

17 (a) Final (Burial, cremation, or removal) (b) Date thereof 12/22/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director Wilson Funeral Home
(b) Address 1217 W. Lombard St.

19 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

DEC 22 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/20 1943, at 6:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943 to 12/20 1943 and that I last saw her alive on 12/20 1943.

Immediate cause of death Coronary thrombosis

Duration 6 d.

Due to

Due to

Other Conditions A-S.C.V.D.; gen. arteriosclerosis; senility
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. J. Seigman M. D.
Address JHCH Date signed 12/20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

C 11646 — R Johnston 117 W — C 11646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

Registered No. .....

Please write plainly with pen or pencil. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30d.
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 11. W. Franklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary H. S. Pyle

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Elwood P.
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 2 | 9 | 1858

8. AGE: Years 85 | Months 10 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace Salisbury Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business .....

FATHER
12. Name Thomas A. Smith
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary Unknown
15. Birthplace Unknown

16 (a) Informant Elwood P. Pyle
(b) Address 11 W Franklin

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location North Ave

18 (a) Funeral director Wm Cole Jr
(b) Address 1217 E Fayette St

19 (a) 12-22-1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1943, at 5.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1943 to Dec 20 1943 and that I last saw h[illegible] alive on Dec 20 1943

Immediate cause of death: Bronchopneumonia — Duration 4 days

Due to Influenza

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Robert W. Johnston M.D.
Address 117 W. SARATOGA ST. BALTIMORE, MD. Date signed 12/24/43

VS 3

13647 ✓ C 13647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 50 West Biddle St.
(c) Hospital or institution:
11
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Washington Co
(c) City or town Hancock (If outside city or town limits, write RURAL and give town)
2
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Elizabeth Beard.

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow.

6 (b) Name of husband or wife: John Martin Beard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1894

8. AGE: Years 49 | Months 4 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace Hancock, Maryland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER — 12. Name J. A. Wilson

13. Birthplace Md

MOTHER — 14. Maiden Name Unknown

15. Birthplace Md.

16 (a) Informant Mrs. Nannie Sanders

(b) Address 50 W. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23 1943 (month) (day) (year)

(c) Cemetery or crematory Catoctin Methodist

Location Hancock, Md.

18 (a) Funeral director Williams Cook Inc

(b) Address 1217 St. Paul St.

19 (c) DEC 22 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1943, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 6 1943, to Dec. 21 1943, and that I last saw h[illegible] alive on Dec. 21 1943

Immediate cause of death	Duration
Pulmonary tuberculosis	6 yrs.
Due to —	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence At M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Bailey Bayliff M. D.

Address 3812 Greenmount Ave. Date signed Dec 24 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

648 Dr Davis 8=V C 11648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

330

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2211 Rogers Ave

(c) Hospital or institution: Aged Home, M.E. Church

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-15

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2211 Rogers Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) **FULL NAME** Florence L Mulley

3 (b) If veteran, name war — 3 (c) Social Security Account No. none

4. Sex: Female — 5. Color or race: White — 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14, 1854

8. AGE: Years 89 | Months 11 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER — 12. Name John M Mulley

13. Birthplace Baltimore Co Md

MOTHER — 14. Maiden name Sarah Richards

15. Birthplace Balto Co Md

16 (a) Informant Miss Savage

(b) Address 2211 Rogers

17 (a) Final (Burial, cremation, or removal) (b) Date thereof 12/22/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director Wilson & Dove

(b) Address 1217 E Pratt St

19 (a) DEC 22 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1943 at 7.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1943, to Dec 19 1943, and that I last saw h.e alive on Dec 19 1943.

Immediate cause of death — Bronchial Pneumonia — Duration 5 days

Due to Influenza — 10 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Arthur J Davis M. D.

Address 800 N 33rd Date signed 12-24-43

VS 150

G 11649 — BALTIMORE CITY HEALTH DEPARTMENT — G 11649

CERTIFICATE OF DEATH

Registered No. 926

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1633 Gorsuch Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 Gorsuch Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clinton H Langhenry

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: ~~Married~~ Widower
6 (b) Name of husband or wife: Ann B
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 7 1866
8. AGE: Years 77 | Months 1 | Days 14 | If less than one day: hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace ,

MOTHER
14. Maiden Name ,
15. Birthplace

16 (a) Informant Mr Walter Raley
(b) Address 3940 Dalfield Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/43 (month) (day) (year)
(c) Cemetery or crematory Westview
Location Balto Md
18 (a) Funeral director Wilhom Bell Sons
(b) Address 1212 E Pratt St
19 (a) DEC 22 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/4 1943 to 12/21 1943, and that I last saw h[illegible] alive on 12/21 1943.

Immediate cause of death: Uremia Regurgitation — Duration: 2 days
Due to:
Due to:
Other Conditions: Myocardial Degeneration
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? (Specify type of place)
(e) Means of injury
23. Signature David Miller M.D.
Address 1100 N Broadway Date signed 12/24/43

1650 — 6 11650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 13B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PRINTED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3903 - 4th St Brooklyn
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3903 4th St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Stewart Brown

3 (b) If veteran, name war No
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Katherine E

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26 1904

8. AGE: Years 39 | Months 3 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Asst Mgr

11. Industry or business Nomenclator Dist Supply Co

FATHER
12. Name Watson Brown
13. Birthplace A A Co Md

MOTHER
14. Maiden Name Gertrude Crosby
15. Birthplace Md

16 (a) Informant Katherine E Brown
(b) Address 3903 4th St Brooklyn Md

17 (a) Burial
(b) Date thereof 12/22/43 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Mountain View
Location Baltimore Co Md

18 (a) Funeral director Milton Cox Inc
(b) Address 1217 E Pratt St

19 DEC 22 1943 (Date filed by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1943 at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1943 to Dec 20 1943, and that I last saw h[illegible] alive on Dec 19 1943.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 8 mos -
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence Flannigan M. D.
Address 5217 York Rd Date signed 12/21/43.

G 1651 ✓ G 1651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33B

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2802 Kennedy
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2802 Kennedy (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George Bowers

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Fannie Bowers
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 11- 1861
8. AGE: Years 82 Months 7 Days 8 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Baker (Retired)
11. Industry or business

FATHER
12. Name Adam Bowers
13. Birthplace Germany

MOTHER
14. Maiden Name Mary
15. Birthplace Germany.

16 (a) Informant Mrs. J. Thomas Burk
(b) Address 2802 Kennedy
17. Burial (Burial, cremation, or removal) (b) Date thereof 12/23/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md
18 (a) Funeral director William Lee Inc
(b) Address 2701 E. Pratt St
DEC 22 1943 (Date rec'd by registrar) Hunting for Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 1943, at 7 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16 1943, to Dec. 19 1943, and that I last saw him alive on Dec. 19 1943.

Immediate cause of death: Acute Pancreatitis Malnutrition Nephritis — Duration 4 d.

Due to: Arteriosclerosis.

Due to: Influenza — 8 d.

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J J A Stevens
Address 2878 Harford Rd Date signed 12-20-43 M. D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

928 ✓ G 13652 Registered No. G 13652

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 813 Harlem ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 813 Harlem ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Bell Wise

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	negro	widowed

6 (b) Name of husband or wife Arthur Wise

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 19, 1887

8. AGE: Years	Months	Days	If less than one day
56	10	1	hr. min.

9. Birthplace St Michaels Md
(Town, county, and state)

10. Usual Occupation Janitress Cook

11. Industry or business

FATHER 12. Name Thomas Henson

13. Birthplace St Michaels Md

MOTHER 14. Maiden Name Josephine Wilson

15. Birthplace St Michaels Md

16 (a) Informant Mrs Blanche Williams

(b) Address 5134 Edmondson Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 12 14 43 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cemetery

Location Baltimore Md

18 (a) Funeral director Walter B. Sprigg

(b) Address 139 N. Stanley St.

19 (a) Date received DEC 22 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1943, at 10:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6 1943, to Dec 20 1943, and that I last saw he alive on Dec 6 1943.

Immediate cause of death

Due to Cerebral hemorrhage — Duration ½ hour

Due to Hypertension — 1 year

Other Conditions Nephritis chronic disease — 1 yr

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William A Wise M.D.

Address 5154 Edmondson Ave Date signed 12/21/43

G 11653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 478

Registered No. G 11653

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 625 N. Highland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 yrs

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 625 N. Highland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Samuel Pittard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Birdie nee Stein

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21- 1888

8. AGE: Years	Months	Days	If less than one day
55	8	29	hr. min.

9. Birthplace England
(Town, county, and state)

10. Usual Occupation Garage Owner

11. Industry or business

FATHER
12. Name Jerry. Pittard
13. Birthplace England

MOTHER
14. Maiden Name Rose -
15. Birthplace England

16 (a) Informant Birdie Pittard
(b) Address 625 N. Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-43 (month) (day) (year)

(c) Cemetery or crematory Philadelphia, Penna.
Location Mt. Carmel Cem.

18 (a) Funeral director Jacob Reiss Sons
(b) Address 1439 E. Balto. St

DEC 22 1943 (b) Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22-43 19 , at 2 40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/30 1943 to 12/22 1943.
and that I last saw him alive on 12/19 19 43.

Immediate cause of death Carcinoma of Lung

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
2 years.
6 mos

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alex S. Schoraky
Address 1439 E. Balto St Date signed 12/22/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PARTS RESERVED FOR BINDING

C 21654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1638 Registered No. C 21654

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3040 Dolfield Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 11
(e) Length of stay in Baltimore (yrs., mos., or days) 3442

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3040 Dolfield Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mabel Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Herman Miller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years 40 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Phila. Pa. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Morris Cohen
13. Birthplace Russia

MOTHER
14. Maiden Name Anna
15. Birthplace Russia

16 (a) Informant Herman Miller
(b) Address 3040 Dolfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-43 (month) (day) (year)
(c) Cemetery or crematory Shaare Tefiloh
Location Windsor Mill Rd

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto. St

19 (a) 12-22-1943 (Date filed by registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1943, at 10:00 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy, Inspection or Inquiry), find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute barbiturate poisoning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury December 21 1943 M.
(b) Where did injury occur? 3040 Dolfield Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? at home While at work? no
(d) Means of injury Swallowed phenobarbital tablets

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec 21, 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 13655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. G 13655

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Rutland Ave
(c) Hospital or institution: Sinai Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 39

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1739 E. Fairmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Eisen

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Julia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day
82			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Ret
11. Industry or business

FATHER 12. Name Oscar R.
13. Birthplace

MOTHER 14. Maiden Name Rifka
15. Birthplace Russia

16 (a) Informant Mrs. Esther Kanel
(b) Address 406 E. 21st St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12-22-43 (month) (day) (year)
(c) Cemetery or crematory Pegadale
Location Pikesville, Md

18 (a) Funeral director Jacob Freiwirth Inc
(b) Address 1439 E. Balto. St

19 (a) DEC 22 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21 1943, at 8:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10 1943, to Dec 21 1943, and that I last saw him alive on Dec. 21 1943

Immediate cause of death Hypostatic Pneumonia — Duration

Due to

Due to

Other Conditions Arteriosclerosis Embolism
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert N. Jacobs M.D.
Address Sinai Hospital Date signed 12/24/43

Loessel

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

129

Registered No. C-31656

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Where not correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hospital 27-16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 4637 Park Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Anna Sophia Loessel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4 - 1864

8. AGE: Years	Months	Days	If less than one day
79	6	17	hr. min.

9. Birthplace Balt. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Francis Schroeder
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine B. Ruhall
15. Birthplace Germany

16 (a) Informant Ann Clapham
(b) Address 4637 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Martin Fahey & Sons
(b) Address 1877 W. North Ave.

DEC 22 1943 (Date rec'd by registrar)

(b) Hunting for Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. **DATE OF DEATH** 12 - 21 1943, at 3.05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-15 1943 to 12-21 1943, and that I last saw her alive on 12-21 1943

Immediate cause of death Respiratory failure — Duration

Due to Generalized Peritonitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 12-16-43

Major findings of operation: Generalized peritonitis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. W. Kornegay, Jr. M. D.
Address Univ. Hosp. Date signed 12-22

G 11657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11657

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home and Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5

(e) Length of stay in Baltimore (yrs., mos., or days) 55

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3023 Wardour Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** James H. Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1872

8. AGE: Years	Months	Days	If less than one day
71 61	2	29	hr. min.

9. Birthplace ?
(Town, county, and state)

10. Usual Occupation Interior Decorator

11. Industry or business

FATHER
12. Name William Kelly
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Eleanor
15. Birthplace Baltimore

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director H. Brenning & Son
(b) Address 2924 Edmondson Ave.

DEC 22 1943 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/21 1943, at 7:25 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/16 1943, to 12/21 1943, and that I last saw h.. alive on 12/21 1943

Immediate cause of death Uremia — Duration ?

Due to Hypertension C-V disease — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Goldberg M. D.
Address Church Home & Hospital Date signed 12/21/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

G 11658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 G 11658

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2918 St Paul St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Hanson Wilmer

(a) Residence: No. 2918 St Paul St St. 12-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Samuel Wilmer

6. DATE OF BIRTH (month, day, year) March 22, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife - retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cecil Co Maryland

FATHER

13. NAME Benjamin P. Hanson

14. BIRTHPLACE (city or town) (State or country) Middletown Delaware

MOTHER

15. MAIDEN NAME Clara Augusta Biddle

16. BIRTHPLACE (city or town) (State or country) Kent Co Maryland

17. INFORMANT Miss C. Augusta Hanson

(Address) 2918 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Bethel Cem Co Date Dec 22 19 43

19. UNDERTAKER John A. Mitchell Funeral

(Address) 1940 Eutaw Place

20. FILED DEC 22 1943 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1943

22. I HEREBY CERTIFY, That I attended deceased from 1934 to Dec 20 1943

I last saw her alive on Dec 19, 1943 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 12/10/43

Other contributory causes of importance:

Hypertensive Cardio Vascular Disease — 10 yrs

Rheumatoid arthritis — 15 yrs

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Francis W. Gluck M. D.

(Address) 715 Park Ave

Huntington Williams, M.D.

yes

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 11659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48

G 11659 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2522 N. Hilton St.
(c) Hospital or institution: Ashburton Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2806 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Ella B. Dixon

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years: about 68 | Months | Days | If less than one day: hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation Librarian, Oberlin College

11. Industry or business Retired

FATHER: 12. Name | 13. Birthplace

MOTHER: 14. Maiden Name | 15. Birthplace

16 (a) Informant Rev. Don Frank Fenn
(b) Address 311 Oakdale Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave., Baltimore

18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place

19 (a) DEC 22 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/16/1943 to —, 19..., and that I last saw h alive on 12/16/1943.

Immediate cause of death: Metastatic Carcinoma — Duration 1 yr.

Due to Carcinoma of Uterus — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Solon Sherman, M. D.
Address 1814 Eutaw Place Date signed

SOLOMON—SHERMAN

G 11660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 11660 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 153 W Lanvale
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(a) Street No. 153 W Lanvale St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Saunders Hammond

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: MALE | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Rosalie E. Hall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 2 1868

8. AGE: Years 75 | Months 4 | Days 19 | If less than one day hr. min.

9. Birthplace Annapolis Md
(Town, county, and state)

10. Usual Occupation Liquor Dealer

11. Industry or business Whole Sale

FATHER
12. Name Nicholas Hammond
13. Birthplace Eastern Shore Md.

MOTHER
14. Maiden Name Mary Green
15. Birthplace Annapolis Md.

16 (a) Informant Mrs. Wm S. Hammond
(b) Address 153 W Lanvale St

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Dec 22 / 43 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director Henry Watkins Sons
(b) Address McCulloh & Orchard Sts

DEC 22 1943

19 (a) (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1943, at 8 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1943 to Dec 21 1943 and that I last saw him alive on Dec 21 1943.

Immediate cause of death: Coronary Thrombosis — Duration 1 m'th

Due to: Arteriosclerosis — Duration Several

Due to: Myocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M F Healy

Address 1403 Park Ave Date signed 12/24/43

correct age is especially important. Physicians: please write the ... Every item of information should be carefully supplied. The ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be careful... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11661

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 11661 Registered No.

CERTIFICATE OF DEATH 6

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital 9-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1321 Hillman St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Gallant (James Gilbert Gallant) ✓
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 4, 1942

8. AGE: Years	Months	Days	If less than one day
1	20	17	____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Francis Gallant
13. Birthplace Baltimore

MOTHER
14. Maiden Name Laura Rogers.
15. Birthplace Baltimore

16 (a) Informant hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22 1943 (month) (day) (year)
(c) Cemetery or crematory Moreland Park Cemetery
Location Taylor Ave Balto Co

18 (a) Funeral director George J. Ruth Inc.
(b) Address 1735 Hanford Ave

19 (a) DEC 22 1943 (Registrar) (b) Registrar
VS 150 Huntington Printing Co.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1943, at 12 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-18 1943 to 12-21 1943, and that I last saw him alive on 12-21 1943.

Immediate cause of death	Duration
respiratory failure	
Due to meningitis	4 days
Due to meningococcus	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Margaret H. D. Smith M. D.
Address Sydenham Hosp. Date signed 12-21

G 1662 ✓ G 1662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution St Joseph's Hospital 2 431
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1511 Beason St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Emma Leimbach ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife August
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 27, 1870

8. AGE: Years	Months	Days	If less than one day
73	10	24	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Charles Andrew Bohle
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Eliz. Diest
15. Birthplace Germany

16 (a) Informant Mr. Charles Derschinger
(b) Address 1511 Beason St.

17 (a) Burial (b) Date thereof 12/24/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Geln Haven
Location Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 22 1943 (b) Huntington for Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1943, at 2:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1943 to Dec 21 1943, and that I last saw her alive on Dec. 21 1943

Immediate cause of death	Duration
Bronchopneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Feeting M.D.
Address St. Joseph's Hosp. Date signed 12-24-43

G 11663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c

Registered No. G 11663

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D.O.A. Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2109 McHenry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rev. John Rhodes

3 (b) If veteran, name war

3 (c) Social Security Account No. --

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Grace E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1, 1897

8. AGE: Years	Months	Days	If less than one day
46 45	0	19	hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Minister

11. Industry or business

FATHER
12. Name Thomas Rhodes
13. Birthplace England

MOTHER
14. Maiden Name Mary Schofield
15. Birthplace England

16 (a) Informant Mrs. Grace E. Rhodes
(b) Address 2109 McHenry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 22 1943 (Date rec'd by registrar) Huntington Wilson Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/20 1943, at 11:50 PM

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry (Autopsy, Inspection or Inquiry) found that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Rheumatic Cardio-vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Eugene B. Ty-Zallys M.D. Medical Examiner
Date signed 12/21/43.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11654 G 11654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1935 N. Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1935 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JENNIE SAUBLE

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1867

8. AGE: Years	Months	Days	If less than one day
76	4	25	hr. min.

9. Birthplace Carroll Co., Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Amos Little
13. Birthplace Pa.

MOTHER
14. Maiden Name Ellen Lovell
15. Birthplace Pa.

16 (a) Informant Miss Jennie Sauble
(b) Address 1935 N. Fulton Ave.

17 (a) Burial (b) Date thereof 12/22/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Meadow Branch
Location Carroll Co., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (b)
(Date rec'd by registrar) Registrar

DEC 27 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19, 43, at 1:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1943 to Dec 19 1943 and that I last saw alive on Dec 18 1943

Immediate cause of death Coronary Thrombosis — Duration 1 day
Due to Arteriosclerosis — 3 yrs
Due to — 1 yr
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. S. Thompson M.D.
Address Cor. Mt. Royal & Maryland Date signed 12/21/43

Registrar Hamilton Williams, M.D.

G 11665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 11665

Please answer all questions. If information should be carefully supplied. The write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2639 Pennsylvania Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4413 Belvieu Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles A. Ruppersberger

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-5343

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ethel K. Ruppersberger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1894

8. AGE: Years 49 | Months 10 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Pres., Geo. L. Ruppers-
11. Industry or business Dentist berger & Sons

FATHER
12. Name George L. Ruppersberger
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Mary E. Doberer
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Ethel K. Ruppersberger
(b) Address 4413 Belvieu Avenue

17 (a) Burial (b) Date thereof 12/23/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto., Md.

18 (a) Funeral director Wm. J. Tuckey
(b) Address Balto., Md.

19 (a) DEC 22 1943 (b)
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/20 1943, at 12.25 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 12/24/43

WE

11666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 11666

121 B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Exact age is especially important. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3303 W. Hamilton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3303 W. Hamilton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Esther Winegrad

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Wm.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name —

13. Birthplace Russia

MOTHER

14. Maiden Name —

15. Birthplace Russia

16 (a) Informant Irving Winegrad

(b) Address 3303 W. Hamilton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-43 (month) (day) (year)

(c) Cemetery or crematory Lorraine Park Cem

Location Baltimore Md

18 (a) Funeral director Jack Levine Inc

(b) Address 1109 E. Baltimore St

12-20-1943 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-21-43 19 at 3:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/11 1943 to 12/20 1943, and that I last saw her alive on 12/20 19 43

Immediate cause of death ch nephritis

Due to malnutrition

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —

(e) Means of injury —

23. Signature A. L. Homstein M. D.

Address 733 Asquith St Date signed 12/22/43

G 31667

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 31667

CERTIFICATE OF DEATH 942

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 719 N.Collington Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 719 N.Collington Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Conrad Getz

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna Getz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11/[illegible]

8. AGE: Years 73 | Months 3 | Days 10 | If less than one day hr. min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elizabeth-------
15. Birthplace: Germany

16 (a) Informant: Mrs. Anna Getz
(b) Address: 719 N.Collington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24/43 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer Cem.
Location: Baltimore Md.

18 (a) Funeral director: Philip Herwig's Sons
(b) Address: 2024 Orleans St.

19 (a) [illegible] (Date rec'd by registrar) (b)

Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21/43 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1943 to Dec 21 1943 and that I last saw h[illegible] alive on Dec 20 1943

Immediate cause of death: Coronary Thrombosis — Duration: 9 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Pokorny

Address 2200 E Madison St Date signed 12/22/43 M. D.

G 11668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11668 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12 N. Patterson Pk Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 N. Patterson Pk Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME J. Geo. Hofmeister

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ella V. Hofmeister

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19 - 1874

8. AGE: Years 69 | Months 5 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation House Painter

11. Industry or business

FATHER
12. Name Jacob Hofmeister
13. Birthplace Ger.

MOTHER
14. Maiden Name Barbara Letterer
15. Birthplace Balto. Md.

16 (a) Informant Amil E. Hofmeister
(b) Address 12 N. Patterson Pk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 28 43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore, Md.

18 (a) Funeral director Philip Herzog Sons
(b) Address 2124 Eutaw St.

19 (a) (Date rec'd by registrar) (b) Kensington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18 1943 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1943 to Dec 18 1943 and that I last saw him alive on Dec. 18 1943

Immediate cause of death Cerebral Hemorrhage 5 Days
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas H. Mogner M. D.
Address 24 E. Read St. Date signed 12/30/43

Version 2 6/7.

G 11669 | BALTIMORE CITY HEALTH DEPARTMENT | G 11669

CERTIFICATE OF DEATH 94a

Registered No.

please write the causes of death clearly and legibly. The correct age is especially important. Physicians:

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4523 Harford Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give county)
(d) Street No. 4806 HOLDER AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Myers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W.	Married

6 (b) Name of husband or wife Eleanora Myers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 17-1891

8. AGE: Years	Months	Days	If less than one day
52	11	3	hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation
11. Industry or business Upholster

FATHER
12. Name John T. Myers
13. Birthplace Balto.

MOTHER
14. Maiden Name Marie Baker
15. Birthplace Balto.

16 (a) Informant Mrs. Eleanora Myers
(b) Address 4806 Holder Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 24 43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Philip Herrig Son
(b) Address 2024 Eldmont

19 (a) DEC 22 1943 (Date rec'd by registrar) Harlow Williams, M.F. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/20 1943, at 3.20 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Thrombus is

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 12/20/43.

Jo 85527 G 11670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

G 11670 Registered No.

PRESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2203 Cedley St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Charlotte Baker

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1926

8. AGE: Years	Months	Days	If less than one day
17	2	20	hr. min.

9. Birthplace Maryland (Town, county and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Jerome Baker (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Viola Phillips
15. Birthplace Maryland

16 (a) Informant Records, Balto. City Hosp.
(b) Address 4940 Eastern Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Dec 24/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md.

18 (a) Funeral director Philip Sperry Sons
(b) Address 2024 Orleans St.

DEC 22 1943 (b)
(Date received by local registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21, 1943, at 5:00A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/20 1943, to 12/21 1943, and that I last saw h[illegible] alive on 12/21 1943.

Immediate cause of death: Pulmonary TBC — Duration: 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No Post

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. L. Sergeant M.D.

Address BCH Date signed 12/23

G 11671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11671 Registered No. 94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4622 O'Donnell St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-7
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4622 O'Donnell (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm Gow

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Martha Gow

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 1875

8. AGE: Years 68 | Months 6 | Days 14 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wm Gow
13. Birthplace Germany

MOTHER
14. Maiden Name Mary —
15. Birthplace Germany

16 (a) Informant Wm Gow Jr
(b) Address 26 W Read St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24/43 (month) (day)

(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director Phillips Herwig & Sons
(b) Address 2024 Adams St

19 (a) Date rec'd by local reg. Dec 22 1943 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1938 to Dec 18 1943 and that I last saw h. alive on 12/18 1943.

Immediate cause of death Coronary Occlusion — Duration

Due to Arteriosclerosis & hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles H Flom M.D.
Address 3215 Euclid St Date signed Dec 21/43

Huntington Pittsburgh

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not abbreviate. Write out full words. Do not use ditto marks. Be sure to give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11672 ✓ G 11672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Since Oct. 18, 1943
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 212 Dallas Court
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ABRAHAM ALDMON CLUBBS

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Henrietta Thomas
6 (c) If alive, give age: 50 years
7. Birth date of deceased (mo., day, yr.): 3/16/1894
8. AGE: Years: 49 Months: 9 Days: 3 If less than one day: hr. min.
9. Birthplace: Alexandria, La. (Town, county, and state)
10. Usual Occupation: Chauffeur- April 1943
11. Industry or business: -

FATHER
12. Name: David Clubbs
13. Birthplace: Alexandria, La.

MOTHER
14. Maiden Name: Amy Robinson
15. Birthplace: Alexandria, La.

16 (a) Informant: Records, U.S.Marine Hosp.
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Old Frederick Road

18 (a) Funeral director Wm Brooks
(b) Address 1463 N. Carey St

19 (a) (Date rec'd by registrar) DEC 22 1943 (b) Huntington Williams Registrar

MEDICAL CERTIFICATION A.

20. DATE OF DEATH Dec. 19, 1943, at 4:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 18, 1943 to Dec. 19, 1943, and that I last saw him alive on Dec. 19, 1943.

Immediate cause of death: Lobar Pneumonia, both lower lobes, stage Red Hepatization — Duration: Approx. since 12/15/43

Due to: Cardiac hypertrophy & dilatation — Several years

Due to: has had heart condit.

Other Conditions: --

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: No
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: J. Clubbs

Address: Baltimore, Md. Date signed 12/20/43 (M. D.)

Va-13865

C 11673

YA-85303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1143

C 11673 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2650 Lauretta Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Christerpher

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Naomi
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1896

8. AGE: Years	Months	Days	If less than one day
47	6	5	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Machine Operator
11. Industry or business Reid Avery Co.

FATHER
12. Name Howard Lee Christerpher
13. Birthplace Md.

MOTHER
14. Maiden Name ?
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY POSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 12-23-43 (month) (day) (year)
(c) Cemetery or crematory Dulaney Valley Memorial Gardens
Location Baltimore, Md.

18 (a) Funeral director F. O. Kuppert & Son
(b) Address 300 Eutaw Place

19 (a) (b)
(Signature of registrar) Registrar

DEC 22 1943
VS 150 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/19 1943, at 10:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/8 1943 to 12/19 1943 and that I last saw him alive on 12/19 1943.

Immediate cause of death: Emphysema; Anemia - Thorax — Duration 6 d.
Due to: Lung Abscess & Formation of Empyema - Thorax
Due to: Pleural Fistula
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation 12/15/43
Major findings of operations: Thoracotomy - empyema found
of autopsy: no post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature E. L. Bergman M. D.
Address BCH Date signed 12/20

G 11674 H45964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 11674 Registered No.

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 210 S. Conkling (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Otto Hess

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-22-65

8. AGE: Years	Months	Days	If less than one day
78	6	34	hr. min.

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name August Hess
13. Birthplace ?

MOTHER
14. Maiden Name Henrietta
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/43 (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Taylor ave

18 (a) Funeral director Howard N. Blight, Jr.
(b) Address 4914 Belair Road

19 (a) DEC 22 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1943, at 2.05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1943, to Dec 16 1943, and that I last saw him alive on Dec 16 1943.

Immediate cause of death	Duration
RESPIRATORY FAILURE	
Due to EMPYEMA	
Due to PNEUMONIA ?	
Other Conditions HEART DISEASE (ARTERIOSCLEROTIC)	

(Include pregnancy within 3 months of death)

Date of operation 12-11-43
Major findings of operation: EMPYEMA
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John R. Bermingham
Address JHH Date signed 12-16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 C 11675 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital 12-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 hrs., 3 mins.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Ferndale
(If outside city or town limits, write RURAL and give town)
(d) Street No. Ferndale Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles L. Gastiger

3 (b) If veteran, name war -

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Edith Corcoran

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1895

8. AGE: Years 48 | Months 2 | Days 10 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business Merchant Marine

FATHER
12. Name Charles Gastiger
13. Birthplace Germany

MOTHER
14. Maiden Name Louise Zellers
15. Birthplace Germany

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/43 (month) (day) (year)
(c) Cemetery or crematory Catholic Cemetery
Location Pet Zuhlsdorf Rd

18 (a) Funeral director J. J. Foley & Sons
(b) Address 321 Light St.

19 (a) (b) Registrar

DEC 22 1943

VS 150

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH December 20, 1943, at 1:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 20, 1943, to Dec. 20, 1943, and that I last saw him alive on Dec. 20, 1943. 12:15 A.M.

Immediate cause of death Multi Lobar Pneumonia — Duration 2-3 days.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W S Bean / R Duncan M. D.
Address Baltimore, Md. Date signed 12/20/43

MS-49907

C 11676

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

716 E Registered No. PK 4 UN1466

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 718 E 21 St, St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-8
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 718 E 21st St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hubert J Crispini
3 (b) If veteran, name war
3 (c) Social Security Account No. 213-10-0761

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Margaretta A Crispini
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1895

8. AGE: Years	Months	Days	If less than one day
48	4	-	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Bar Tender
11. Industry or business

FATHER
12. Name Hubert J Crispini
13. Birthplace Italy

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Dorothy L Fredrick
(b) Address 718 E 21 St, St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23-43 (month) (day) (year)
(c) Cemetery or crematory Bald Natl
Location

18 (a) Funeral director Chas P Towell
(b) Address 2427 Edmondson Ave

19 (a) Date of [illegible] (b) [illegible] Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1943, at 1300

21. I certify that death occurred on the date above stated; that I attended deceased from 12-18 1943 to 12-20 1943, and that I last saw him alive on 12-20 1943

Immediate cause of death	Duration
Alcoholism	
Due to	
Due to Cardiac Dilatation	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Wm Lut. C. Blake M. D.
Address Med. arts Bldg Date signed

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

C 11677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

C 11677 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 N. Montford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 610 N. Montford Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET M. BOLLINGER

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-18-3578

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10 - 1913

8. AGE: Years 30 | Months 4 | Days 10 | If less than one day hr. min.

9. Birthplace Balto, Md.
(Town, county, and state)

10. Usual Occupation Packer

11. Industry or business

FATHER
12. Name Henry Tillman
13. Birthplace N. C.

MOTHER
14. Maiden Name Margaret Bollinger
15. Birthplace Balto. Md.

16 (a) Informant Margaret Bollinger
(b) Address 610 N. Montford, Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23-43
(month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director John A. Miller
(b) Address 2354 Jefferson St.

19 (a) 12-22-1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1943, at 8 40 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pneumonia, Lobar

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 12-20-43

correct age is especially important. Physicians: please write the c

C 11678 — BALTIMORE CITY HEALTH DEPARTMENT — C 11678

CERTIFICATE OF DEATH

Registered No. 93E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 710 Saratoga St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-2
(e) Length of stay in Baltimore (yrs., mos., or days) 10yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 710 W. Saratoga St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Charlotte Johnson

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/23/1895

8. AGE: Years	Months	Days	If less than one day
48	6	25	hr. min.

9. Birthplace Eastport, Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name George Pack
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Tucker
15. Birthplace Md

16 (a) Informant Ferdinand Barrett (Friend)
(b) Address 710 W. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/43 (month) (day) (year)
(c) Cemetery or crematory Brew Hill
Location Annapolis, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 512 N. Carrollton Ave.

19 (a) 22 Dec (Date rec'd by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12.18.43 19 , at 8:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 19 43 to Dec 18 19 43 and that I last saw h[illegible] alive on Dec 18 19 43

Immediate cause of death Myocarditis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration 2 Mos

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams
Address 75 [illegible] Date signed 12/22/43

Huntington Williams, Md

G 11679

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

G 11679 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 511 Mosher Street
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 511 Mosher Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME William Aquilla

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: MALE
5. Color or race: NEGRO
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Ida C. Aquilla
6 (c) If alive, give age 83 years
7. Birth date of deceased (mo., day, yr.) July 9 1859
8. AGE: Years 84 Months 5 Days 11 If less than one day hr. min.
9. Birthplace Frederick Co, Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Printing

FATHER
12. Name Samuel Aquilla
13. Birthplace Frederick Co, Md

MOTHER
14. Maiden Name Patience R. Savoy
15. Birthplace Frederick Co, Md

16 (a) Informant Mrs. Ida C. Aquilla
(b) Address 511 Mosher St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)
(c) Cemetery or crematory Western Star
Location Catonsville, Md

18 (a) Funeral director J. L. Preston Lunberry
(b) Address 519 Mosher St.

19 (a) DEC 23 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1943 at 12 47 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9. 5 1943, to 12. 20. 1943, and that I last saw h~~im~~ alive on 12. 20. 1943.

Immediate cause of death: Coronary occlusion — Duration 3 days

Due to: arteriosclerotic cardiovascular disease — Duration 1 yr

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James D. Carr, M. D.
Address 515 Mosher St Date signed 12/27/43

G 12680 — G 12650

AB-55685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age, is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 14

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mos. 10days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2214 Druid Hill Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elsie Moore

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17 1923

8. AGE: Years	Months	Days	If less than one day
20	3	-	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Walter Clay (Step-father)
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Inez Bee
15. Birthplace Baltimore, Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address DEC 22 1943 2615 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Huntington White Registrar, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/17 1943, at 2:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/7 1943, to 12/17 1943, and that I last saw h[illegible] alive on 12/17 1943.

Immediate cause of death: Pulmonary TBC — Duration 6 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. L. Seymour M.D.
Address B C H Date signed 12/15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 11681 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2905 Ailsa Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 65 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2905 Ailsa Ave.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Clarence Redman

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Elizabeth N. Redman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1862

8. AGE: Years	Months	Days	If less than one day
81	1	4	hr. min.

9. Birthplace Talbot Co., Md.
(Town, county, and state)
10. Usual Occupation Retired Ship Builder
11. Industry or business

FATHER
12. Name John Stuart Redman
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Callahan
15. Birthplace Md.

16 (a) Informant Mr. W. Carroll Redman
(b) Address 2905 Ailsa Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22, 1943 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director G. Howard Strong
(b) Address 3207 W. North Ave.

DEC 22 1943 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19, 1943, at 12.10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1943 to Dec 19 1943 and that I last saw HIM alive on Dec 17 1943.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	
Due to Coronary arteriosclerosis	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George Dawson M. D.
Address 4808 Harford Rd. Date signed Dec 20/43.

G 11682

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

G 11682

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 1816 Rayner Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William J. Tabb

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-4413

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-20-887

8. AGE: Years 56 | Months 10 | Days 0 | If less than one day hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Gas fitter

11. Industry or business Gas & Elec. Co.

FATHER
12. Name John Tabb
13. Birthplace England

MOTHER
14. Maiden Name (Hannah) Harvey
15. Birthplace England

16 (a) Informant Mrs. Ethel M. Tabb
(b) Address 1816 Rayner Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn Md.

18 (a) Funeral director H. Howard Strong
(b) Address 3207 N. North Ave.

19 (a) DEC 22 1943 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1943, at 9:30 A.M.

21. I certify that I took charge of the remains described above, held an Inquiry Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Rus death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Henry L. Wollenweber M.D. Medical Examiner.
Date signed Dec. 22 1943 per. Robert Lee Graham M.D.

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11683 BALTIMORE CITY HEALTH DEPARTMENT G 11683
CERTIFICATE OF DEATH 108
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 422 Bruce St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 422 Bruce St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Audrey Lane Waters

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Femal	Col.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15, 1928

8. AGE: Years	Months	Days	If less than one day
15	3	4	hr. min.

9. Birthplace Balto Md.
(Town, county and state)
10. Usual Occupation School Girl
11. Industry or business

FATHER
12. Name Jefferson Waters
13. Birthplace Md.

MOTHER
14. Maiden Name Eulalia Connor
15. Birthplace Md.

16 (a) Informant Eulalia Waters
(b) Address 422 Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location

18 (a) Funeral director Mr. Kate R. Williams
(b) Address 222 N. Edmondson Ave.

DEC 22 1943 Huntington Williams
(Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1943, at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/17 1943 to 12/19 1943.
and that I last saw her alive on 12/19 1943.

Immediate cause of death — Duration

Rt Lobar Pneumonia

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H Welcome M. D.
Address 1131 Harlem Ave Date signed 12-24-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G 13684

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Presbury St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 Presbury St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Milton Gray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Bertha Gray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 30, 1889

8. AGE: Years	Months	Days	If less than one day
54	2	18	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name William E. Gray
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Minnie E. Goldsborough
15. Birthplace Balto. Md.

16 (a) Informant Bertha Gray
(b) Address 1708 Presbury St

17 (a) Burial (b) Date thereof Dec 22-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

19 (a) 12/22/1943 (b) Katie R. Williams M.D.
(Date rec'd by registrar) (Signature of registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1943 at 8:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5, 1943, to Dec 17, 1943, and that I last saw him alive on Dec 17, 1943.

Immediate cause of death

	Duration
Lobar Pneumonia	8 days
Due to Pneumonia	
Due to Coronary Thrombosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Manner of injury

23. Signature H. F. Barksdale M.D.
Address 526 S. Caroline St 12/21/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53

G 11685 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Morgan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 69 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace St. Mary's County (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Samuel
13. Birthplace St. Mary's County

MOTHER
14. Maiden Name Catherine Steward
15. Birthplace St. Mary's County

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23, 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Bremmondale Ave

19 (a) (b) Funeral Williams Registrar

DEC 22 1943

VS 150

MEDICAL CERTIFICATION

5'6 m

20. DATE OF DEATH Dec. 21 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1943, to Dec 21 1943, and that I last saw h~~im~~ alive on Dec 20 1943

Immediate cause of death	Duration
Edema Lungs	2 day
Due to metastesis in Lungs	6 mnth
Due to Carcinoma Nose	5 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Gill Hall M. D.
Address 1631 E. North Ave Date signed Dec 21-43

G 11636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 108

Hatcher G 12336 Penna Ave

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1802 Maryland ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 5
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1803 Maryland (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Mary E. Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15/1898

8. AGE: Years 45 | Months - | Days 3. | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name John Baytop
13. Birthplace Va

MOTHER 14. Maiden Name Anna Thomas
15. Birthplace Va

16 (a) Informant Clara Jackson
(b) Address 1802 Maryland ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 22-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. D. Co

18 (a) Funeral director Rayner Sanders
(b) Address 1417 E. Preston St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

DEC 22 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1943 at 12 30 AM

21. I certify that death occurred on the date above stated, that I attended deceased from Dec 10 1943 to Dec 18 1943 and that I last saw h alive on Dec 18 1943

Immediate cause of death Pul Pneumonia — Duration 8 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. T. Hesketh

Address 1 W St P-H Date signed 12/22/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

REMAIN RESERVED FOR BINDING

M. D. B. 1203-9

11687

HEALTH DEPARTMENT—CITY OF BALTIMORE

11687

CERTIFICATE OF DEATH 93D

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5403 Pioneer Drive St., ... Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

2. FULL NAME Bridget C. Canty

(a) Residence: No. 5403 Pioneer Drive St., 27-6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	W

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael

6. DATE OF BIRTH (month, day, year) March 28. 1870

7. AGE Years	Months	Days	If LESS than 1 day,.....hrs. or.....min.
73	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Canty

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Bridget Tuscey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Agnes Prager
(Address) 5403 Pioneer Drive

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Oakland Md. Date 12-25 1943

19. UNDERTAKER Leonard J. Pugh
(Address) 5305 Harford Rd.

20. FILED DEC 22 1943 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9 1940 to Dec. 22 1943

I last saw her alive on Dec. 5 1943. Death is said to have occurred on the date stated above, at ~~5 P.M.~~ 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Arteriosclerotic Heart Disease	5 yrs.

Other contributory causes of importance:

1) Bronchial asthma.	2 yrs.

Name of operation None Date of

What test confirmed diagnosis? - None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Earl L. Chambers M. D.

(Address) 4108 Liberty Hts. Ave

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

G 11688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1578

G 11688 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 day
(e) Length of stay in Baltimore (yrs., mos., or days) 18 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 618 N. Savage St
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Clifton C. Boyce

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S.

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/4/43

8. AGE: Years	Months	Days	If less than one day
		18	hr. min.

9. Birthplace Balto md
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Clifton Boyce
13. Birthplace Balto Md

MOTHER
14. Maiden Name Henrietta Welton
15. Birthplace Ohio.

16 (a) Informant
(b) Address Hosp Record.

17 (a) Burial (b) Date thereof 12/22/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mollans Pk
Location Parkville

18 (a) Funeral director William Cook Jr
(b) Address 217 St Paul St.

19 (a) (b)
(Date rec'd by registrar) Livingston Williams, Registrar

DEC 22 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1943, at 2.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1943 to Dec 22 1943, and that I last saw him alive on Dec 22 1943

Immediate cause of death Respiratory failure, acidosis, Hepatic & Delirium — Duration 2-3 days

Due to Pneumonia

Due to Stenosis of Duodenum

Other Conditions Chemical fractionation

(Include pregnancy within 3 months of death)

Date of operation 12-18-43

Major findings of operation: Stenosis of 4th part of Duodenum, bile in peritoneal Cavity

of autopsy: Refused

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J Church M. D.
Address Mercy Hosp. Date signed 12-22-43

444723

G 11689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11689

Registered No. 21a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Caroline
(c) City or town Preston
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Toft

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edward Jr.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? - 92

8. AGE: Years 51 | Months | Days | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name May Tilka
13. Birthplace Africa

MOTHER
14. Maiden Name Amelia Lang
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 24 43 (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (d) (Date received by registrar) (Huntington-Williams, Inc.)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 19 43 at 6 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 17 1943 to Dec 21 1943, and that I last saw her alive on Dec 21 1943.

	Duration
Immediate cause of death: Respiratory Failure	
Due to: Addison's disease	
Due to: Tuberculosis of adrenal glands	
Other Conditions: Tuberculous arthritis knee	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Abraham Geneser M. D.
Address J. Hopkins Hospital Date signed 12-24-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11690 — BALTIMORE CITY HEALTH DEPARTMENT — G 11690

CERTIFICATE OF DEATH

Registered No. 1312

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5804 Halwyn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5804 Halwyn Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna E. Burkhard

3 (b) If veteran, name war No
3 (c) Social Security Account No. None
4. Sex F.
5. Color or race W.
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Clement C.
6 (c) If alive, give age 72 years
7. Birth date of deceased (mo., day, yr.) July 27 1871
8. AGE: Years 72 Months 4 Days 22 If less than one day hr. min. 24
9. Birthplace Almonte Ontario (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John O'Hare
13. Birthplace Canada

MOTHER
14. Maiden Name Catherine McCaffrey
15. Birthplace Canada

16 (a) Informant Clement C. Burkhard
(b) Address 5804 Halwyn Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24 43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Location 4300 Belair Rd
18 (a) Funeral director Mat. M. E. Cupids Son
(b) Address 7110 Belair Rd.
19 (a) DEC 22 1943 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21 1943 at 10:15 AM
21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1943, to Dec 21 1943, and that I last saw her alive on Dec 20 1943.

Immediate cause of death: Pneumonia (Terminal)
Due to:
Due to:
Other Conditions: Chronic Myocarditis, Chronic nephritis
(Include pregnancy within three months)

Duration

Date of operation: Autopsy Refused
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Charles A. Anderson M. D.
Address 3001 Shannon Drive Date signed Dec. 22-43

Dr H. A. Anderson 3001 Hillen

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

C 11691 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1419 N. Chester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 1 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1419 N. Chester St (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Richard King

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Bertha F King
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 31 1872

8. AGE: Years	Months	Days	If less than one day
71	3	19	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Retired

FATHER
12. Name Mauro Patillalino
13. Birthplace Italy

MOTHER
14. Maiden Name Beatrice Matoidi
15. Birthplace Italy

16 (a) Informant Sadie Di Gregorio.
(b) Address 1419 N. Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Wm. E. Dippel & Son
(b) Address DEC 22 1943 Belair Rd & Ann St

19 (a) DEC 22 1943 (b) Huntington Millard
Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1943, at 10 45a M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 13 1943, to Dec 20 1943, and that I last saw he alive on Dec 19 1943.

Immediate cause of death	Duration
Malignant Hypertension Atherosclerosis	7 D.
Due to Arterio Sclerosis & Hypertension	10 D.
Due to Chronic Interstitial Nephritis	12 D.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(c) Means of injury
23. Signature I Sa Stevens M. D.
Address 2878 Sisson Rd Date signed 12-30-43

G 11692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

G 11692 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2533 W Lanvale St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2538 W Lanvale St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary F Simms

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex f | 5. Color or race w | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Fred W Simms

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Nov 26 - 1894

8. AGE: Years 49 | Months | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation House wife

11. Industry or business sewer

FATHER
12. Name Joseph A Jacobs
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Catherine Boyce
15. Birthplace Baltimore Co Md

16 (a) Informant Fredrick Simms
(b) Address 2845 W Prospect St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24 - 43 (month) (day) (year)
(c) Cemetery or crematory Westview Cem
Location

18 (a) Funeral director Chas P Powell
(b) Address 1427 Edmondson Ave

19 (a) (Date received by registrar) (b) Registrar

Dec 22 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1943, at 339 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1943, to Dec 21 1943, and that I last saw h alive on Dec 20 1943.

Immediate cause of death Lobar Pneumonia — Duration 1 week

Due to

Due to

Other Conditions Probe Myocarditis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Kermond M. D.
Address 1934 Wilkens Av Date signed 12/22/43

Please write the causes of death clearly and legibly. Correct age is especially important. Physicians: please write

Perc

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 B

G 13693 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hospital for Women of Maryland. 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2021 Portugal St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Bertha Perc

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John Perc
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1, 1908

8. AGE: Years	Months	Days	If less than one day
35	—	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Joseph Kolasz
13. Birthplace Poland

MOTHER
14. Maiden Name Anna Talasz
15. Birthplace Poland

16 (a) Informant Husband.
(b) Address Same.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Dec. 23/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozarowski
(b) Address 1430 Eastern Ave

DEC 22 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Address

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1943, at 3:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/19 1943, to 12/20 1943, and that I last saw her alive on 12/20 1943.

Immediate cause of death	Duration
Respiratory Failure	
Due to Cardiac Decompensation	3 weeks.
Due to Rheumatic Heart Disease	
Other Conditions Femoral Embolism	4 hrs.

(Include pregnancy within 3 months of death)

Date of operation 12/20/43
Major findings of operation: Embolism Left Femoral Artery
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W Ridgley Jr. M. D.
Address Women's Hospital Baltimore 17 Md Date signed 12/20/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1694 — BALTIMORE CITY HEALTH DEPARTMENT — G 11694 Registered No.

CERTIFICATE OF DEATH 1246

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 807 S Ann St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 807 S Ann St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Adolph Kisling Kizlinski
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Caroline Kisling
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1869
8. AGE: Years 74 | Months | Days | If less than one day hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unk
13. Birthplace Poland

MOTHER
14. Maiden Name Unk.
15. Birthplace Poland.

16 (a) Informant Caroline Kisling
(b) Address 807 S. Ann St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore
18 (a) Funeral director Fred W Ozarzewski
(b) Address 1930 Eastern Ave.
19 (a) DEC 22 1943 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21 1943, at 10 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1943 to Dec 21 1943 and that I last saw h[im] alive on Dec 21 1943.

Immediate cause of death: Coronary Occlusion — Duration 1m/30/43
Due to: Chr. Myocarditis — Dec/1942
Due to: Contus of Chest — 31/43
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature William J. Rogers M. D.
Address 801 Kenwood Ave Date signed 12/22/43

VS 150

G 11695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

G 11695 Registered No.

INK. Every item of information should be carefully supplied, DO NOT USE PENCIL. In reporting "Date of Death" in Item 20, be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton Road
(c) Hospital or institution:
Ashburton Nursing Home.
15-10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3815 Granada Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ALLYNNE NADIA HANDWERGER, also known as ALLYNNE NADIA HAND.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Aaron Handwerger (Hand)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1896.

8. AGE: Years	Months	Days	If less than one day
47	4	1	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Albert Hoyt,
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Ella Kennard.
15. Birthplace Balto. Md.

16 (a) Informant Mr. A. Handwerger (Hand)
(b) Address 3815 Granada Ave.

17 (a) Burial (b) Date thereof 12/24/43.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or ~~crematory~~ Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director [illegible]
(b) Address 1902 Eutaw Place.

DEC 22 1943
(a) (Date received by registrar) (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21st. 1943 at 9 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Autopsy or Inquiry)
to ..... death on the day stated above.

Immediate cause of death	Duration
Chronic parenchymatous nephritis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H Z Wallenmaier M.D.
Medical Examiner.
Date signed 12/22/43.

11696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

G 11696 Registered No.

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city, or town limits, write RURAL and give town)
(d) Street No. 110 Stockton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert J. Wesley.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Mary Shops
(b) Address 296 N. Carrollton ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 929 N. Schroeder St

DEC 22 1943 (Date rec'd by registrar) (b) Livingston Williams, Mgr

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/18 1943, at 9:45 A. M.

21. I certify that I took charge of the remains described above, held an Inquiry Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to accident death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH First, Second and Third Degree Burns of legs, abdomen & Chest.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12/17/43 at 4 00 P M.
(b) Where did injury occur? Legs, abdomen & Chest
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury 1st 2nd & 3rd deg. burns

23. Signature Hugh A. McNally M.D. Medical Examiner.
Date signed 12/18/43.

11697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43

Registered No. C 11697

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1733 N. Caroline
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 N. Caroline St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Anna T. Seebode

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Albert F. Seebode
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb. 16, 1866

8. AGE: Years 77 | Months 10 | Days 5 | If less than one day hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Benjamin Adam
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Margaret Pfaff
15. Birthplace: Germany

16 (a) Informant: Mrs. Margaret Sippel
(b) Address: 1502 Rutland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/43 (month) (day) (year)

(c) Cemetery or crematory: Most Holy Redeemer
Location: Baltimore, Md.

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: North Ave. & Broadway

19 (a) DEC 22 1943 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/21 1943, at 2.29 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH: Hypertensive Cardio-vascular disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: Hugh B. McCallum M.D. Medical Examiner.
Date signed 12/21/43

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 11698 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1018 S. Clinton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 S. Clinton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** GEORGE WACHTER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	WIDOWER

6 (b) Name of husband or wife AGNES WACHTER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 30, 1867

8. AGE: Years	Months	Days	If less than one day
76	5	20	hr. min.

9. Birthplace BAVARIA, GERMANY (Town, county, and state)
10. Usual Occupation DYER
11. Industry or business PREMIER DYE CO.

FATHER
12. Name ANDREW WACHTER
13. Birthplace GERMANY

MOTHER
14. Maiden Name CATHERINE FAIN
15. Birthplace GERMANY

16 (a) Informant AGNES REGAN (DAUGHTER)
(b) Address 1018 S. CLINTON ST.

17 (a) SACRED HEART (Burial, cremation, or removal) (b) Date thereof 12/23/43 (month) (day) (year)
(c) Cemetery or crematory CEMETERY
Location GERMAN HILL RD.

18 (a) Funeral director Charles L. Zeiler
(b) Address 3605 Fait Ave.

19 (a) DEC 22 1943 (Date received by Local Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 20 1943 at 3:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1943 to Dec 20 1943 and that I last saw h[illegible] alive on Dec 20 1943

Immediate cause of death	Duration
Cerebral Hemorrhage due to	2 1943
Myocarditis	1939
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Abram J. Blechman M. D.
Address 350 N. Gay St. Date signed Dec 22/43

VS 250

ABRAM J. BLECHMAN

G 11699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

G 11699 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 603 Glenolden Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 603 Glenolden Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALICE DELILAH SHAW

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F Male	White	Married

6 (b) Name of husband or wife John W. Shaw
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1870

8. AGE: Years	Months	Days	If less than one day
73	4	12	hr. min.

9. Birthplace Lancaster Co., Va.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Otway G. Webb
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Ann Davis
15. Birthplace Va.

16 (a) Informant Mr. John W. Shaw
(b) Address 603 Glenolden Ave.

17 (a) Burial (b) Date thereof 12/24/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Filed by Registrar Wilmington for Williams M.D.

DEC 22 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH, Dec. 21 1943, at 7:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1941 to Dec 21 1943 and that I last saw h W alive on Dec 19 1943.

Immediate cause of death Generalized Carcinomatosis — Duration

Due to Carcinoma of Stomach. 2 yrs.

Due to

Other Conditions Generalized arteriosclerosis, Arteriosclerotic type of heart disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Michel M. D.
Address 2901 Glenmardon Ave. Date signed Dec 22 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

G 11700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G 11700

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 624 Stamford Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 624 Stamford Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY JANE DOMER

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Charles H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31, 1877

8. AGE: Years 66 | Months 4 | Days 20 | If less than one day hr. min.

9. Birthplace Creagerstown, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Maurice C. Smith
13. Birthplace Frederick Co., Md.

MOTHER
14. Maiden Name Sarah Robinson
15. Birthplace Cfeagerstown, Md.

16 (a) Informant Mr. Charles H. Domer
(b) Address 624 Stamford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/43 (month) (day) (year)
(c) Cemetery or crematory
Location Creagerstown, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 22 1943 Hunting for Williams, M.D. Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20, 1943, at 5P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1941, to Dec 1943 and that I last saw h[illegible] alive on Dec 20 1943

Immediate cause of death Cerebral Hemorrage

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy: None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. J. Nuerkus M. D.
Address 710 N Carrollton Rd Date signed 12/21/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS 150

11701 G 11701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1204 Bolton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-4
(e) Length of stay in Baltimore (yrs., mos., or days) 82

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 17 (If outside city or town limits, write RURAL and give town)
(d) Street No. 1204 Bolton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Florence Graffin Hay

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Jas. Hay
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8. 1861

8. AGE: Years 82 | Months 11 | Days 15 | If less than one day hr. 14 min.

9. Birthplace Baltimore Md. (town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Jacob W. Graffin
13. Birthplace Virginia

MOTHER
14. Maiden Name Sarah E. Comegys
15. Birthplace Virginia

16 (a) Informant Mrs Wm A. Lyons
(b) Address 1204 Bolton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 22 1943 (Date received by registrar) (b) Huntington Williams M.D. (Signature of registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 1943 at 7:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1933 to Dec. 22 1943 and that I last saw h.. alive on Dec. 21 1943

Immediate cause of death Broncho-pneumonia — Duration

Due to Broncho-vesical tuberculosis

Due to disease

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles L. Wirnl M.D.
Address 3312 Eager Ave. Date signed 12/22/43

Cert

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 1702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. C 1702

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1219 Greenmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
or Street No. 1219 Greenmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Beller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	

6 (b) Name of husband or wife Frank J. Beller
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 2-1851-?

8. AGE: Years	Months	Days	If less than one day
about 92	11	9	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John Harney
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Callahan
15. Birthplace Ireland

16 (a) Informant John J. Moylan
(b) Address 1219 Greenmount Ave.

17 (a) Buried (b) Date thereof 12-27-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Edmondson Ave

18 (a) Funeral director Randall E Humphreys
(b) Address 1501 N. Broadway

DEC 22 1943 (b) Signature of [illegible] for William Bowdley
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/15 1943 to 12/21 1943 and that I last saw h[illegible] alive on 12/20 1943

Immediate cause of death Bronchopneumonia — Duration 1 week

Due to

Due to

Other Conditions Arteriosclerosis Cardiac Vascular Renal disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph E. Blum M.D.
Address 1206 E. Fulton St. Date signed 12/27/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 2204

Registered No. G 11703

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1040 N. Central ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1040 N. Central ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Annie Nikol

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed or divorced.
6 (b) Name of husband or wife John F.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar. 20, 1860
8. AGE: Years 83 | Months 8 | Days 20 19 | If less than one day hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John Schneefer
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Germany

16 (a) Informant John F. Nikol
(b) Address 1040 Central Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location
18 (a) Funeral director Wendel E Humphreys
(b) Address 1501 N. Broadway
19 (Date rec'd by reg'r.) DEC 29 1943 Huntingtown Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1943, at 11:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 18 1943, to Dec. 19 1943, and that I last saw h[illegible] alive on Dec. 18 1943
Immediate cause of death Bronchitis — Duration 1 day
Due to Influenza — 2 days
Due to
Other Conditions senile
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature James E. Marr M. D.
Address 936 Cathedral St. Date signed 12-22-43

VS 150

11704 G 11704

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure that all items are correct and complete. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Rd
(c) Hospital or institution:
Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-8-7 2 Yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 1-8-7

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1908 Belmont Road, N.W.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Alberta A Ryan

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1881

8. AGE: Years	Months	Days	If less than one day
62	5	26	hr. min.

9. Birthplace Rochester, N.Y.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Hon. E. Ryan
13. Birthplace Rochester, New York

MOTHER
14. Maiden Name Catharine A Smith
15. Birthplace Rochester, New York

16 (a) Informant Mount Hope Retreat
(b) Address 6420 Reisterstown Rd
17 (a) Buried (b) Date thereof Dec 24/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Washington DC
18 (a) Funeral director Sherwood Gilbert & Co
(b) Address 1917 Eye St N.W. Washington D.C.
19 Dec 22 1943 Thomas Jon Notestine M.D.
(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22 1943, at 9:40 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1942 to Dec 22 1943, and that I last saw her alive on Dec 22 1943.

Immediate cause of death	Duration
Repeated Coronary Thrombosis	2 years
Due to	
Due to	
Other Conditions Arteriosclerosis Melanoma Labia	2

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Thomas J. Notestine M. D.
Address 336 Franklin St Date signed

11705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

Registered No. C 11705

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1037 Light St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence J Bryan

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	W

6 (b) Name of husband or wife Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1, 1870

8. AGE: Years	Months	Days	If less than one day
73	3	14	hr. min.

9. Birthplace Dalls. (Town, county, and state)

10. Usual Occupation Housework.

11. Industry or business

FATHER
12. Name John Kault
13. Birthplace Md

MOTHER
14. Maiden Name Mary —
15. Birthplace Md.

16 (a) Informant Family
(b) Address 1037 Light St

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 12-24-43 (month) (day) (year)
(c) Cemetery or crematory Leakin Park
Location Reisterstown Highway

18 (a) Funeral director Jas L. McCurdy
(b) Address 1310 E. Fort Ave.

19 (a) DEC 22 1943 (Date rec'd by Registrar) (b) Hunter Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21 1943, at 7:35 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to Dec death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Tuberculosis
Cardiovascular - renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec. 22, 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 11706 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4835 Keswick Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Same. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4835 Keswick Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George H. Krug

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife Mary A. Fridrick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 14, 1882

8. AGE: Years	Months	Days	If less than one day
61	3	5	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Own.

FATHER
12. Name John Krug
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Hohman
15. Birthplace Md.

16 (a) Informant Family
(b) Address 4835 Keswick Rd.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 12-23-43 (month) (day) (year)
(c) Cemetery or crematory Loraine
Location Windsor Mill Rd.

18 (a) Funeral director James L. McCauley
(b) Address 1108 E. Fort Ave.

19 (a) DEC 22 1943 (Date received by registrar) (b) Hunter Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1943, at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1937, to Dec 19 1943 and that I last saw him alive on Dec 15 1937.

Immediate cause of death Cerebral hemorrhage
Duration

Due to Hypertension - Cardio Vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify kind of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address [illegible] Date signed 12/21/43 M. D.

21707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 21707

Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 412 Light St.
(c) Hospital or institution: South Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1606 ½ Clement St. (If rural, give location)
(e) Citizen of foreign country? 1st papers (Yes or No) If yes, name country

3 (a) FULL NAME Herman OLEKSINSKI

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-05-5798

4. Sex M | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Antonia Oleksinski

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) — — 1886

8. AGE: Years 57 | Months — | Days — | If less than one day ....hr. ....min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Ship Rigger

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Antonia Oleksinski
(b) Address 1606 ½ Clement St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23rd 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location Baltimore

18 (a) Funeral director Charles L. Dill.
(b) Address 1501 ½ Font Ave.

19 (a) DEC 22 1943 (Date rec'd by registrar) (b) Interior Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20, 1943, at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/18 1943, to 12/20 1943, and that I last saw h in alive on 12/20 1943.

Immediate cause of death Pneumonia
Due to Bronchopneumonia
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Austin B. McDonald M. D.
Address 412 Light St. Date signed 12-20-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 11708 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The [illegible] or information should be carefully [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette and Payson Sts
(c) Hospital or institution:
Bon Secours Hosp. 20-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 52 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 301 Calverton Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sister St. Cyr (Vennix)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11 - 1875

8. AGE: Years	Months	Days	If less than one day
68	6	11	hr. min.

9. Birthplace Holland. (Town, county, and state)

10. Usual Occupation Religious.

11. Industry or business

FATHER
12. Name Cornelius Vennix
13. Birthplace Middelfaren Nederland

MOTHER
14. Maiden Name Cornelia Vanden Broeck
15. Birthplace Middelfaren Nederland

16 (a) Informant Sister Mary of Ste John
(b) Address 301 Calverton Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23-1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director George L. Schmidt
(b) Address 4101 Frederick Ave

19 (a) 12-23-1943 (Date rec'd by Registrar) (b) Huntingtown, Williamsburg, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/22/ 1943, at 6 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/1 1943, to 12/22 1943, and that I last saw her alive on 12/22 1943

Immediate cause of death: Cirrhosis of Liver. (Billiary) — Duration 2

Due to: Chole-duco-lithiasis — Duration ?

Due to: Arteriosclerotic C.V.D.'s. — Duration ?

Other Conditions: & Diabetes Mellitus — Duration ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: SAME

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. J. Krieg M.D.
Address Bon Secours Hosp. Date signed 12/22/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11709

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2008 N. Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MR. EDWARD FRANCIS KICK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Mrs. Edward Kick

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1896

8. AGE: Years	Months	Days	If less than one day
47	3	15	hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Storekeeper

11. Industry or business Rag - Metals

FATHER 12. Name Isadore J. Kick

13. Birthplace Buffalo N. Y.

MOTHER 14. Maiden name Kaberon

15. Birthplace " "

16 (a) Informant Mrs. Maude E. Kick (Wife)

(b) Address 2008 N. Charles St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/22/43 (month) (day) (year)

(c) Cemetery or crematory Rosedale Hammock Church

Location Rockbridge Co. Va.

18 (a) Funeral director William Cook Inc

(b) Address 1207 St. Paul St.

19 DEC 22 1943 (Date received by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 1943, at 9.25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-15 1943, to 12-22 1943, and that I last saw him alive on 12-22 1943

Immediate cause of death: Bronchopneumonia — Duration: 9 days

Due to: Pulmonary tuberculosis — Duration: 2 years

Due to: Bilateral Psoas abscesses — Duration: Years

Other Conditions: Tbc of spine, Anemia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Herbst Jr. M. D.

Address Union Memorial Hosp. Date signed 12-22-43

(OCEH)

VS 150

G 1710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 1710 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 988 Franklintown Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 80 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 988 Franklintown Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary C. Hann

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Robert Hann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22nd 1858

8. AGE: Years	Months	Days	If less than one day
85	5	0	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business At Home

FATHER
12. Name Not Known
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mary Trichett
(b) Address 988 Franklintown Rd

17 (a) Burial (b) Date thereof 12/24/43
(Burial, ~~cremation, removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 DEC 23 1943 (b) Registrar Huntington Williams M.D.
(Date received by Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22nd 1943 at 4 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1943, to Dec 22 1943, and that I last saw h~~e~~r alive on Dec 21 1943.

Immediate cause of death Bronchopneumonia — Duration 10 days
Due to Bronchopneumonia
Due to
Other Conditions adrenal arteriosclerosis ?
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Trichett M. D.
Address 2220 Garrison Blvd Date signed Dec 24/43

G 11711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122 B

Registered No. G 11711

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1817 Linden Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1817 Linden Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace A.E Ellinger

3 (b) If veteran, name war W

3 (c) Social Security Account No. NONE

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband Charles Ellinger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About Jan 1893

8. AGE: Years About 50. | Months 11 | Days | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Lytle
13. Birthplace Unknown

MOTHER
14. Maiden Name Faithier ?
15. Birthplace Hanford Co. Md.

16 (a) Informant Nellie Ellinger

(b) Address 1817 Linden Ave

17 (a) Burial (b) Date thereof 12/23/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Moreland Park

Location Parkville Md.

18 (a) Funeral director William Cook Inc

(b) Address 1217 St. Paul St

19 (a) DEC 23 1943 (b) Huntington Williams
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/21/1943 at 6.00 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Acute Intestinal Obstruction

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B McCalley M.D.
Medical Examiner.
Date signed 12/24/43

Please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write

VS 151

G 11712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G 11712

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 6-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1833 Jefferson St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Fitz Gibbon

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Nettie Fitzgibbons
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25th 1878

8. AGE: Years	Months	Days	If less than one day
64	11	27	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Orderly
11. Industry or business Johns Hopkins Hospital

FATHER
12. Name Michael Fitz Gibbon
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Catherine McLaughlin
15. Birthplace Balto. Md.

16 (a) Informant Anna L. Brooks
(b) Address 5102 Arabia Ave

17 (a) Burial (b) Date thereof 12/24/43
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 DEC 23 1943 (Date received by Registrar) Huntington Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21 1943, at 6:30 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull; subdural hematoma

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 6/4
(a) Date of injury December 21 1943 7:20 A M.
(b) Where did injury occur? Montford & Jefferson Sts
(c) Did injury occur at home, on farm, industrial place, in public place? At home While at work? No
(d) Means of injury Fall ?

23. Signature Robert Lee Fraser M.D.
Medical Examiner.
Date signed Dec. 21, 1943

G 713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52a

Registered No. G 11713

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Genl. Hosp. 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balt. 20
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6110 Park Heights Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** C. Edward Hartman

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife Catherine M. Hartman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 31st 1875

8. AGE: Years 67 | Months 11 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business —

FATHER
12. Name Frederick Hartman
13. Birthplace Md.

MOTHER
14. Maiden Name Christine Richardson
15. Birthplace Balto. Md.

16 (a) Informant Stanley E. Hartman
(b) Address 4503 Underwood Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St
DEC 22 1943 (Date rec'd by local reg.) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/20/43 19 , at 5:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/19 1943, to 12/20 1943, and that I last saw him alive on 12/20 1943.

Immediate cause of death Uremia — Duration

Due to Renal tumor ?

Due to Due kidney removed 13 yrs ago for hydronephrosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Wagner M. D.

Address Md. Genl. Hosp. Date signed 12/23/43

G 11714

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 11714

CERTIFICATE OF DEATH

94a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 Park Ave St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Trefick

If U. S. Veteran specify WAR

(a) Residence: No. 1528 Park Ave St. Balto. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ray Trefick

6. DATE OF BIRTH (month, day, year) 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sign Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Trefick

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Mem Pk Date 12-27- 1943

19. UNDERTAKER Jack Sears Inc

(Address) 1437 E. Baltimore St.

20. FILED DEC 23 1943 Huntington Williams M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1943

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938 to Dec 21, 1943

I last saw h[illegible] alive on Dec, 19 Death is said to have occurred on the date stated above, at 10P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	
Immediate Death	

Other contributory causes of importance:

Hypertension 4 yrs

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. V. Kelly M. D.

(Address) 1000 N Lemmon Av

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

G 11715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

109 Registered No. G 11715

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene St.
(c) Hospital or institution: University Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2401 West pat St (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Tony S Schulman

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 10 8 42
8. AGE: Years 1 Months 2 Days 14 If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Harry Schulman
13. Birthplace Balto Md

MOTHER
14. Maiden Name Hilda Fine
15. Birthplace Balto Md.

16 (a) Informant Hospt Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Blvd.
Location Silver Spring Md

18 (a) Funeral director Jack Lecks Inc
(b) Address 1439 E. Balto. St

19 (a) DEC 23 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22 1943 at 1:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21 1943, to 12-22 1943, and that I last saw him alive on 12-22 1943.

Immediate cause of death	Duration
circulatory collapse	
Pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 12-23-43

Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164 C

Registered No. C 11716

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 301 Millington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 0-5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 301 Millington Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto Md (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RAY B. CHAPMAN

3 (b) If veteran, name war

3.(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	widowed

6 (b) Name of husband or wife late Norma B nee Frohning (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 4, 1894

8. AGE: Years	Months	Days	If less than one day
49	2	16	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Sgt. Police Dept
11. Industry or business

FATHER
12. Name James M. Chapman
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary C. Schmidt
15. Birthplace Maryland.

16 (a) Informant William H. Chapman
(b) Address 2022 Vernon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Harry H. Witzke
(b) Address 4101 Edmondson Ave

19 (a) DEC 23 1943 (Date rec'd by registrar) Hunting for William Chapman

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1943 at 10 35 AM

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Bullet wound of head
Due to Suicide
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-20-43 at a M.
(b) Where did injury occur? Home address
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? no
(d) Means of injury Revolver

23. Signature T. J. Wollenweber M.D.
Medical Examiner.
Date signed 12-22-43

VS 151

G 11717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

Registered No. G 11717

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 301 Millington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 301 Millington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME NORMA B CHAPMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ray B. Chapman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 48 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation O. P. A

11. Industry or business

FATHER
12. Name — Frothingham
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant William H Chapman
(b) Address 2022 Penrose Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Harry A. Wilke
(b) Address 4101 E Edmondson Ave

19 (a) DEC 23 1943 (Date rec'd by registrar) (b) [illegible] Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1943, at 10:35 M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:
(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Bullet wound of head

Due to Homicide

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-20-43 at [illegible] M.
(b) Where did injury occur? Home address
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work?
(d) Means of injury Revolver

23. Signature T. J. Wallenmeyer M.D.
Medical Examiner.
Date signed 12-20-43

Every item of information should be carefully supplied. Use INDELIBLE INK. Erasures or alterations will void certificate. Do not write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D ✓

Registered No. G 11718

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3204 Allendale Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3204 Allendale Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sgt. Wm. L. Scrivner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mae Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 187

8. AGE: Years 72 | Months 6 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Police Off.

11. Industry or business Balto. P. D.

FATHER 12. Name Francis Scrivner

13. Birthplace Md

MOTHER 14. Maiden Name Elizabeth Wood

15. Birthplace Md

16 (a) Informant Mrs. Mae Davis Scrivner

(b) Address 2204 Allendale Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 | 24 | 43 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Woodlawn, Md.

18 (a) Funeral director Harry A. Mitzel

(b) Address 4101 E. Monument Ave.

19 DEC 23 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VB 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21 1943 at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 5, 1942 to Dec. 21, 1943, and that I last saw h.mt. alive on Dec. 20 1943

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions Chr. Myocarditis.

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George E. Shannon M.D.

Address 520 Medical Arts Bldg Date signed 12/22/43

719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 820

G 11719
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6011 York Road
(c) Hospital or institution:
27
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6011 York Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME IDA Katherine ~~Beatine~~ Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Robert E. Jenkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 16, 1877

8. AGE: Years	Months	Days	If less than one day
66	9	6	hr. min.

9. Birthplace Staunton, Va.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

MOTHER / FATHER
12. Name Unknown
13. Birthplace Unknown
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. W. Beverly Bristor
(b) Address 600 Hastings Rd. Towson 4

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Henry W. Meamston
(b) Address 805 N. Calvert St.

19 (a) DEC 23 1943 (Date received by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 1943, at 3.35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1943 to Dec 22 1943 and that I last saw her alive on Dec 22 1943.

Immediate cause of death — Duration

Hypostatic Pneumonia — 4 days
Due to Cerebral Arterio Sclerosis — 5 Mos
Due to Rt. side Hemiplegia

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Daniel H. Kerr Jenkins M. D.
Address Towson, Md Date signed 12-24-43

(OVER)

C 11720 ✓ C 11720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton Road
(c) Hospital or institution: Ashburton Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Balto
(c) City or town ~~1107 N Fulton~~
(If outside city or town limits write RURAL and give town)
(d) Street No. 1107 N Fulton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles B. Gerock

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Elizabeth Gerock
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 2 - 1867

8. AGE: Years 76 | Months 1 | Days 19 | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Retired

FATHER
12. Name Dont Know
13. Birthplace N C

MOTHER
14. Maiden Name Dont Know
15. Birthplace N C

16 (a) Informant Miss Matilda Leverton
(b) Address 1107 N Fulton Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2001 Pulaski St

19 DEC 23 1943 (Date rec'd by Registrar) (b) Huntington Wm. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1943, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1943, to Dec 21 1943, and that I last saw him alive on Dec 20 1943.

Immediate cause of death Auricular fibrillation — Duration

Due to —

Due to —

Other Conditions Cerebral Hemorrhage
(Include pregnancy within 3 months of death)

Date of operation ~

Major findings of operation: ~

of autopsy: ~

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ~
(b) Date of occurrence ~ at ~ M
(c) Where did injury occur? ~
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, or public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. S. French M.D.
Address 2070 Arunah Date signed 12/24/43

B.S. FRENCH

G 11721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 11721 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 959 N Collington
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 62

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town 959 N Collington (If outside city or town limits, write RURAL and give town)
(d) Street No. 959 Balto Md (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William F Scott

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Anna M Scott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26 1881

8. AGE: Years 62 | Months 5 | Days 4 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Huckster
11. Industry or business Retired

FATHER
12. Name Richard P Scott Sr
13. Birthplace Balto

MOTHER
14. Maiden Name Anna E Ross
15. Birthplace Balto

16 (a) Informant Richard F Scott
(b) Address 915 N Duncan

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Catonsville Md

18 (a) Funeral director Ulrich Funeral Home
(b) Address 1300 Eutaw St

19 (d) DEC 23 1943 (Date rec'd by registrar) Huntington for Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1943, at 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1943, to Dec 21 1943, and that I last saw h.l.m. alive on Dec 20 1943.

Immediate cause of death: Cerebral Hemorrhage (apoplexy) — Duration 2 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide N.O.
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Pokorny M.D.
Address 2200 E Madison St Date signed 12/21/43 M. D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. 4722

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3332 E Baltimore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 10
(e) Length of stay in Baltimore (yrs., mos., or days) 49 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3332 E. Baltimore St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Florence Stahl

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anthony Stahl

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Dec 15 1893

8. AGE: Years 49 | Months 11 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name Dont know
13. Birthplace Md

MOTHER 14. Maiden Name Dont know
15. Birthplace Md

16 (a) Informant Mrs Helen Thomas
(b) Address 3332 E Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate Md

18 (a) Funeral director Ulysses Funeral Home
(b) Address 2008 Paterson Ave

19 (a) (Filed by Registrar) DEC 28 1943 (b) Huntingdon Wis

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1943, at 6 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1943, to Dec 20 1943, and that I last saw h alive on Dec 20 1943

Immediate cause of death	Duration
Carcinoma of sigmoid & metastasis to liver	April to
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: June 1943 Carcinoma above.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ed Schmunk M. D.

Address 842 S Ponca Ave Date signed 12-21-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11723 Registered No. 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1314 Myrtle Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1314 Myrtle Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henrietta Boone

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 22, 1875

8. AGE: Years	Months	Days	If less than one day
68	1	-	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs Rosa Minor
(b) Address 1314 Myrtle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-43 (month) (day) (year)
(c) Cemetery or crematory Old National Cem
Location Baltimore, Md. Fairfield - Cat

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (b)
Certificate prepared by registrar Registrar

VS 150 DEC 30 Huntington Williams, M.D.

MEDICAL CERTIFICATION A

20. DATE OF DEATH Dec. 22, '43 19 at 6:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1943, to Dec 22 1943 and that I last saw h- alive on Dec 21 1943

Immediate cause of death — Duration

Cardio - Renal

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Hatcher M. D.
Address 1725 Eutaw Date signed 12/27/43

Dr. Schreiber
54 S Fulton Ave
Bl-3740

G 11724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 939

Registered No. G 11724

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 755 W. HAMBURG ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 755 W HAMBURG ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LENA. McKNIGHT

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEM.	WHITE	WIDOW

6 (b) Name of husband or wife ALBERT McKNIGHT
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT 23-186

8. AGE: Years	Months	Days	If less than one day
80	1	28	hr. min.

9. Birthplace BALTO MD (Town, county, and state)
10. Usual Occupation HOUSE WORK
11. Industry or business AT HOME

FATHER
12. Name VALENTINE VANDERLINDEN
13. Birthplace GERMANY

MOTHER
14. Maiden Name NOT KNOWN.
15. Birthplace GERMANY.

16 (a) Informant MRS CHAS. H. LEUTNER.
(b) Address 736 W. HAMBURG St.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 24-43 (month) (day) (year)
(c) Cemetery or crematory WESTERN CEM.
Location BALTIMORE MD

18 (a) Funeral director Bernard C HARLE
(b) Address 121 E West St

19 (a) DEC 23 1943 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 21 1943 at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1942 to Dec 21 1943 and that I last saw h W alive on Dec 21 1943

Immediate cause of death 3 Arteriosclerotic Myocarditis — Duration ?
Due to Generalized arteriosclerosis — ?
Due to age
Other Conditions Hypostasis — ?
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Morris B. Schreiber M. D.
Address 54 S. Fulton Ave Date signed 12-22-43

G 11725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 938

G 11725 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: DOA Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 Division St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alice West

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years 39 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Beauty Parlor Operator

11. Industry or business Hair dresser

FATHER
12. Name Frank Miller
13. Birthplace

MOTHER
14. Maiden Name Lillian Garrett
15. Birthplace Md

16 (a) Informant Lillian Thompson
(b) Address 304 Springfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 24 43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto. Westport.

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) (Date received by registrar) (b) Registrar

DEC 23 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/20 1943 at 9:40 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Cerebral Hemorrhage

Due to

Other Conditions Hypertensive Cardio-vascular disease
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 12/21/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92a

G 11726 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1615 E Monument
(c) Hospital or institution:
7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 E. Monument
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Selmon Hill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	colored	Married

6 (b) Name of husband or wife Sarah Hill

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) July 15 1964

8. AGE: Years	Months	Days	If less than one day
75	74 5	3 4	hr. min.

9. Birthplace Danville Va
(Town, county, and state)

10. Usual Occupation Hotel waiter

11. Industry or business

FATHER
12. Name unknown
13. Birthplace Va

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Sarah Hill
(b) Address 1615 E. Monument St

17 (a) Burial (b) Date thereof 12-23-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem
Location A. G. Co

18 (a) Funeral director Raynes Sanders
(b) Address 1412 E. Preston St

19 (a) (Registered by registrar) (b) Registrar.

DEC 23 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 43, at 4:36 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1943 to Dec 19 1943, and that I last saw him alive on Dec 18 1943.

Immediate cause of death	Duration
Due to acute dilatation	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Edward Linthicum M. D.
Address 1412 E Monument Date signed 12-20-43

VS file

Harding & Hollenbeck, Mgrs.

G 11727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11727 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 + Calvert
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 Bolton St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. ANNE HAMILTON WADE

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife GEORGE WADE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT. 13, 1874

8. AGE: Years	Months	Days	If less than one day
69	2	9	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name John J. Mc Daniel
13. Birthplace Md.

MOTHER
14. Maiden Name Mary L. Croxton
15. Birthplace Va.

16 (a) Informant Hospital Record.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Second Lot
Donal Ridge

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1200 Eutaw Place

DEC 23 1943 (b) Registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/22 1943, at 6:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-18 1943, to 12-22 1943, and that I last saw h.e.r alive on 12-22 1943.

Immediate cause of death	Duration
Uraemia	4 wks
Due to Asthmatic bronchitis & bronchopneumonia	1 week
Due to Hypertensive Cardiovascular disease	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Hazlett, Jr. M. D.
Address Union Memorial Hosp. Date signed 12-22-43

G 11728 ✓ G 11728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct are is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3528 Fremont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Xyrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3528 Fremont Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Emma Catherine Lauer

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Peter J Lauer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/20/1863

8. AGE: Years	Months	Days	If less than one day
80	1	22	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Home keeper
11. Industry or business

FATHER
12. Name John J. Blair
13. Birthplace Baltimore

MOTHER
14. Maiden Name Margaret Blair
15. Birthplace Baltimore

16 (a) Informant Mrs Adelaide Kerfoot
(b) Address 1142 Paloma Ave

17 (a) Burial (b) Date thereof Dec 24 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Road & Edmondson Ave
18 (a) Funeral director John A Mitchell & Sons
(b) Address 600 Eastern Place
19 (a) DEC 23 1943 (b)
(Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1943, at 12-36 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1943, to Dec 22 1943, and that I last saw h alive on Dec 21 1943.

Immediate cause of death	Duration
Coronary Hypostasis	
Due to Arteriosclerosis	
Due to	
Other Conditions Aged	

(Include pregnancy within 3 months of death)

Major findings:
Of operation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Myron J. Lundy M. D.
Address 3702 Fremont Ave Date signed 12/22/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95a

C 11729 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Same 2405 Arunah Ave.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2405 Arunah Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) **FULL NAME** Sarah W. Garrott

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1850

8. AGE: Years 93 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Frederick Co., Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John P. Garrott
13. Birthplace Frederick Co., Md.

MOTHER
14. Maiden Name Martha Hackney
15. Birthplace Md.

16 (a) Informant Blanche Anderson
(b) Address 413 Lyndhurst Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)
(c) Cemetery or crematory St. Mark's
Location Frederick Co., Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) ... (b) ... (Date rec'd by registrar) Registrar

12-29-43

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1943, at 1 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1943, to Dec 1943, and that I last saw h[illegible] alive on Dec 1 1943

Immediate cause of death Auricular fibrillation

	Duration
Due to	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Francke M.D.

Address 2329 Arunah Ave. Date signed

Dr. Francke

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 906 St. Paul St.
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 906 St. Paul St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Anne McCormick Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife John F. Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1879

8. AGE: Years	Months	Days	If less than one day
64	10	9	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Marshall McCormick
13. Birthplace Va.

MOTHER
14. Maiden Name Rose Taylor
15. Birthplace Va.

16 (a) Informant Mr. John F. Williams
(b) Address 906 St. Paul St.

17 (a) Burial (b) Date thereof 12/23/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director John O. Metcalf & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) DEC 23 1943 (b)
(Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1923 to Dec 21 1943
and that I last saw h alive on Dec 21 1943

Immediate cause of death Coronary occlusion

Due to arterio sclerosis

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation

of autopsy: ✓

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence — at — M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] Street M.D.

Address 712 Park Ave. Date signed Dec 23 1943

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11731 ✓ G 11731 Registered No.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1325 W. Baltimore Avenue
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1325 W. Baltimore Avenue
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME John A. Hitzelberger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Virginia Hill
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) June 8, 1876

8. AGE: Years	Months	Days	If less than one day
67	6	14	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business

FATHER
12. Name John A. Hitzelberger
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Williams
15. Birthplace Md.

16 (a) Informant Mrs. Martha J. Gable
(b) Address 1325 W. Baltimore Ave.

17 (a) Burial (b) Date thereof 12/24/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave., Baltimore

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) DEC 23 1943 (b) Maurice Williams MD
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1943, at 6 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1943, to Dec 22 1943, and that I last saw him alive on Dec 22 1943.

Immediate cause of death — Duration

(a) Bronchopneumonia — 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature P. Paul Zahniser M. D.
Address 3309 Springdale Ave Date signed

P. Paul Zahniser

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 13732

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Gustavus St.
(c) Hospital or institution: University of Maryland 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Talbot
(c) City or town Sherwood, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr Avery Sewell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 23, 1892

8. AGE: Years 51 | Months 3 | Days 29 | If less than one day hr. min.

9. Birthplace Sherwood, Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Robert F Sewell
13. Birthplace Sherwood, Md

MOTHER
14. Maiden Name Mary E. Lomax
15. Birthplace Sherwood, Md

16 (a) Informant Hospital Records
(b) Address Redwood & Gustavus St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)
(c) Cemetery or crematory Sherwood Md
Location Sherwood Md

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw St.

19 (a) (Date received by registrar) (b) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22 1943, at 2:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-3 1943, to 12-22 1943 and that I last saw h.. alive on 12-22 1943

Immediate cause of death Chronic glomerulo nephritis & Bad failure.

Due to Hypertension CV. D

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Weland Jr. M.D.
M. D.
Address Univ Hospital Date signed 12-22-43

VS 150

C 11733 ✓ C 11733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5702 Rockspring Road.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5702 Rockspring Road.
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME MEYER J. SALABES.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 28th. 1886

8. AGE: Years	Months	Days	If less than one day
57	3	23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Pawnbroker
11. Industry or business

FATHER
12. Name Jacob Salabes.
13. Birthplace New York.

MOTHER
14. Maiden Name Rachel Mandelberg.
15. Birthplace Balto. Md.

16 (a) Informant Mr. Sody Salabes.
(b) Address 5702 Rockspring Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Sonnenkirsch & Sons
(b) Address 1902 Eutaw Place.

19 (a) DEC 23 1943 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22, 19 43 at 1.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h alive on 19

	Duration
Immediate cause of death Coronary Occlusion	5 yrs.
Due to Arteriosclerosis	5 + yrs.
Due to	
Other Conditions Cerebral Thrombosis	5 yrs.

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert Goldstein M. D.
Address 2243 Linden Ave. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. G 11734

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1111 Poplar Grove Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 Poplar Grove Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Fonte

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Edna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31-1865

8. AGE: Years 78 | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace Cefalu, Italy (Town, county, and state or country)

10. Usual Occupation Fruit Dealer

11. Industry or business

FATHER
12. Name ? Fonte
13. Birthplace Italy

MOTHER
14. Maiden Name Rose Fonte
15. Birthplace Italy

16 (a) Informant Samuel Fonte
(b) Address 617 Lemard Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24-1943 (month) (day) (year)
(c) Cemetery or crematory Mont Holy Redeemer Cem.
Location Belair Road

18 (a) Funeral director Joseph Faraco Inc.
(b) Address 2013 Monument Ave

19 (a) (Date rec'd by registrar) (b) Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1943 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1943 to Dec. 20 1943 and that I last saw him alive on Dec. 19 1943.

Immediate cause of death General Visceral Failure — Duration 6 weeks

Due to Carcinoma of parotid gland (right) — Duration 2 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
M. D.
Address 3629 Edmondson Ave Date signed 12-23-43

Ave ROACH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D 11735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

D 11735 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1367 N. Calhoun St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1367 N. Calhoun St (If rural give location)
(e) Citizen of foreign country? If yes, name country (Yes or No)

3 (a) FULL NAME Leon H. Goodwin Jr

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/3/43

8. AGE: Years | Months | Days 20 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Leon Goodwin, Sr
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Zelma Davis
15. Birthplace md

16 (a) Informant Leon Goodwin
(b) Address 1353 N. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/43 (month) (day) (year)
(c) Cemetery or crematory Forrestdale Cemetery Md
Location Randallstown, Md

18 (a) Funeral director Wm. H. Kelson
(b) Address 1303 Pleasant St

19 (a) DEC 1943 (Date rec'd by Registrar) (b)

Registrar

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/22 1943, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/20 1943 to 12/22 1943, and that I last saw alive on 12/22 1943.

Immediate cause of death Bronchopneumonia

Duration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ben R Curtis M. D.

Address 2134 Date signed 12/24/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

jo #65344 C 11736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1478 C 11736

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1353 N. Calhoun St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Zelma Goodin F 90123

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband ~~or wife~~ Leon Goodin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1923

8. AGE: Years	Months	Days	If less than one day
20	8	28	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Davis
13. Birthplace Maryland

MOTHER
14. Maiden Name Henrietta Grose
15. Birthplace Maryland

16 (a) Informant Records, Balto. City Hosp.
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-43 (month) (day) (year)
(c) Cemetery or crematory
Location Randallstown Md.

18 (a) Funeral director George G. Nelson
(b) Address 1303 Priestman St

19 (a) DEC 23 1943 (Date received by registrar) (b) Registrar

VS 150

Hunter for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19, 1943, at 10A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-10 1943, to 12-19 1943, and that I last saw h[illegible] alive on 12-19 1943.

Immediate cause of death	Duration
Gen. Peritonitis	2 wks
Puerperal Sepsis	
Due to	
Due to	puer
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald P. Hall M. D.
Address Balto City Hosp Date signed 12-21-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1168

Registered No. G 31737

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Crow Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 14
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balte (If outside city or town limits, write RURAL and give town)
(d) Street No. 2703 McCulloh St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM B. GREEN

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	S.

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/22/1902

8. AGE: Years	Months	Days	If less than one day
41	-	28	hr. min.

9. Birthplace Crewe Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Wm Green
13. Birthplace Va

MOTHER
14. Maiden Name Mary Holcombe
15. Birthplace Va

16 (a) Informant Hester Green
(b) Address 5490 N. Hoffman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/43 (month) (day) (year)
(c) Cemetery or crematory Crewe Va
Location Crewe Va

18 (a) Funeral director Chas. H. Kelso
(b) Address 130 N. Eutaw St

19 (a) DEC 23 1943 (b) (Date received by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1943, at 8. P. M

21. I certify that I took charge of the remains described above, held an ____ thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to ____ death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to blunt force

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur? ?
(c) Did injury occur at home, on farm, industrial place, in public place? ? While at work? ?
(d) Means of injury — foot fight altercation

23. Signature J. H. Wallenmeyer M.D. (Medical Examiner.)
Date signed 12-22-43

C 13738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

C 13738 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3229 E Federal St
(c) Hospital or Institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3229 E Federal St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME George C. VELKER

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 19. 1868

8. AGE: Years 75 | Months 3 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Police Sergeant (Retired)

11. Industry or business Balto Police Dept.

FATHER
12. Name Georgius Velker
13. Birthplace Germany

MOTHER
14. Maiden Name Gertrude ?
15. Birthplace Germany

16 (a) Informant Geo. J. Cole
(b) Address 2926 Glenmore Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Auth
(b) Address 3305 Walford Rd

19 (a) (Date rec'd by registrar) (b) Lee Lee Williams Registrar

VS 184

DEC 23 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1943, at 2.45 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1943, to Dec 20 1943, and that I last saw him alive on Dec 19 1943

Immediate cause of death Acute Dilatation Heart — Duration 1 hour

Due to Myocarditis (Acute) — 10 day

Due to Diabetes Mellitus — 20 Yr.

Other Conditions Arthritis — 20 yr.

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. Sa Stevens
Address 3878 Hanford Date signed 12/21/43 M. D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11739 Registered No.

107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 806 Ostend St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 806 Ostend St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wardell Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1943

8. AGE: Years | Months: 8 | Days: 29 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Eb Jones
13. Birthplace Rockville, N. C.

MOTHER
14. Maiden Name Susie Medley
15. Birthplace Va.

16 (a) Informant Susie Jones
(b) Address 806 Ostend St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley Ave.

17 (d) DEC 23 1943 (Date received by local registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1943 at 6.40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/18 1943, to 12/20 1943, and that I last saw him alive on 12/19 1943

Immediate cause of death: Broncho Pneumonia — Duration: 2 Da.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]

Address 601 N. Calhoun Date signed 12/21/43

Burial Permit for Wardell Jones - "D"

G 13740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 13740 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 608 N. Bond St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rachel Buckner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife William A. Buckner

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Feb 4 1904

8. AGE: Years 35 | Months 10 | Days 8 | If less than one day ... hr. ... min.

9. Birthplace West Moreland Co Va.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Jacob Beale
13. Birthplace Va

MOTHER
14. Maiden Name Josephine Smith
15. Birthplace Va.

16 (a) Informant William T. Buckner
(b) Address 608 N. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brentlayne

19 (a) DEC 23 1943 (Date rec'd by Registrar) (b) Hunter to Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1943, at 9 20 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary
myocardial degeneration

Due to

Other Conditions marked obesity
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ... at ... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec. 19 1943.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item or information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 11741 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4314 Rokeby Rd.
(c) Hospital or institution:

28-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4314 Rokeby Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CARVILLA M. UHLIG

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Rudolph Uhlig
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug. 15, 1883

8. AGE: Years	Months	Days	If less than one day
60	4	7	hr. min.

9. Birthplace: Balto., Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: George W. Sindall
13. Birthplace: Md.

MOTHER
14. Maiden Name: Mary Jones
15. Birthplace: Md.

16 (a) Informant: Mr. Rudolph Uhlig
(b) Address: 4314 Rokeby Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

DEC 23 1943
(Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22, 1943, at 1:05A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1, 1943, to Dec. 20 1943, and that I last saw her alive on Dec. 20, 1943

Immediate cause of death: Coronary Thrombosis — Duration: Few hours

Due to: Arteriosclerotic Cardiovascular-renal disease

Due to:

Other Conditions: Thyrotoxicosis and Diabetes Mellitus (Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George A. Krupp
Address 3030 Edmondson Ave. Date signed 12/24/43

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. 1742

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto. Md.
(b) Street address 426 Moore st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) mo
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 426 Moore
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Norman Kenson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mildred Kenson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29 1905

8. AGE: Years 38 Months - Days - If less than one day hr. min.

9. Birthplace Elliott City Md
(Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name William Kenson
13. Birthplace Md

MOTHER
14. Maiden Name Mary Bowman
15. Birthplace Md

16 (a) Informant Elizabeth Murphy
(b) Address 1721 McCulloh St

17 (a) Burial (b) Date thereof dec 23, 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) DEC 22 1943 (b) Registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1943, at 8.10a M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-17-43 19 , to 12-20 1943, and that I last saw h alive on 12- 1943.

Immediate cause of death Carcinoma of Prostate
Failure

Due to Liver Pneumonia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration
5 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury HARMAN

23. Signature Frank E. Harman M. D.

Address 2340 Madison Ave. Date signed 12-23-43

H. L. Williams M.D. for M. Kenson

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 11743

1743 / 48 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Md.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Druid Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Myrtle Curtis Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Divorced

6 (b) Name of husband or wife Albert Curtis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1896

8. AGE: Years	Months	Days	If less than one day
47	3	20	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Laundress

11. Industry or business

FATHER
12. Name Mose Thomas
13. Birthplace Va

MOTHER
14. Maiden Name Octavia Jones
15. Birthplace Va

16 (a) Informant Mildred Buttles
(b) Address 522 N. Lansdale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 DEC 22 1943 Interred for Williams (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19, 1943, at 10:40 P.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Carcinoma of the uterus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D. (Medical Examiner)
Date signed December 20, 1943.

VS 151

Physicians: please write the causes of death clearly and legibly. Certificate of death is incomplete unless correct age is especially important.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

WF 11744 Hahn 94a G 11744

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 101 St. Dunstan's Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 101 St. Dunstan's Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Hahn

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife W. Edward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace England
(Town, county, and state)

10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mary Lucas
(b) Address 1518 Cherrt St. Curtis Bay

17 (a) Burial (b) Date thereof 12/24/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or ~~Crematory~~ Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) DEC 23 1943 (b) [illegible]
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1943, at 1:45 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were—

IMMEDIATE CAUSE OF DEATH Rupture of heart

Due to Coronary occlusion

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec. 21, 1943

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 1745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 1745

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 914 N Collington Ave (If rural give location)
(e) Citizen of foreign country?.....(Yes or No) If yes, name country.....

3 (a) FULL NAME Henry Grefe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife MAMIE

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 9-9-71

8. AGE: Years	Months	Days	If less than one day
72	3	11	..... hr. ..... min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation.....

11. Industry or business.....

FATHER
12. Name Louis Grefe
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothy Weber
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem. Location North Ave.

18 (a) Funeral director Schumacher
(b) Address 2601 E. Madison, Street

19 DEC 23 1943 (Date rec'd by registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1943, at 5:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1943, to Dec 20 1943, and that I last saw him alive on Dec 20 1943.

Immediate cause of death	Duration
Bronchopneumonia	4 days
Due to Type III pneumococcus	
Due to.....	
Other Conditions Hypertensive cardio-vascular disease (Include pregnancy within 3 months of death)	3 yrs.

Date of operation.....
Major findings of operation:.....
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?.....
(e) Means of injury.....
23. Signature Paul O. Clotfelter M.D.
Address Johns Hopkins Hosp. Date signed 12/23/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 87C

C 11746 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 818 Glade Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 6 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 818 Glade Court (If outside city or town limits, write RURAL and give town) Baltimore Md
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stanley Pulaski (PASKAVICH)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Mrs Grace

6 (c) If alive, give age years

SCRIPTUNAS

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years abt 64 | Months | Days — | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Miner

11. Industry or business

FATHER 12. Name John Paskavich
13. Birthplace Russia

MOTHER 14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Mrs Grace Palumbo
(b) Address 818 Glade Court

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12/23/43 (month) (day) (year)

(c) Cemetery or crematory Scranton Pa.
Location Scranton Pa.

18 (a) Funeral director J. Stacy Ware
(b) Address 1218 Light St.

DEC 23 1943 (a) (b) Williams
(Date rec'd by registrar) (Registrar)

VB 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23, 1943 6A M

21. I certify that death occurred on the date above stated; that I attended deceased from NOV 2 1943 to Dec 23 1943 and that I last saw him alive on Dec 23 1943.

	Duration
Immediate cause of death: Acute Cardiac Dilatation	1 2 2 3 4 3
Due to: Edema of Lungs	1 2 2 3 4 3
Due to: Emphysema	not Known
Due to: Parkinsons Disease	not Known
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Edward Norris M.D. M. D.

Address 167 East West St. Date signed Dec. 23, 1943.

G 11747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 11747 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correctly if known. Be sure to state the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Shriner Home (3520 Hilton Rd.)
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 630 N. Hilton St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Reier

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife late John Reier
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18 1876

8. AGE: Years	Months	Days	If less than one day
67	10	3	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation School Teacher
11. Industry or business

FATHER
12. Name Patterson Magee
13. Birthplace Scotland

MOTHER
14. Maiden Name Boyd
15. Birthplace Ireland

16 (a) Informant Anna Elizabeth Lehman (daughter)
(b) Address 630 N. Hilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location 3801 Frederick Ave Balt. Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 (a) Dec 23 1943 Huntington Williams, M.D. Registrar
Dec 28 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21 1943 at 4:50 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 to 1943, and that I last saw her alive on Dec 20 1943.

	Duration
Immediate cause of death Hypostatic Pneumonia	4 days
Due to Cerebral hemorrhage	2 yrs.
Due to Hypertensive Arteriosclerotic C.V. disease	10 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. J. Courtenay M. D.
Address 3629 Edmondson Date signed 12-22-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

C 11748 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 313 Suffolk Road, City (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Brig. General Gordon Graham Heiner

3 (b) If veteran, name war Spanish-American; World War I

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Elizabeth Kent

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1869

8. AGE: Years 74 | Months 1 | Days 21 | If less than one day hr. min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business U.S.A.

FATHER
12. Name Robert Graham Heiner
13. Birthplace Pittsburg Pa

MOTHER
14. Maiden Name Helen Slagmaker
15. Birthplace Virginia

16 (a) Informant Mrs. Mary Grant Heiner
(b) Address 313 Suffolk Road, City

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 24/43 (month) (day) (year)
(c) Cemetery or crematory Arlington Va. Nat. Cem.
Location Arlington Va.

18 (a) Funeral director Henry N. Jenkins Home
(b) Address McCulloh & Richardson

19 (a) DEC 23 1943 (Date rec'd by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 23 1943, at 1 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16 1943 to Dec. 23 1943, and that I last saw him alive on Dec. 23 1943.

	Duration
Immediate cause of death: Cardio-Resp. failure	2
Due to: Cerebral embolus	2
Due to: Cardiac Hypertension - Cardio-Vascular disease	7
Other Conditions: Post operative Prostatectomy	3 days

(Include pregnancy within 3 months of death)

Date of operation Dec. 21, 1943

Major findings of operation: Prostatic Hypertrophy

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature John A. Hartt Jr. M. D.
Address Union Memorial Hosp. Date signed 12-23-43

Hunter's Gun Williams, M.D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

Registered No. G 11749

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1237 N. Milton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katherine Hickman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-16-1860

8. AGE: Years 83 | Months 1 | Days 6 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Elizabeth K. Boudin
(b) Address 320 Northern Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd.

19 (a) (Date rec'd by registrar) DEC 23 1943 (b) Huntingtown, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1943, at 6 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1943, to Dec 22 1943, and that I last saw h.e alive on Dec 21 1943.

Immediate cause of death	Duration
cerebral hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Patterson M.D.
Address 2324 Reisterstown Rd Date signed 12/24/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 d

G 11750 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 431 S. Durham Street
(c) Hospital or institution:
220
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 431 S. Durham Street
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Poland

3 (a) FULL NAME TEOFIL SLOWIKOWSKI

3 (b) If veteran, name war ----

3 (c) Social Security Account No. ----

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Sophia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 66 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Zaromin, Poland
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name --- Slawikowski
13. Birthplace Zaromin, Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mary Werner
(b) Address 431 S. Durham Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Road

18 (a) Funeral director M. F. Jaskowski & Son.
(b) Address 1808 Eastern Ave.

Date received DEC 23 1943 (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21 1943 at 11:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 2 1943 to Dec. 21 1943 and that I last saw him alive on Dec. 21 1943

	Duration
Immediate cause of death Myocardial insufficiency	2 days
Due to Thrombo-myocarditis	4 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John V. Szymkiewicz M. D.
Address 1802 Eastern Ave Date signed 12-23-43.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully noted. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

YA-34252 C 11751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47d

Registered No. C 11751

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs. 6 mos. 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Sohl

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1878

8. AGE: Years	Months	Days	If less than one day
65	7	3	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Frank Sohl
13. Birthplace Md.

MOTHER
14. Maiden Name Katie ?
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (b) Date thereof 12/24/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location 2400 Edmondson Ave

18 (a) Funeral director William M. Mareck
(b) Address 115 Light St.

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 23 1943

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18 1943, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-14 1938, to 12-18 1943, and that I last saw him alive on 12-18 1943.

Immediate cause of death ? Carcinoma of Lung — Duration ?
Due to Arteriosclerotic C.V. Disease
Due to Diabetes Mellitus
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 11-24-43
Major findings of operation: Neoplasm Rt Lung
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Donald Poker M. D.
Address Balto City Hosp Date signed 12-23-43

C 11752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 11752 Registered No. 1706

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. Middle River, Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BERTHA BILLINGS

3 (b) If veteran, name war

3 (c) Social Security Account No. 246-12-8906

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Edgar Billings
6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) June 30-1919

8. AGE: Years	Months	Days	If less than one day
24	5	22 23	hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation Sheet Metal Worker
11. Industry or business Glenn L. Martin Co.

FATHER
12. Name Doc. Privett
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Rosa Fussell
15. Birthplace N. Carolina

16 (a) Informant Edgar Billings
(b) Address Middle River

17 (a) Transportation (b) Date thereof Dec. 23-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Concord, N. Carolina

18 (a) Funeral director John B. Connelly
(b) Address 416 Eastern Ave. Essex

19 (a) DEC 23 1943 (b) Funeral home, Fort Williams, Alexandria, Va.
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23, 1943, at M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Crushing of chest

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury December 23, 1943; 12:25 A. M. 7-2
(b) Where did injury occur? Monument & Lakewood Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury pedestrian struck by streetcar

23. Signature W. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 12-23-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94 a

Registered No. C 11753

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2908 Edmondson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 01
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2915 Belmont Ave. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Roland M. MaBee

3 (b) If veteran, name war: No.

3 (c) Social Security Account No. 214-03-3529

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sarah Haman MaBee

6 (c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): Sept. 3, 1888

8. AGE: Years 55 | Months 3 | Days 18 | If less than one day ....hr. ....min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: Salesman

11. Industry or business

FATHER
12. Name: Alexander S. MaBee
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Lida C. Mencher
15. Birthplace: Balto. Md.

16 (a) Informant: Mrs. Sarah MaBee
(b) Address: 2915 Belmont Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location:

18 (a) Funeral director: Chas. J. Evans & Son Inc.
(b) Address: 118 N. Mt. Royal Ave.

19 (a) DEC 23 1943 (Date rec'd by Registrar) [illegible] Williams Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21, 1943, at 1 P. M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Dec. death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Coronary occlusion

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ....at .... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: H. L. Wallenweber M.D. Attending or Medical Examiner.
Date signed 12-22-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11754 — BALTIMORE CITY HEALTH DEPARTMENT — C 33754

CERTIFICATE OF DEATH — 134a — Registered No. 34

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: Univ. Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 112 N. Milton Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** William Patrick O'Mailey

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 218-01-09-51

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Dorothy C O'Mailey

6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) Dec 7-1899

8. AGE: Years 44 | Months - | Days 16 | If less than one day: hr. min.

9. Birthplace Balt.
(Town, county, and state)

10. Usual Occupation Time keeper

11. Industry or business Bethlehem Steel

FATHER — 12. Name Patrick T. O'Mailey
13. Birthplace Balt.

MOTHER — 14. Maiden Name Jennie Henry
15. Birthplace Balt.

16 (a) Informant Mrs. Dorothy O'Mailey
(b) Address 112 N. Milton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Evans & Son Inc
(b) Address 3813 Mt. Royal Ave

19 (a) DEC 28 1943 (Date rec'd by registrar) (b) Hunting Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23 1943, at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21-1943 to 12-23 1943 and that I last saw h.im alive on 12-23 1943.

Immediate cause of death Respiratory Failure — Duration

Due to Toxemia — over

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature L. W. Kennedy M. D.
Address Univ. Hospt Date signed 12-23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

486 Registered No. 21755

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 807 W. Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 807 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maud D. Rogers

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: F.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Wm. M. Rogers

6 (c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): July 11, 1889

8. AGE: Years: 54 | Months: 5 | Days: 11 | If less than one day: hr. min.

9. Birthplace: Almira Va (Town, county, and state)

10. Usual Occupation: House Wife

11. Industry or business:

FATHER
12. Name: Buck Hammonds.
13. Birthplace: Kentucky

MOTHER
14. Maiden Name: Sally Campbell
15. Birthplace: Kentucky

16 (a) Informant: William M. Rogers
(b) Address: 807 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 24. 1943 (month) (day) (year)
(c) Cemetery or crematory: Western
Location: City

18 (a) Funeral director: Wm. John W. Teufel & Son
(b) Address: 801 W Fayette St.

DEC 23 1943 (Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1943, at 6 20 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1943 to Dec 21 1943, and that I last saw h.. alive on Dec 21 1943.

Immediate cause of death	Duration
Carcinoma of uterus	1 year
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J Harry Glassman M. D.

Address 753 W. Fayette Date signed Dec 23 1943

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

446328

1756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157a

B 11756 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Middle River (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 Venture Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dale Fulmer Sprecker Jr

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-13-42

8. AGE: Years	Months	Days	If less than one day
1	-	9	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Dale F Sprecker
13. Birthplace Pa.

MOTHER
14. Maiden Name Elizabeth Brown
15. Birthplace Pa.

16 (a) Informant Friends.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-24-43 (month) (day) (year)
(c) Cemetery or crematory
Location Ft. Moyne Pa

18 (a) Funeral director John A. Mohan
(b) Address 3000 E. Biddle St. Balto. Md.

19 (a) DEC 23 1943 (b) Registrar Williams M.D. registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec-17 1943, to Dec-22 1943, and that I last saw h. alive on Dec-22 1943.

Immediate cause of death Hypostasis — Duration 1 hr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank J. Stewart M. D.
Address J. H. H. Date signed 12-22-43

11787 — 11757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7-0
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2002 McElderry (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Shimanek

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife Married

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) July 21, 1882

8. AGE: Years	Months	Days	If less than one day
61	5	-	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Game Warden

11. Industry or business MD. CONSERVATION

FATHER — 12. Name Joseph Shimanek
13. Birthplace Bohemia

MOTHER — 14. Maiden Name Anna Kaial
15. Birthplace Bohemia

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-24-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Galto. MD.

18 (a) Funeral director FRANK Cvach & Son
(b) Address 900 N. Chester ST.

DEC 23 1943 (b) Registrar — Hamilton Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1943, at 10:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1943 to Dec 21 1943 and that I last saw HIM alive on Dec 21 1943.

Immediate cause of death — Duration

Myocardial infarction

Due to arteriosclerotic C-V dis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John R. Birmingham M. D.
Address JHH Date signed 12-21

1758 BALTIMORE CITY HEALTH DEPARTMENT 1758

CERTIFICATE OF DEATH 33a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1626 Cherry St
(c) Hospital or institution:
25
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 Cherry
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Augustowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Wladyslawa augustowski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Adam augustowski
13. Birthplace Poland

MOTHER
14. Maiden Name anna ?
15. Birthplace Poland

16 (a) Informant Mrs Wladyslawa augustowski
(b) Address 1626 Cherry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location Anne Arundel County

18 (a) Funeral director John M Welch
(b) Address 401 S. Chester Street

DEC 23 1943 (Date received by Registrar) Victor Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1943, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 43 to Dec 23 1943 and that I last saw alive on Dec 22 1943

Immediate cause of death

	Duration
Myocardial Insufficiency	Sudden
Due to Lobar Pneumonia	2 days.
Due to La Grippe	10 days.
Other Conditions Chronic Bronchitis	Many Years

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ken D. Hyde M. D.
Address 709 Plumpton Date signed 12/23/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 806

1759 Registered No.

1. PLACE OF DEATH: University Hospital
(a) Baltimore City, Maryland
(b) Street address Lombard & Green Sts
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 03
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 74 S. Carrollton ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dora Phillips

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	married

6 (b) Name of husband or wife Thomas Phillips
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1894

8. AGE: Years	Months	Days	If less than one day
49	3	22	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Home duties
11. Industry or business

FATHER
12. Name Wm H. Brown
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Betty L. Hartzell
15. Birthplace Baltimore, Md

16 (a) Informant Thomas Phillips
(b) Address 74 S. Carrollton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director Frederick L. Ely
(b) Address 1200 W Lanvale st

19 DEC 23 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-21 1943, at 8 W P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20 1943, to 12-21 1943, and that I last saw h e alive on 12-21 1943

Immediate cause of death Encephalitis ?

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Univ. Hospital Date signed 12-24-43

13760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. 13760

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2009 Fredrick ave
(c) Hospital or institution: .....
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2009 Fredrick ave (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) **FULL NAME** Peter Fassell

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Maria Fassell
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1869

8. AGE: Years	Months	Days	If less than one day
74	—	15	..... hr. ..... min.

9. Birthplace Hungary (Town, county, and state)
10. Usual Occupation Cabinet maker
11. Industry or business Retired

FATHER
12. Name John Fassell
13. Birthplace Hungary

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Hungary

16 (a) Informant Mrs Maria Fassell
(b) Address 2009 Fredrick ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Frederick A Cole
(b) Address 200 N Lombard St

DEC 23 1943 (Date received by Registrar) for Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21 1943 at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/17 1943 to 12/21 1943 and that I last saw him alive on 12/21 1943.

Immediate cause of death Bronchopneumonia — Duration 4 days
Due to .....
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature Benjamin Miller M. D.
Address 2030 Eutaw Ave Date signed 12/24/43

W 11761 — 33a — C 11761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 11761

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 119 S. CURLEY ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 119 S. CURLEY ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: MARY A. BEHNKEN

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife: HERMAN BEHNKEN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): SEPT. 18 1875

8. AGE: Years	Months	Days	If less than one day
68	3	4	hr. min.

9. Birthplace: BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation: HOUSE WIFE
11. Industry or business: AT HOME

FATHER
12. Name: ALBERT WILKELMAN
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: UNKNOWN
15. Birthplace: GERMANY

16 (a) Informant: WILLIAM BEHNKEN (SON)
(b) Address: 3706 YOLANDER ROAD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 24/43 (month) (day) (year)
(c) Cemetery or crematory: OAK LAWN
Location: EASTERN AVE EXT.

18 (a) Funeral director: Lilly and Geiler INC
(b) Address: 403 S. WOLFE ST.

DEC 24 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION PM.

20. DATE OF DEATH: DEC. 22 19 43 at 1/30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1943 to Dec 22 1943 and that I last saw h.er alive on Dec 22 19 43

Immediate cause of death	Duration
Pneumonia	1 day
Influenza	3d
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: George T. Lofstey M. D.
Address: 92 S. Patterson Pk. Date signed: 12/23/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33c ✓ C 11762 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2207 JEFFERSON ST.
(c) Hospital or institution: L-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2207 JEFFERSON ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY JULIANNA RAUH ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife JOHN RAUH
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 8 1845

8. AGE: Years	Months	Days	If less than one day
98	0	14	hr. min.

9. Birthplace GERMANY
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name FRANCIS KRUEGER
13. Birthplace GERMANY

MOTHER
14. Maiden Name BERTHA THIM
15. Birthplace GERMANY

16 (a) Informant GEORGE A. RAUH (SON)
(b) Address 2207 JEFFERSON ST.

17 (a) BURIAL (b) Date thereof DEC. 24/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lillyand Zeiler / N.C.
(b) Address 403 S. WOLFE ST.

DEC 24 1943 (b) Huntington Williams M.D. Registrar
(Date received by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 22 1943 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1943 to Dec. 22 1943 and that I last saw h.e.r. alive on Dec. 21 1943.

Immediate cause of death	Duration
Terminal Bronchopneumonia	1 day
Due to Influenza	1 week
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Israel Rosen M.D. M. D.
Address 2413 E. Monument St Date signed 12/28/43

1763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 G 11763 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Baltimore, Maryland
(a) Baltimore City, Maryland
(b) Street address 2210 E. Hoffman St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 76

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2210 E. Hoffman St. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME Lena FISHER

3 (b) If veteran, name war XXXXXX NO
3 (c) Social Security Account No. NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 13 1867

8. AGE: Years 76 | Months 11 | Days 9 10 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name GEORGE FISCHER
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name ANNA STEINMETZ
15. Birthplace BALTO. MD.

16 (a) Informant HOSPITAL RECDS.
(b) Address ST. JOSEPH HOSPTIAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 27/43 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly and Zeiler INC
(b) Address 403 S. WOLFE ST.

19 DEC 24 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/23/43 1943, at 4:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/21 1943, to 12/23 1943, and that I last saw her alive on 12/23 1943

Immediate cause of death: Bronchial Pneumonia
Bronchopneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan E. Eliason M. D.
Address St Joseph's Hospital Date signed 12-29-43

VS 150

21764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1640

Registered No. G 21764

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 604 S.MACON ST.
(c) Hospital or institution:

2b-1

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 604 S.MACON ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** JOHN P. PETERSEN

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: MAY PETERSEN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 26 1877

8. AGE: Years 66 | Months 4 | Days 26 | If less than one day hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation ENGINEER

11. Industry or business EMERSON HOTEL

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace UNKNOWN

16 (a) Informant MAY PETERSEN (WIFE)
(b) Address 604 S.MACON ST.

17 (a) BURIAL (b) Date thereof DEC.27/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE.EXT.

18 (a) Funeral director Lilly and Geiler, INC.
(b) Address 403 S.WOLFE ST.

19 DEC 24 1943 (c) [illegible] for Williams, H.B. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1943, at 9 40 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Hanging by belt

Due to Strangle

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-22-43 at 6 30 P. M.
(b) Where did injury occur? Bedroom
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work?
(d) Means of injury strangulation by belt

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 12-23-43

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 11765 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 2-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 YRS. Md. C.A.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1929 Fleet Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY BROWN (BROGOSZIEWKA)

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	WIDOWED

6 (b) Name of husband or wife BERNARD BROGOSZIEWKA
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 15 1888

8. AGE: Years	Months	Days	If less than one day
55 54	6	7	hr. min.

9. Birthplace POLAND
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name UNKNOWN
13. Birthplace POLAND

MOTHER
14. Maiden Name ? LESEZCKA
15. Birthplace POLAND

16 (a) Informant HELEN DIMATTI
(b) Address 1929 FLEET ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 27/43 (month) (day) (year)
(c) Cemetery or crematory HOLY ROSARY
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Zeller INC.
(b) Address 403 S. WOLFE ST.

19 DEC 24 1943 (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22, 1943, at 4:00 P.M.

21. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained
(Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. J. Wollenweber M.D.
Medical Examiner.
Date signed 12-23-43

G 11766 ✓ G 11766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. .....

Please write the causes of death clearly and legibly. Physicians: please note that correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5319 Eastern Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5319 Eastern Ave
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) FULL NAME Thomas Eckardt

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: WIDOWER

6 (b) Name of husband or wife: ELIZABETH ECKHARDT

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): MAY 15 1868

8. AGE: Years: 75 | Months: 7 | Days: 6 | If less than one day: ..... hr. ..... min.

9. Birthplace: BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation: RETIRED DAIRYMAN

11. Industry or business

FATHER
12. Name: GEORGE ECKHARDT
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: AMELIA SCHEIFLEIN
15. Birthplace: GERMANY

16 (a) Informant: HELEN ECKHARDT (DAUGHTER)
(b) Address: 5319 EASTERN AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 24/43 (month) (day) (year)
(c) Cemetery or crematory: SACRED HEART
Location: GERMAN HILL ROAD.

18 (a) Funeral director: Lilly and Geiler Inc
(b) Address: 403 S. WOLFE ST.

19 (a) DEC 24 1943 (Date rec'd by registrar) (b) Hunting for Williams, Md. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 21 1943, at 7 30 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Arteriosclerosis
Cardiovascular disease

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....
(d) Means of injury .....

23. Signature: Robert L. Levitan M.D.
Medical Examiner.
Date signed: Dec. 22 1943.

G 11737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95B Registered No. G 11737

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1900 Mt. Royal Terrace
(c) Hospital or institution: 13-2
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1900 Mt. Royal Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian T. Perrera

3 (b) If veteran, name war W
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, Married, Widowed, or divorced: Married

6 (b) Name of husband: Angelo Perrera
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 23 1908

8. AGE: Years 35 | Months 5 | Days 28 | If less than one day hr. min.

9. Birthplace: Baltimore Md (If born outside state)
10. Usual Occupation: Housewife
11. Industry or business: At Home

FATHER
12. Name: Unknown
13. Birthplace: -

MOTHER
14. Maiden Name: Lillian McDonnery
15. Birthplace: Md.

16 (a) Informant: Angelo Perrera
(b) Address: 1900 Mt Royal Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Balto. Md.

18 (a) Funeral director: William Cook Inc
(b) Address: 127 St. Paul St

DEC 24 1943 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21st 1943, at 5:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1943, to Dec 21 1943, and that I last saw h. alive on Dec. 19 1943

Immediate cause of death: Acute Cardiac Failure
Rheumatic Heart Disease — Duration: 1 yr 3 mos 20 days

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Israel Rosen M.D. M. D.
Address: 2413 E Monument St Date signed 12/23/43

G 11708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11708

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the correct age is especially important. Write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4403 Kentworth Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28-
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4403 Kentworth Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Frances Klingstine

3 (b) If veteran, name war: —
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 17 1884

8. AGE: Years 59 | Months 2 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John L. Klingstine
13. Birthplace Germany

MOTHER 14. Maiden Name Louise Schenke
15. Birthplace Germany

16 (a) Informant Mrs Anna Tyler
(b) Address 4403 Kentworth Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)

(c) Cemetery or crematory Greenmount Cem
Location Baltimore Md

18 (a) Funeral director Wilson Corbin
(b) Address 1219 E Lond St

19 (a) Date received by registrar DEC 24 1943 (b) Registrar Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1943, at 7:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 13 1943, to December 20 1943, and that I last saw her alive on November 19 1943.

	Duration
Immediate cause of death Chronic Interstitial Nephritis	2 mos
Due to Chronic Myocarditis	10 yrs
Due to Arteriosclerosis	20 yrs ? ±
Other Conditions Senile dementia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Edel, M.D.
Address 3403 Garrison Blvd Date signed 12/24/43

J. W. Edel, M.D.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 V

Registered No. G 11759

G 11759

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Lexington St
(c) Hospital or institution: Aged Women's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12/43
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto. Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 N. Lexington St (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Jennie Leary

3 (b) If veteran, name war —
(c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 28. 1852

8. AGE: Years	Months	Days	If less than one day
91	10	24	hr. min.

9. Birthplace Kent Co. Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER 12. Name James S. Leary
13. Birthplace Kent Co. Md

MOTHER 14. Maiden Name Mary Beamish
15. Birthplace Kent Co. Md

16 (a) Informant Aged Women's Home & Aged Men's Home
(b) Address 1400 N. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Olivet
Location Balto. Md.

18 (a) Funeral director Wm Cook Jr.
(b) Address 1217 St Paul St.

DEC 24 1943
(a) Date received by registrar (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22 1943, at 7:15 AM

21. I certify that death occurred on the date above stated: that I attended deceased from 3/15/1927 19 to 12/22/43 19, and that I last saw her alive on 12/21/43 19.

Immediate cause of death: Myocarditis, chronic — Duration: 7 yrs.
Due to —
Due to —
Other Conditions Senility.
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Edwin B. Jarrell.
Address 11 E. Chase St. Date signed 12/22/43

11770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 11770 Registered No.

please write the causes of death clearly and legibly. Physicians: please see that age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 5-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 333 N. Gay St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Hennessy

3 (b) If veteran, name war W
3 (c) Social Security Account No. NIL

4. Sex: Male
5. Color or race: White
6 (a) Single, ~~married, widowed, or divorced~~ Single
6 (b) Name of husband or wife
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 1870
8. AGE: Years 73 | Months | Days | If less than one day hr. min.
9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Michael Hennessy
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant May Howell
(b) Address 327 Chesterfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) DEC 24 1943 (Date rec'd by registrar) (b) Huntington Wilt Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21 1943, at 5:20 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Dec death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic myocardial degeneration

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec. 23, 1943

G 77771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 77771

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2600 Aisquith St
(c) Hospital or institution: 9-T
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2600 Aisquith St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Gontrum

3 (b) If veteran, name war: W
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of husband or wife: Charles E. Gontrum
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 3rd 1860
8. AGE: Years 83 | Months 3 | Days 19 | If less than one day hr. min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Wm H. Gehring
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Ann Kimble
15. Birthplace Balto. Md.

16 (a) Informant Ann Donnell
(b) Address 2600 Aisquith St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

DEC 24 1943 (c) Date received by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22nd 1943, at 1a. M

21. I certify that death occurred on the date above stated; that I attended deceased from December 11 1943, to December 22 1943, and that I last saw him alive on December 21 1943.

Immediate cause of death: Cardiac Dilatation — 5 Minutes

Due to: Myocardial Insufficiency — 2 Years
General Arteriosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature Albert Quesenberry M. D.
Address 2025 Eutaw Pl Date signed 12-23-43

G 11772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G 11772

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 2-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2107 N. Howard St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie Guthrie

3 (b) If veteran, name war

3 (c) Social Security Account No. 4

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Ira T.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22, 190?

8. AGE: Years 43 | Months 8 | Days 29 | If less than one day hr. min.

9. Birthplace Gloucester C. Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Dennis Lewis
13. Birthplace Gloucester, Va.

MOTHER
14. Maiden Name Adeline Clayton
15. Birthplace Gloucester C. Va.

16 (a) Informant Ira T. Guthrie
(b) Address 2107 Howard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-43 (month) (day) (year)
(c) Cemetery or crematory Gloucester C. Va.
Location

18 (a) Funeral director Mrs Geo. W. Hall
(b) Address 1631 Druid Hill Ave

19 (a) DEC 24 1943 (Date rec'd by registrar) (b) [illegible] Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21 1943, at 10:10 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hemorrhage

Due to deep laceration of neck

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury December 21, 1943 7:45 A M.
(b) Where did injury occur? 2107 N. Howard St
(c) Did injury occur at home, on farm, industrial place, in public place? At home While at work? No
(d) Means of injury Dropped - Fell on floor

23. Signature Robert Lee Guthrie M.D. Medical Examiner.
Date signed 12-21-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 6-12773

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2023 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George Moore

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary E.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 5, 1866
8. AGE: Years 77 | Months 10 | Days 10 | If less than one day hr. min.
9. Birthplace Calvert Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant George Moore
(b) Address 2023 Druid Hill Ave

17 (a) Burial (b) Date thereof 12-23-43 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Wm. Geo. W. Hall
(b) Address 1631 Druid Hill Ave.

DEC 24 1943 (Date rec'd by registrar)
(b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1943, at 3.40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1943, to Dec 21 1943, and that I last saw him alive on Dec 16 1943.

Immediate cause of death: Cerebral embolism (Uncomplicated)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Banfield M.D.
Address Provident Hospital Date signed 12/24/43

G 11774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 11774

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 631 Mosher St.
(c) Hospital or institution:
14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 631 Mosher St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy J. Simms

3 (b) If veteran, name war

3 (c) Social Security Account No. 4

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Wm R.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 3, 1897

8. AGE: Years 46 | Months 11 | Days 18 | If less than one day hr. min.

9. Birthplace Howard Co. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Henry Johnson
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Martha C. Joyce
15. Birthplace Howard Co. Md.

16 (a) Informant William R. Simms
(b) Address 631 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Mrs. Lew. H. Holland
(b) Address 1631 Druid Hill Ave.

DEC 24 1943

19 (a) (Date rec'd by registrar) (b) Hunter for Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 19 43, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 19 43, to Dec 21 19 43, and that I last saw her alive on Dec 20 19 43.

Immediate cause of death	Duration
Cardio Vascular Disease	1 yr.
Due to Broken Compensation	3 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Williams Frey M. D.
Address 1924 Pa Ave Date signed 12/24/43

G 1775 ✓ G 11775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1720 McCulloh St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 - 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 McCulloh St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie L. Cook

3 (b) If veteran, name war ″

3 (c) Social Security Account No. ″

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Martin L.

6 (c) If alive, give age ″ If dead, when?

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years 71 ″ | Months 9 | Days 17 | If less than one day ___ hr. ___ min.

9. Birthplace Crisfield, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Harris
13. Birthplace Crisfield, Md.

MOTHER
14. Maiden Name Sarah Tates
15. Birthplace Crisfield, Md.

16 (a) Informant Lydia M. Keene
(b) Address 1720 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Mrs. Edw. A. Holland
(b) Address 618 Druid Hill Ave.

DEC 24 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21, 1943 at 9 20 A.M.

21. I certify that death occurred on the date above-stated; that I attended deceased from Dec 4 1943 to Dec 21 1943 and that I last saw h. alive on Dec 21 1943

Immediate cause of death Cardio Vascular Renal — Duration ___

Due to ___ — Duration ___

Due to Arterio-Sclerosis — Duration ?

Other Conditions — Duration ___

(Include pregnancy within 3 months of death)

Date of operation ?

Major findings of operation: ___

of autopsy: ___

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ___ at ___ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edw. J. Mueller M. D.
Address 1720 S. Ann St. Date signed Dec 23

(OVER)

G 11776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11776 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 227 Myrtle Av
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 - 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 227 Myrtle Av. (If rural give location)
(e) Citizen of foreign country? (Yes or No) Yes
If yes, name country

3 (a) FULL NAME William T. Horn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1941

8. AGE: Years 2 | Months 8 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Clarence Horn
13. Birthplace S. C.

MOTHER
14. Maiden Name Angalesina Bell
15. Birthplace S. C.

16 (a) Informant Mr. Clarence Horn
(b) Address 227 Myrtle Av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12- (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore, Md.

18 (a) Funeral director Mrs. Francis A. Hemsley
(b) Address 518 W. Biddle St.

19 (a) (b)
DEC 24 1943
Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22 1943 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1943, to Dec 22 1943, and that I last saw h.i.m. alive on Dec 20 1943.

Immediate cause of death	Duration
Bronchopneumonia	3 days
Due to Pertussis	3 weeks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Douglas Sheppard M. D.
Address 1063 Myrtle Ave Date signed 12/23/43

G 11777 ✓ G 11777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2020 N. Fulton Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2020 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LELIA GRACE BENNER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/6/1868

8. AGE: Years	Months	Days	If less than one day
75	6	17	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation --
11. Industry or business

FATHER
12. Name Ferdinand Benner
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Louise Pritchett
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Grace Lee Pfenning
(b) Address 2020 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)
(c) Cemetery or crematory Balto. Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC (Date rec'd by registrar) 1943 (b) Huntington Williams M.D. Registrar

V8 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23, 1943, at 2:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1941, to Dec. 23 1943, and that I last saw h alive on Dec. 23 1943

Immediate cause of death
Chronic hypertrophic & Vascular Fibroadhesion & Pulmonary
Due to Edema (Acute)
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration
Yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Eshman M.D.
Address 1922 W Mulberry Date signed 12/23/43

G 11778 ✓ G 11778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Church & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4409 N. Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

27-11

3 (a) FULL NAME Mrs Cora Louise Hunt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Mr. John R. Hunt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13 1885

8. AGE: Years	Months	Days	If less than one day
58		10	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name Bradford Cherry
13. Birthplace Va

MOTHER
14. Maiden Name Fannie Holmes
15. Birthplace Balto. Md.

16 (a) Informant Mrs. J. R. Hunt.
(b) Address 4409 N Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville - Md

18 (a) Funeral director Wm. Tapscott Bond
(b) Address North & Paca

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 27 1943

VS-186

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1943 at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14 1943 to Dec 23 1943 and that I last saw h[er] alive on Dec. 23 1943

Immediate cause of death	Duration
Cardio-Pulmonary Failure	
Due to Cerebral Hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. R. Englis M. D.
Address Mercy Hosp. Date signed 12/23/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

11779 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mendenhall Ave and Linden
(c) Hospital or institution: Maryland General Hospital 28
12-16-43 to 12-22-43
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4400 Maine Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Clinton Bigley

3 (b) If veteran, name war --

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of ~~husband~~ or wife Helen E. Bigley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 26, 1868

8. AGE: Years 75 | Months 7 | Days 26 | If less than one day hr. min.

9. Birthplace Washington, D. C.
(Town, county, and state)

10. Usual Occupation Standard Oil Co.

11. Industry or business

FATHER
12. Name David R. P. Bigley
13. Birthplace Mechanicsburg, Pa.

MOTHER
14. Maiden Name Mary Alice Moore
15. Birthplace Olney, Md.

16 (a) Informant Mrs. Helen E. Bigley
(b) Address 4400 Maine Ave.

17 (a) Burial (b) Date thereof 12/27/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Glenwood
Location Wash., D. C.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Austin Ten Williams, M.D. Registrar

DEC 27 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22-43 19 , at 5-10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-16 1943 to 12-22 1943 and that I last saw h~~im~~ alive on 12-22-43

Immediate cause of death Carcinoma Sigmoid — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 12-21-43

Major findings of operation: Carcinoma Sigmoid

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas Clyde Webster M. D.
Address Bal. Gen. Hosp. Date signed 12-22-43

C 11780 ✓ C 11780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St + Calvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2207 Roslyn Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MR BERTRAM B. CANN, SR

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mrs. Helen B. Cann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 28, 1870

8. AGE: Years	Months	Days	If less than one day
73	10	25	hr. min.

9. Birthplace Maryland (Balto.) (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Printer

FATHER
12. Name Benjamin Cann
13. Birthplace Balto.

MOTHER
14. Maiden Name Mollie Weems
15. Birthplace St. Mary's Co., Md.

16 (a) Informant Mrs. Helen Cann
(b) Address 2207 Roslyn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem. Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 24 1943 (b) Date received by Registrar Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23-43 19 , at 5.00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-12 1943, to 12-23 1943, and that I last saw h[illegible] alive on 12-22 1943

Immediate cause of death	Duration
Pneumonia, left lower lobe	12 days
Due to	
Due to	
Other Conditions Hypertension arthritis	years.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A Hewitt Jr. M. D.
Address Union Memorial Hosp. Date signed 12-23-43

G 11781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 11781 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 601 Evesham Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 601 Evesham Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY DAVIE

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1869

8. AGE: Years	Months	Days	If less than one day
74	2	16	hr. min.

9. Birthplace Glasgow, Scotland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name Humphrey Davie
13. Birthplace Scotland

14. Maiden Name Eliza Kerr
15. Birthplace Scotland

16 (a) Informant Mr. James K. Davie
(b) Address 2103 Elsinor Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)
(c) Cemetery or crematory Govans Pres. Cem.
Location Govans, Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 24 1943 (Date received by Local Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22, 1943, at 6P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1940 to Dec 22 1943, and that I last saw h[illegible] alive on Dec 22 1943

Immediate cause of death Acute Myocarditis — Duration 1940

Due to

Due to

Other Conditions Coronary Sclerosis — 1943

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. W. Bishop M. D.
Address 501 S Lenden Ave Date signed Dec 28 1943

Dr. Geo Sybert 3824 Hartford Rd Bal 6448132

G 11733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 927

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3019 Independence St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-4
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3019 Independence St (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Alice E. Shankman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: Married

6 (b) Name of husband ~~or wife~~: Samuel Shankman

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 4th 1906

8. AGE: Years 37 | Months 5 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace Rossville Ga. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business At Home

FATHER 12. Name Manning Andrew

13. Birthplace S. C.

MOTHER 14. Maiden Name Bertha Proctor

15. Birthplace R. I.

16 (a) Informant Samuel Shankman

(b) Address 3019 Independence St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)

(c) Cemetery ~~or crematory~~ St. Mary's

Location Hampden

18 (a) Funeral director Wm Cook Inc

(b) Address 1217 St. Paul St

19 (a) ..... (b) ..... Registrar

DEC 24 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21st 1943, at 4:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19..... , and that I last saw h..... alive on ..... 19.....

Immediate cause of death	Duration
Probable pulmonary embolism	Sudden
Due Probable chronic endocarditis	Uncertain
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Geo. B. Sybert M. D.

Address 1107 Hartford Rd Date signed 12-23-43

G 11783 G 11783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1938

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6114 Reisterstown Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6114 Reisterstown Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** BERTHA M. BRADY

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ernest A. Brady

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 26, 1890

8. AGE: Years 53 | Months 10 | Days 26 | If less than one day hr. min.

9. Birthplace Sparks, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Louis Chilcoat
13. Birthplace Sparks, Md.

MOTHER
14. Maiden Name Bettie Wheeler
15. Birthplace Sparks, Md.

16 (a) Informant Mrs. Marcella Mackereth
(b) Address 5012 Palmer Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) (Filed by registrar) (b) Registrar

DEC 24 1943

VS 150

MEDICAL CERTIFICATION

A

20. DATE OF DEATH Dec. 22, 1943, at 4:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1943 to Dec 22 1943, and that I last saw alive on Dec 22 1943.

Immediate cause of death

1. Mitr. Block
2. Auricular-Ventricular
Due to Fibrillation

Due to Chronic Myocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

Duration
Suddenly
Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. B. Evans M. D.
Address 7201 York Rd Date signed 12-24-43

G 11784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/61

G 11784 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 413 Light St.
(c) Hospital or institution: South Baltimore Gen'l Hosp 2-77
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4800 Palmer Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marcus VOELL

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	W

6 (b) Name of husband or wife Hannah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
79			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Benesh Voelf
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Dept Records
(b) Address

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 12-24-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Baltimore County

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Balto St.

19 (a) DEC 24 1943 (Date rec'd by Registrar) Hunter for Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23, 1943, at 12.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1943 to Dec 23 1943 and that I last saw h[illegible] alive on Dec 23 1943.

Immediate cause of death Coronary occlusion — Duration
Due to Arterio sclerotic heart disease.
Due to
Other Conditions Diabetes mellitus
Urinary hemorrhage
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Charles B. Macdonald M. D.
Address 1618 Light St Date signed 12-23-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

G 11785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 11785

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 + Calvert
(c) Hospital or institution:
union memorial 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore 9
(If outside city or town limits, write RURAL and give town)
(d) Street No. 212 d Chelsea Terrace City
(If rural give location)
(e) Citizen of foreign country? .....(Yes or No)
If yes, name country .....

3 (a) FULL NAME Dr. Otto Neustatter

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Mrs. Otto Neustatter
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 29, 1871

8. AGE: Years	Months	Days	If less than one day
72	4 mo.	25	..... hr. ..... min.

9. Birthplace Germany (town, county, and state)
10. Usual Occupation Research physician
11. Industry or business ?

FATHER
12. Name Emil Neustatter
13. Birthplace Germany

MOTHER
14. Maiden Name Bertha ?
15. Birthplace Germany

16 (a) Informant Hospt Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-43 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Roland Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Baltimore St

19 (a) DEC 24 1943 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23-43 19..., at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1943, to Dec 23 1943, and that I last saw him alive on Dec 23 1943.

Immediate cause of death	Duration
Cardiorespiratory failure	
Due to Bronchopneumonia and Arteriosclerotic heart disease	1 wk
Due to	
Other Conditions Chronic urinary tract infection	

(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....
23. Signature James R. McCord Jr. M. D.
Address Union Memorial Hospital Date signed 12-23-43

VS 150

G 11786

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

G 11786 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3107 Woodhome Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3107 Woodhome Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anita L. Hargest

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 28th 1936

8. AGE: Years 7 | Months 10 | Days 24 | If less than one day hr. min.

9. Birthplace Balto. City, Md (Town, county and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name George W. Hargest
13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Louise H. Roesinger
15. Birthplace Balto. Md.

16 (a) Informant G. W. Hargest
(b) Address 3107 Woodhome Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 27 43 (month) (day) (year)
(c) Cemetery or crematory Balto. Cemetery
Location Balto. Md.

18 (a) Funeral director Lasagna Funeral Home
(b) Address 7401 Belair Rd.

DEC 24 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22nd 1943, at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 1943, to Dec. 22 1943 and that I last saw her alive on Dec. 21 1943.

Immediate cause of death Bronchopneumonia — Duration 3 days

Due to

Due to

Other Conditions Cerebro-Spastic Palsy — 7 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Woolfe

Address 1231 E. North Ave Date signed 12-29-43.

G 11787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 48 B

G 11787 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 d
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Overlea (Rosedale Sta.) (If outside city or town limits, write RURAL and give town)
(d) Street No. 4121 Tayler ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Laura Walter LAURA. A. WALTER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William F. Walter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13th 1882

8. AGE: Years 61 | Months 8 | Days 9 | If less than one day ... hr. ... min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Everhard Wissing
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Rogers
15. Birthplace Maryland

16 (a) Informant William F. Walter
(b) Address 4121 Tayler ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 27. 1943 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Maryland

18 (a) Funeral director Sarah M. Frankhouse Home
(b) Address 7401 Belair Road

DEC 24 1943 (Date rec'd by Registrar) (b) Thurston for Williams, M.D. Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 22 1943, at 8:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6 1943 to Dec 22 1943 and that I last saw her alive on Dec 22 1943.

Immediate cause of death	Duration
Cardio - Resp. Failure	
Due to Pulmonary Embolism	
Due to Diabetes Mellitus	
Other Conditions Adeno-Carcinoma uterus	

(Include pregnancy within 3 months of death)

Date of operation 12-21-43

Major findings of operation: Autopsy - Carcinoma uterus

of autopsy (Gross Examination)

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marcus L. Abelow M.D.

Address Mercy Hosp. Date signed 12-23-43

VS 150

11788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 11788 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1011 N. Mount St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 N. Mount St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Jenkins.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Mary Jane

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15 1887

8. AGE: Years 56 Months 5 Days 6 If less than one day ....hr. ....min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name George Jenkins Sr.
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Lillian Selby
(b) Address 1110 Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cemetery
Location

18 (a) Funeral director Mrs. Robert A. Elliott & Dft
(b) Address 1129 N. Carrie St.

19 DEC 24 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24 1943, at 7:30 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral Hemorrhage

Due to

Other Conditions Hypertensive Cardio-vascular disease
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McCalley Jr. Medical Examiner.
Date signed 12/24/43

VS 151

Please write the causes of death clearly and legibly. Physicians: please write correct age if possibly important.

G 11789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. G 11789

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 232 Bethel Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 232 Bethel Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Agnes Hedgpeth Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1884

8. AGE: Years	Months	Days	If less than one day
59	5	18	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Anthony Pennick
13. Birthplace Va.

MOTHER
14. Maiden Name Rebecca Clement
15. Birthplace Va.

16 (a) Informant Joseph Pennick
(b) Address 1219 N. Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 24, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A. 9. County Md

18 (a) Funeral director Mrs. Robert H. Elliott Sr.
(b) Address 1129 N. Carlin St.

19 (a) DEC 24 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1943 at 1.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 1943 to Dec 21 1943, and that I last saw h[illegible] alive on Dec 20 1943

Immediate cause of death	Duration
Hypertensive Cardio-Vascular renal Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. K. Adams M. D.
Address 1222 N Date signed

C 11730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

Registered No. C 11730

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 501 E. Chase St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 -
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Modesta Bravo O.S.P.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1894

8. AGE: Years	Months	Days	If less than one day
49	1	21	hr. min.

9. Birthplace Mayaguez Puerto Rico
(Town, county, and state)

10. Usual Occupation Religious

11. Industry or business

FATHER
12. Name Alejandro Bravo
13. Birthplace Puerto Rico

MOTHER
14. Maiden Name Carolina Cuebas
15. Birthplace Puerto Rico

16 (a) Informant Mother M. Teresa O.S.P.
(b) Address 501 E Chase St.

17 (a) Burial (b) Date thereof Dec 24, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location

18 (a) Funeral director Mrs Robert O-Elliott Dept.
(b) Address 1124 N. Charles St.

19 (a) (b)
(Date received by Registrar) (Registrar)

DEC 24 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22nd 1943, at 7 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1st 1943, to Dec 22 1943, and that I last saw her alive on Dec 22 1943

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Arterio Sclerosis	2 yrs.
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. A. Cleland M. D.

Address 100 E. Chase St Date signed Dec 24 1943

G 11791 - 43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 11791

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Oscar Doughty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	White	Widowed

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
85			hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James
13. Birthplace ?

MOTHER
14. Maiden Name Sarah Dunton
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rida Wiedefeld
(b) Address 914 Eastern Ave

DEC 24 1943 (Date rec'd by registrar) Hunting for Williams M.D. (Registrar)

VS 180

MEDICAL CERTIFICATION 59 y. m.

20. DATE OF DEATH Dec 22 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1943, to Dec 22 1943, and that I last saw him alive on Dec 21 1943

	Duration
Immediate cause of death: Edema of Lungs	1 day
Due to: Chronic Myocarditis	3 yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gull Hall M. D.
Address 1631 E North Ave Date signed Dec 23 43

11792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 11792
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 804 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 804 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	married

6 (b) Name of husband or wife Charles Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 9 1889

8. AGE: Years	Months	Days	If less than one day
54	1	12	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Ringold
13. Birthplace Unknown

MOTHER
14. Maiden Name Barrett
15. Birthplace Maryland

16 (a) Informant Hilda Boone
(b) Address 804 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director A Halstead
(b) Address 918 Druid Hill Ave

19 (a) Dec 21 1943 (Give the day, month and year) (b) Huntington Williams M.D. Registrar

VS 288

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21, 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-16 1943 to 12-21 1943 and that I last saw her alive on 12-20 1943

Immediate cause of death Hypertension Cardio Vascular Disease — Duration 2 yrs
Due to
Due to
Other Conditions Bronchial Asthma
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Atwell Jones M. D.
Address 653 Dolfield Ave Date signed 12-22-43

G 11793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. G 11793

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
Provident Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Vine St
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME FANNY SAVOY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife.....

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1927

8. AGE: Years 16 | Months S.T. 9 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation Maid

11. Industry or business Candy Store

FATHER
12. Name Arthur Savoy
13. Birthplace Md

MOTHER
14. Maiden Name Julia Lomph
15. Birthplace Md.

16 (a) Informant Cook Bivano — Aunt
(b) Address 1434 George Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director J. Holstad
(b) Address 9 E. Eager Ave

19 (a) DEC 29 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1943, at 10 30 P. M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Stab wound of chest

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-19-43 at 10 P. M.
(b) Where did injury occur? 1317 Pennsylvania Ave
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work?
(d) Means of injury Knife - altercation

23. Signature H. L. Wollenmann M.D.
Asst Medical Examiner.
Date signed 12-20-43

VS 151

PS 11794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 11794 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution University Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 822 Fairmont Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James White

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-20-8820

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 27 1858

8. AGE: Years	Months	Days	If less than one day
55	0	24	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Dairy Worker

11. Industry or business

FATHER
12. Name James White
13. Birthplace Balto, Md

MOTHER
14. Maiden Name Rose Williams
15. Birthplace Balto. Md

16 (a) Informant Susanna Plummer
(b) Address 624 W Fairmont ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-1943 (month) (day) (year)
(c) Cemetery or crematory Mount Lion
Location Baltimore County

18 (a) Funeral director Joseph A Kinsley
(b) Address 409 N Mount Street

DEC 24 1943 (b)
(Date rec'd by registrar) Livingston Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1943, at 4:21 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1943 to Dec 21 1943, and that I last saw h.in. alive on Dec 21 1943.

Immediate cause of death	Duration
Pulmonary edema	
Due to Cardiac decompensation	
Due to Arterio-sclerotic heart disease	
Other Conditions Pneumonitis?	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Francis G Blake M.D.
Address University Hosp. Date signed 12/24/43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 11795
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1041 W. Barre Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WALTER LEGGETT

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11, 1867

8. AGE: Years 76 | Months 7 | Days 12 | If less than one day ... hr. ... min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name ✓
13. Birthplace ✓

MOTHER
14. Maiden Name ✓
15. Birthplace ✓

16 (a) Informant Mr. King
(b) Address Family Welfare Dept.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Taylor Ave

18 (a) Funeral director Howard N. Bluett Jr.
(b) Address 4914 Belair Road

19 (a) DEC 24 1943 (Date) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23, 1943, at 9:45 P. M

21. I certify that I took charge of the remains described above, held an inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic
Cardiovascular
Due to disease

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ... at ... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 12-23-43

Every item of information should be carefully supplied. Use ink and please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

C 11796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a Registered No. C 11796

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 M
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balt. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4305 Brookline (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Mabry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/22/43

8. AGE: Years | Months 1 | Days 3/1 | If less than one day hr. min.

9. Birthplace Balt, Maryland. (Town, county and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert T Mabry
13. Birthplace ?

MOTHER
14. Maiden Name Elizabeth Nelson
15. Birthplace ?

16 (a) Informant Robert T Mabry
(b) Address 4305 Brookline

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Baltimore Md

18 (a) Funeral director H. W. Rayne & Son
(b) Address 805 N. Calvert St

19 (a) Date received DEC 24 1943 (Registrar) (b) Filed in the Office of the Registrar at Baltimore, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1943, at 5:12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1943, to Dec 23 1943, and that I last saw h-er alive on Dec 23 1943

Immediate cause of death Malnutrition
Cerebral Hemorrhage

Duration

Due to

Due to Prematurity

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marion L. Odenwald M. D.
Address Mercy Hosp. Date signed 12-23-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11797

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 148 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 834 Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Corbin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1924

8. AGE: Years 19 | Months 4 | Days 27 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles
13. Birthplace N. C.

MOTHER
14. Maiden Name Hattie Locker
15. Birthplace Va.

16 (a) Informant Records, Balto. City Hosp.
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Bradley Ave

19 (a) Date received by local registrar DEC 24 1943 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21, 1943, at 11:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/27 1943, to 12/21 1943, and that I last saw him alive on 12/21 1943

Immediate cause of death: Pulmonary TBC — Duration: 10 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no post

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. T. Simpson M.D.
Address BCH Date signed 12/22

1798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

C 11738
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 924 S Tucker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 924 Tucker St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Etta Carter

6 (c) If alive, give age ! years

7. Birth date of deceased (mo., day, yr.) July 12, 1889

8. AGE: Years 54 | Months 2 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Roger Carter
13. Birthplace Va.

MOTHER
14. Maiden Name Susie Woodson
15. Birthplace Va.

16 (a) Informant Cora West
(b) Address 92[illegible] Tucker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location [illegible]

18 (a) Funeral director Mrs. H. Kelso
(b) Address 1303 Pressman St

19 (a) DEC 24 1943 Huntington Williams M.D.
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1943, at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1943, to Dec 23 1943, and that I last saw him alive on Dec 21 1943.

Immediate cause of death	Duration
Cardio Vascular Disease	1 yr.
Due to Broken Compensation	3 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E Wheldon Tracy M. D.
Address 928 Penna Ave Date signed 12/24/43

C 11799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1001 N. Arlington Ave
(c) Hospital or institution: 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 N. Arlington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Warren E. Fitzgerald

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/21/43

8. AGE: Years | Months | Days 2 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Edward Fitzgerald
13. Birthplace md.

MOTHER
14. Maiden Name Evelyn Fitzgerald
15. Birthplace 1001 N. Arlington Ave

16 (a) Informant Evelyn Fitzgerald
(b) Address 1001 N. Arlington Ave

17 (a) Burial (b) Date thereof 12/24/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. M. Nelson
(b) Address 1303 Presstman St

19 (a) DEC 24 1943 (b) Signature for Williams, M.D.
(Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/22/1943, at 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/21/1943 to 12/22/1943, and that I last saw h alive on 12/22/1943

Immediate cause of death: Fibre Pneumonia — | Duration

Due to

Due to Exposure to Cold.

Other Conditions Born in Both Legs - Thigh Fr about 1 hour

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ben Counts M. D.

Address 2134 N [illegible] Date signed 12/23/43

G 11800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓107

G 11800 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland

(b) Street address.....

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days).....

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County.....

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 304 S. Macon St
(If rural give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3 (a) FULL NAME (Catherine Smith) CATHERINE DOROTHY SMITH ✓

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife.....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 7-19-43

8. AGE: Years | Months: 5 | Days: 3 | If less than one day: ..... hr. ..... min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Frank J. Smith
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Anna M Ruppel
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Frank J. Smith
(b) Address 304 S. Macon St.

17 (a) Burial (b) Date thereof 12/27/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mount Carmel Cem.
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway

19 (d) DEC 31 1943 Registrar Huntington Williams
(Date received by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1943, at 4:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 1943, to Dec 22 1943, and that I last saw her alive on Dec 22 1943.

	Duration
Immediate cause of death: Pneumonia, lobular	
Due to: Dilated Bronchi	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation.....

Major findings of operation:.....

of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide.....

(b) Date of occurrence..... at ..... M

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)

(e) Means of injury.....

23. Signature Stanley L. Blumenthal M. D.

Address Johns Hopkins Hospital Date signed 12/23/43

G 11801 Tue 3602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 11801 Registered No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 332 W. Preston St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 332 W Preston St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Cleopatra Rice ✓

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1913

8. AGE: Years 30 | Months 3 | Days | If less than one day hr. min.

9. Birthplace Chicago Illinois
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Ethel Gowans
13. Birthplace Mississippi

MOTHER
14. Maiden Name Cornelia Smith
15. Birthplace Mississippi

16 (a) Informant William Tyler
(b) Address 257 Kenyon Ave Detroit Mich

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24 1943 (month) (day) (year)

(c) Cemetery or crematory Meridian Mississippi
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Bethesda St

DEC 24 1943 Huntington Williams MD
(Date received by Registrar) (Signature of Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1943 at 8.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 26 1943 to Dec 22 1943 and that I last saw h[illegible] alive on Dec 22 1943

Immediate cause of death
Due to Pneumonia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. R. Julian

Address 434 E. 23rd St Date signed 12/24/43 M. D.

G 13802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 13802

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2349 N. Arlington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2349 N. Arlington
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country British W. Indies

3 (a) FULL NAME Arthur Lang.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years 42 | Months | Days | If less than one day hr. min.

9. Birthplace Jamaica British Westindies (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Cyrus Burke
(b) Address 234 N. Arlington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24 43 (month) (day) (year)

(c) Cemetery or crematory W.M. Cemetery
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 W. Schroeder St

19 (a) DEC 24 1943 (Date rec'd by registrar) (b) Thurlow Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21 19 43 at 12:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 20 1943 to 19 , and that I last saw h[illegible] alive on Dec. 20 1943

Immediate cause of death Bilateral Lobar Pneumonia — Duration 2 days

Due to Cold

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Mansell Lawrence M. D.
Address 1033 W. Lanvale St Date signed 12/27/43

VS 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D 11803 — BALTIMORE CITY HEALTH DEPARTMENT — G 11803 — Registered No. 108

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 710 W. Mulberry (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nathan Shattuck Shannon

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: M.

6 (b) Name of husband or wife: Pearl Shannon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug-12 1913

8. AGE: Years 30 | Months | Days 8 | If less than one day hr. min.

9. Birthplace Washington - D.C. (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name Jeff Shannon
13. Birthplace D.C

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Pearl Shannon
(b) Address 712 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans

18 (a) Funeral director Miss Katie P. Williams
(b) Address 727 N. Schroeder St

19 (a) DEC 24 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1943, at 3 40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1943 to Dec 20 1943, and that I last saw h[illegible] alive on Dec 20 1943.

Immediate cause of death: Lobar Pneumonia (Bilateral) — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. H. Banfield
Address Provident Hospital Date signed 12/24/43 M. D.

C 11804 ✓ C 11804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully completed. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 dy
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1935 Lauretta Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Earlene Olivia Scott ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1943

8. AGE: Years | Months 11 | Days 12 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Carl Scott
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Margaret Harris
15. Birthplace Balto. Md.

16 (a) Informant Margaret Scott.
(b) Address 1935 Lauretta Ave.

17 (a) Burial (b) Date thereof Dec. 24, 43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Mt. Auburn Ave

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) DEC 24 1943 (b)
(Date rec'd by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1943, at 10 45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 1943 to Dec 21 1943, and that I last saw her alive on Dec 21 1943.

Immediate cause of death	Duration
Bronchopneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. H. Bampfield M. D.
Address Provident Hospital Date signed 12/23/43

C 11805 ✓ C 11805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 616 N. Mount St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 616 N. Mount St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Lillie Fuller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Jas Fuller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec-28-1903

8. AGE: Years 39 | Months 11 | Days 24 | If less than one day hr. min.

9. Birthplace Santuc S. C. -
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Gary Peter
13. Birthplace Santuc S. C.

MOTHER 14. Maiden Name Rebecca Hamilton
15. Birthplace Santuc - S. C.

16 (a) Informant Jessie Woodson
(b) Address 616 N. Mount St

17 (a) Burial (b) Date thereof 12-27-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Dist. Mt.
Location Baltimore Maryland

18 (a) Funeral director Mrs Katie P. Williams
(b) Address 322 N. Schroeder St

19 (a) 4 1943 (b)
(Date rec'd by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/22 1943, at 1-30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1 1943 to 12/22 1943 and that I last saw h[er] alive on 12/19 1943.

Immediate cause of death	Duration
Cerebral Hemmorhage	1 day -
Due to Hypertension Nephritis -	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address [illegible] Date signed 12/23/43

Jo #85545

C 11806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122 B

C 11806 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2hrs55min.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1426 Bruce St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Fred Cook

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1893

8. AGE: Years	Months	Days	If less than one day
50	8	13	hr. min.

9. Birthplace D.C. (Town, county, and state)
10. Usual Occupation Ice-man
11. Industry or business

FATHER
12. Name James Cook
13. Birthplace D. C.

MOTHER
14. Maiden Name Rosa Page
15. Birthplace Va.

16 (a) Informant Records, Balto. City Hosp.
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a.a. Co Md

18 (a) Funeral director Isaiah L. Brum & Son
(b) Address 10 E W Montgomery St

19 (a) (Date received by Registrar) (b) Huntington Williams M.D.

DEC 24 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21, 1943, at 2:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20 1943, to 12-21 1943, and that I last saw h alive on 12-21 1943.

Immediate cause of death	Duration
Intestinal Obstruction	2hrs
Due to Volvulus Sigmoid	2 ds
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald Babb M. D.
Address Balto City Hosp Date signed 12-24-43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1862 Registered No. G 11807

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 Light St.
(c) Hospital or institution South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 178 E. Clement St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary J. Scott.

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: David L. Scott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 20, 1863

8. AGE: Years: 80 | Months: 9 | Days: 3 | If less than one day: hr. min.

9. Birthplace: Va (Town, county, and state)

10. Usual Occupation: At home

11. Industry or business

FATHER
12. Name: John T. Miles
13. Birthplace: Va

MOTHER
14. Maiden Name: Rebecca J. Bass
15. Birthplace: Va

16 (a) Informant: Mrs. Ruth Goodeloe
(b) Address: 1212 E. Clement St.

17 (a) Burial: (Burial, cremation, or removal) (b) Date thereof: Dec 27, 1943 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill
Location: A. A. Co.

18 (a) Funeral director: A. Howard Evans
(b) Address: 1400 N. Eutaw St.

19 (c) Date received by local registrar: DEC 24 1943 Signature of local registrar: [illegible]

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23 1943, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-8-43 1943 to 12-23 1943, and that I last saw her alive on 12-23 1943.

Immediate cause of death: Coronary occlusion

Due to:

Due to:

Other Conditions: Fractured femur.
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence: 12-27-43 at 10:00 P.M.
(c) Where did injury occur? Baltimore (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? At Home. (Specify type of place) While at work? No
(e) Means of injury: Fell on level floor.

23. Signature: Dr. W. McNally by Howard J. Maddox M.D.
Address: 1913 Light St. Date signed: 12-29-43

For Dr. W. McNally, by Howard J. Maddox, M.D.

PLEASE WRITE PLAINLY, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr Hutchinson 44808 ✓ 44808
3009 W-North Ave
3009

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2737 Baker St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2737 Baker St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie Bokman ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Augustus Bokman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12 1860

8. AGE: Years	Months	Days	If less than one day
83	8	11	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business Home Duties

FATHER
12. Name Charles Layfield
13. Birthplace Unknown.

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mamie Hammeter
(b) Address 2739 Baker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore

18 (a) Funeral director Mamie C. Syfers
(b) Address 1613 W. North Ave

19 (a) 12/24/43 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1943 at 2:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1943 to Dec 23 1943 and that I last saw h alive on Dec 16 1943

Immediate cause of death Bronchopneumonia

Duration

Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David W. Hutchinson M. D.
Address 3009 W. North Ave Date signed Dec 24 1943

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11809 ✓ C 11809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 F

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home and Hospital ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 37

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5425 Park Heights Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Vito Di Leonardi

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Jenny Di Leonardi
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25, 1943 ~~1892~~

8. AGE: Years	Months	Days	If less than one day
51	4	28 27	hr. min.

9. Birthplace Italy
(Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER
12. Name Albert Di Leonardi
13. Birthplace Italy

MOTHER
14. Maiden Name Bridget Pipitone
15. Birthplace Italy

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof 12/24/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cath
Location Quarantine Rd

18 (a) Funeral director F. V. Pipitone
(b) Address 318 E Biddle St.

DEC 24 1943

19 (a) (b)
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22 1943, at 9 ½ A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 10 1943, to Dec. 22 1943, and that I last saw h[illegible] alive on Dec. 22 1943.

Immediate cause of death

	Duration
Melano-Sarcoma 2	?
Metastasis	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. L. Goetsch M. D.
Address Church Home & Hospital Date signed 12/24/43

G 11810 ✓ G 11810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St
(c) Hospital or institution: So. Balt. Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da
(e) Length of stay in Baltimore (yrs., mos., or days) 12 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2304 Race St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Michael Baccala

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 43

8. AGE: Years	Months	Days	If less than one day
		12	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Dominic N. Baccala
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Audrey Yartz
15. Birthplace California

16 (a) Informant Father
(b) Address 2304 Race St

17 (a) Burial (b) Date thereof 12/25/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A.A. County Md.

18 (a) Funeral director Flynn and Flemming
(b) Address 1426 Light St

19 (a) 1003 (b) Huntington Williams
(Date rec'd by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-24 1943, at 12 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21 1943, to 12-24 1943, and that I last saw him alive on 12-23 1943.

Immediate cause of death	Duration
Acute gastro-enteritis	3 da
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. D'Amanco M. D.
Address 436 E Fort Ave Date signed 12/24/43

Please write the causes of death clearly and legibly. Physicians: please write. Certificate of death. Correct age is especially important.

G 11811 ✓ — G 11811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen'l. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2401 Kloman St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA C. FISCHER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife J. Ernest H. Fischer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 1903

8. AGE: Years	Months	Days	If less than one day
40	6	7	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation Cashier

11. Industry or business May Co.

FATHER
12. Name Thomas Karis
13. Birthplace Lithuania

MOTHER
14. Maiden Name Anna M. Urbanovitch
15. Birthplace Lithuania

16 (a) Informant Mr. J. E. H. Fischer
(b) Address 2401 Kloman St.

17 (a) Burial (b) Date thereof 12/28/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) DEC 24 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24/43 19 at 1:32 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/13/43 19 to 12/24 1943, and that I last saw her alive on 12/24 19 43.

Immediate cause of death	Duration
Respiratory failure	
Due to Cerebral hemorrhage	
Due to Hypertensive cardio-vascular renal disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isadore Shorofsky M.D.
M. D.
Address West Baltimore Gen'l Hospital Date signed 12-27

G 11812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

✓ G 11812 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2010 Longwood St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 Longwood St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY VIRGINIA LONG

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Aaron W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 30, 1871

8. AGE: Years 72 | Months 8 | Days 23 | If less than one day hr. min.

9. Birthplace: Carroll Co., Md.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: James Frank
13. Birthplace: Md.

MOTHER
14. Maiden Name: Mary Orndorff
15. Birthplace: Md.

16 (a) Informant: Mr. Aaron W. Long
(b) Address: 2010 Longwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/43 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cem.
Location: Woodlawn, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) DEC 24 1943 (Date filed by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION A

20. DATE OF DEATH Dec. 23, 1943, at 6:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan '6 1943, to Dec 23 1943, and that I last saw h[illegible] alive on Dec 23 1943.

Immediate cause of death: Chronic cardiac dis — Duration: 3 yrs
Due to:
Due to:
Other Conditions: Ventro hernia
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: Ernest W. Rahn
Address: 73 S Pap. Gr. Rd Date signed: 12/28/43 M.D.

G 11813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

330a

✓ G 11813 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 320 S. Furrow St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 320 S. Furrow St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elsie Theresa Schmidt ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Jesse B. Schmidt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11-1886

8. AGE: Years	Months	Days	If less than one day
57	6	13	hr. min.

9. Birthplace Elliott City Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business Housewife

FATHER
12. Name Joseph Lavey
13. Birthplace Elliott City Md.

MOTHER
14. Maiden Name Lydia Chaney
15. Birthplace Elliott City Md.

16 (a) Informant Jesse B. Schmidt
(b) Address 320 S. Furrow St.

17 (a) Burial (b) Date thereof 12-27-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director George L. Johnson
(b) Address 2101 Frederick Ave

19 (a) Huntington Williams M.D.
(Date received by registrar) Registrar

DEC 24 1943
VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-24-1943 12:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 29 1943, to Dec 24 1943, and that I last saw h[illegible] alive on Dec 23 1943

Immediate cause of death (Duration)
Bronchopneumonia 5 days
Due to Influenza 5 days
Due to
Other Condition Chronic Myocarditis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Elliot W. Johnson M.D.
Address 3432 Frederick Ave Date signed 12-27-43

446110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

57d Registered No. C 11814

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 1333 Fort Stevens Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard H Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife MARIAN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-16-97

8. AGE: Years 46 | Months 6 | Days 7 | If less than one day hr. min.

9. Birthplace N.J. (Town, county, and state)

10. Usual Occupation B.P.A.C.T

11. Industry or business

FATHER
12. Name Walter Thomas
13. Birthplace N.J.

MOTHER
14. Maiden Name Sarah E Conrow
15. Birthplace N.J.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial [illegible] (b) Date thereof Dec 24/43 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Location GP. 0776

18 (a) Funeral director J. FRANK JOY CO.
(b) Address [illegible] Washington DC

19 (a) DEC 25 1943 (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1943, at 10.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 13 1943, to Dec 23 1943, and that I last saw him alive on Dec 23 1943

Immediate cause of death Pneumonia — Duration 1 day

Due to

Due to

Other Conditions Brain tumor — Duration ?

(Include pregnancy within 3 months of death)

Date of operation Dec 14, 1943

Major findings of operation: Brain tumor

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugo U. Rizzoli M. D.
Address Johns Hopkins Hosp Date signed 12-24-43

VS 150

11815 X 170 C V G 11815

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Le Moine
(If outside city or town limits, write RURAL and give town)
(d) Street No. 322 Hummel ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Landis Musselman

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ruth —

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Feb. 6-1903

8. AGE: Years 40 | Months 10 | Days 18 | If less than one day hr. min.

9. Birthplace Le. Moyne Pa.
(Town, county, and state)

10. Usual Occupation Undertaker

11. Industry or business

FATHER 12. Name Christian Musselman

FATHER 13. Birthplace Nega. Cumberland Co. Pa

MOTHER 14. Maiden Name Marcella Landis

MOTHER 15. Birthplace Nega. Cumberland Co. Pa

16 (a) Informant Ruth Musselman

(b) Address 322 Hummel Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28-43 (month) (day) (year)

(c) Cemetery or crematory

Location Le. Moyne Pa.

18 (a) Funeral director John A. McCann

(b) Address 3000 E. Baltimore St.

19 (a) DEC 25 1943 (Date rec'd by registrar) (b) Huntington Wilson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-24-1943, at M

21. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured skull.

Due to

Other Conditions Multiple fractures, contusions & excoriations all over body
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-23-43 at 7.35 A M.
(b) Where did injury occur? Balto. Co. - York Rd 200' S. of Warren Ave. Cockeysville Md.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? ?
(d) Means of injury Collision between Auto. & a Trailer

23. Signature Howard J. Mullen M.D.
Medical Examiner.
Date signed 12-24-43

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11816

YA-81561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46e ✓

Registered No. C 11816

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: 26-07

BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mos 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 4716 Eastern Avenue
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Duttera

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1857

8. AGE: Years	Months	Days	If less than one day
86	5	15	hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER

12. Name William Duttera

13. Birthplace Pa.

MOTHER

14. Maiden Name Louisa Kohler

15. Birthplace Pa.

16 (a) Informant BALTIMORE CITY HOSPITALS

(b) Address (RECORDS)

17 (a) Burial (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location Littlestown Pa

18 (a) Funeral director J. W. Little & Son

(b) Address Littlestown Pa

DEC 25 1943 Huntington Williams, M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24 1943, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943 to 12/24 1943, and that I last saw him alive on 12/24 1943.

Immediate cause of death Ca of region of ascending colon — Duration 6 mo.

Due to

Due to

Other Conditions Sec anemia; cachexia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No post

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature E. L. Sergman M. D.

Address 19 CH Date signed 12/24

No. 509175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 ✓ G 31817 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs. 3 mos. 10 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1815 Etting St. (If rural give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country

3 (a) FULL NAME George Williams

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife Lizzie (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
59 ?			hr. min.

9. Birthplace Turkey (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Williams (d)
13. Birthplace Turkey

MOTHER
14. Maiden Name Mary Williams (d)
15. Birthplace Turkey

16 (a) Informant Records, Balto. City Hosp.
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location B. & A. Co.

18 (a) Funeral director Samuel M. Sullivan Jr.
(b) Address 1171 N. Carrollton Ave

19 (a) DEC 25 1943 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23, 1943, at 6:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943, to 12/23 1943 and that I last saw h alive on 12/23 1943.

Immediate cause of death Lobar pneumonia — Duration 8 d

Due to

Due to

Other Conditions A S C V D ; cerebral thrombosis (old)

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Sergman M.D.
Address B C H Date signed 12/24

445460

818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G 11818

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
[redacted] 16-01
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1008 W. Lafayette (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME 3 Price R. Hurst

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife May

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-3-94

8. AGE: Years	Months	Days	If less than one day
49	4	20	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER 12. Name John Hurst

13. Birthplace Haiti

MOTHER 14. Maiden Name Katherine Thompson

15. Birthplace S.C.

16 (a) Informant Records (b) Address [redacted] Dec 27-43

17 (a) Burial (b) Date thereof (month) (day) (year)
(Burial, cremation, or removal)

(c) Cemetery or crematory Harmony
Location Pasadena, Md.

18 (a) Funeral director Sam'l H. Chase Son
(b) Address 638 N. Gilmor St

19 DEC 23 1943 Writing for Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1943 at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1943 to Dec 23 1943, and that I last saw h alive on Dec 23 1943.

Immediate cause of death Heart failure & diabetes — Duration

Due to Arteriosclerosis & Cerebral Accident,

Due to.....

Other Conditions Fractured Femur terminal pneumonia.
(Include pregnancy within 3 months of death)

Date of operation Aug., 1943

Major findings of operation: Application Haynes Apparatus

of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 8, 1943 at P. M.
(c) Where did injury occur? Baltimore, Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?.....While at work? No.
(Specify type of place)
(e) Means of injury Fell

23. Signature JOHN H. KEHNE M. D.
Address Johns Hopkins Hosp. Date signed 12-23-43

VS 150

Approved: Robert Lee Graham MD 12/25/43

11819 BALTIMORE CITY HEALTH DEPARTMENT 46 C 11819

CERTIFICATE OF DEATH

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 849 West 34th. St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 849 W. 34th. St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen Frances Cunningham

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 27, 1890

8. AGE: Years	Months	Days	If less than one day
53	3	28	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Telephone Operator
11. Industry or business

FATHER
12. Name Francis P. Cunningham
13. Birthplace Baltimore

MOTHER
14. Maiden Name Annie Dunn
15. Birthplace Maryland

16 (a) Informant Frances Mary Cunningham
(b) Address 849 W. 34th. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert St.

DEC 25 1943
(a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1943, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from October 1943, to Dec 23 1943 and that I last saw h[illegible] alive on Dec 23 1943.

Immediate cause of death Carcinomatosis
Intramural carcinoma
Due to Carcinoma of Colon
Due to metastasis to liver
Other Conditions —
Exploratory laparotomy
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —
23. Signature Wm H Smith M. D.
Address 5429 Charleston Ave Date signed Dec 24 1943

VS 180

Wm. H. SMITH

G 11820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 11820

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 197 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3410 Avondale Ave. (If rural give location)
(e) Citizen of foreign country? ? (Yes or No) If yes, name country

3 (a) FULL NAME Bertha King

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife J. P. King (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 17, 188?

8. AGE: Years	Months	Days	If less than one day
63	11	6	hr. min.

9. Birthplace Russia (town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Moses Kardiuski
13. Birthplace Russia

MOTHER
14. Maiden Name Yetta ?
15. Birthplace Russia

16 (a) Informant Records, Balto. City Hosp.
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cem.
Location E. Baltimore St.

18 (a) Funeral director Goldstein-Bros
(b) Address 424-26 W. North ave

DEC 29 1943
(Date rec'd by registrar) Huntington Williams, M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23, 1943, at 2:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-10 1943 to 12-23 1943, and that I last saw her alive on 12-23 1943.

Immediate cause of death Probable Coronary Occlusion

Due to

Due to Hypertension & C-V Disease ? Diabetes Mellitus 1½ yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1½ yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B. Slee M. D.
Address Balto City Hosp Date signed 12-23-43

G 11861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82 Registered No. 12 2271

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4118 ParkHeights Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4118 Park Heights Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Abraham Ellis Schein

3 (b) If veteran, name war: Yes

3 (c) Social Security Account No. 214-24-2631

4. Sex: M (49)

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25, 1894

8. AGE: Years 49 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER
12. Name Moses Schein
13. Birthplace Russia

MOTHER
14. Maiden Name Jennie Horowitz
15. Birthplace Russia

16 (a) Informant Samuel Schein
(b) Address 4118 ParkHeights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof December 26 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

19 (a) Filed by registrar 12-28-1943 (b) Hunter Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION 4.30

20. DATE OF DEATH December 23, 1943 at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to Dec. 23 1943 and that I last saw h[illegible] alive on Dec. 22 1943

Immediate cause of death: Cardiac failure — Duration: [illegible]

Due to: Cardiac Occ. — Duration: 8yrs.

Due to: Arteriosclerosis — Duration: Since 1934

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. E. Neale M. D.
Address 2314 W. North Ave Date signed 12/28/43

G 11822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. G 11822

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3310 Royce Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose Lauer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Benny
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 67 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name Harry Vilalovitz
13. Birthplace Russia

MOTHER
14. Maiden Name Mary ?
15. Birthplace Russia

16 (a) Informant Benny Lauer
(b) Address 3310 Royce Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec., 26., 1943 (month) (day) (year)
(c) Cemetery or crematory Windsor Mill Road
Location Hebrew Young Men

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

(a) (b) Registrar

(Date rec'd by registrar) 12/26/1943

VS 110

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/25 1943, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/17 1943, to 12/25 1943, and that I last saw h[illegible] alive on 12/25 1943

Immediate cause of death: Pulmonary edema
Due to: Congestive H. failure
Due to: Hypertension 45. H. Disease
Other Conditions: Coronary occlusion ?
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold S Levinson M.D.
Address Sinai Hosp Date signed 12/25

G 11823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

G 11823 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: DoA Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 E. Pratt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Volker.

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Laura Volker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Sign Painter

11. Industry or business

FATHER
12. Name John Volker
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Albert Backhaus
(b) Address 1421 S. Carey St.

17 (a) Burial (b) Date thereof Dec. 27 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Immanuel
Location City

18 (a) Funeral director Jos. Jos. John W. Teufel & Son
(b) Address 801 W. Fayette St

19 (a) Dec 29 1943 (b) Henry J. Williams M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/23 1943, at 2.45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Inspection find that said deceased came
(Autopsy or Inquiry)
to natural death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-vascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McCullough M.D.
Medical Examiner.
Date signed 12/25/43

Please write the causes of death clearly and legibly. Physicians: please write plainly.

VS 6

C 11824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 330

C 11824 Registered No.

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1410 William St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1410 Wilbain St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna M. Douglass

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Wm. A. Douglass
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 9, 1871

8. AGE: Years 72 | Months 2 | Days 14 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Casper Ankenis
13. Birthplace Md.

MOTHER
14. Maiden Name Louise —
15. Birthplace Md.

16 (a) Informant Family
(b) Address 1410 Wilbain St

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 12-27-43 (month) (day) (year)
(c) Cemetery or crematory Leda Hill
Location Relay Highway

18 (a) Funeral director James J. McCully
(b) 306 E. Lee St.

DEC 26 1943
DEC 26 1943
(Date rec'd by registrar)
(b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/23/ 1943, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/13/ 1943, to 12/23/1943, and that I last saw her alive on 12/22/ 1943.

Immediate cause of death	Duration
Broncho-pneumonia	
following Influenza	10 days
Due to	
Due to	
Other Conditions Hypertensive cardio vascular disease (Include pregnancy within 3 months of death)	?
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Harry Deikel M. D.
Address 1226 Hanover St. Date signed 12/24/ 1943.

G 11825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11825 Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert Sts
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) ~~40 yrs?~~

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2429 Kenyworth Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MR. FREDERICK WILLIAM WOOD

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Mrs. Fred. Wm Wood
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1857

8. AGE: Years 86 yr. | Months 9 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Massachusetts (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Wood
13. Birthplace Mass.

MOTHER
14. Maiden Name Elizabeth French Rudder
15. Birthplace N. H.

16 (a) Informant Mr. F Brayton Wood
(b) Address 2429 Keyworth ave city

17 (a) Removal (b) Date thereof Dec 26 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or ~~cemetery~~ Townsend Mass.
Location Townsend Mass

18 (a) Funeral director Henry W. Jenkins Sons Co
(b) Address McCulloh & Orchard Sts

19 (a) DEC 26 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23- 1943, at 5.15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-22 1943, to 12-23 1943, and that I last saw h.. alive on 12-23 1943

Immediate cause of death

Pneumonia, lobar

Due to

Due to

Other Conditions Arteriosclerotic Cardiovascular

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
24 hrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Herbitt Jr. M. D.
Address Union Memorial Hospital Date signed 12-23-43

G 11826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 11826 Registered No.

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 548 Oxford St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 548 Oxford St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Mira Wiedt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Julius

6 (c) If alive, give age

7. Birth date of deceased (mo., day, yr.) Aug 8 1861

8. AGE: Years 82 | Months 4 | Days 15 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Julius Kiess
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Sidope
15. Birthplace Germany

16 (a) Informant E. Wiedt
(b) Address 548 Oxford St. 12/27/43

17 (a) Burial (Burial, cremation, removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cemetery
Location Frederick Ave

18 (a) Funeral director Geo. N. Bramble
(b) Address 578 N. Eutaw St. Thurgood Williams, M.D.

19 (a) DEC 26 1943 (b) (Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23 1943, at 8a M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1/43 to 12/23/43 and that I last saw h[illegible] alive on 12/23/43.

Immediate cause of death Bronchopneumonia — Duration 2d

Due to Senile Gangrene Arteriosclerosis

Due to Cardiovascular Disease — Duration 10yr

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph L. Lawrason M. D.
Address 679 Washington Blvd Date signed 12/24/43

G 11827 G 11827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3806 Cottage Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3806 Cottage Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA REINER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years 62 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business Home

FATHER
12. Name Harry Salter
13. Birthplace Russia

MOTHER
14. Maiden Name Ada ?
15. Birthplace Russia.

16 (a) Informant William Reiner
(b) Address 3806 Cottage Ave

17 (a) Burial (b) Date thereof 12/28/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director Jos. F. Sayers
(b) Address 1419 E. Balto St

19 (a) 12/28/1943 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1943 to 12/24 1943, and that I last saw h alive on 12/24 1943.

Immediate cause of death Pneumonia-lobar

Due to

Due to

Other Conditions Senile & cerebral arteriosclerosis.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
24 hrs.
yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Huntington Williams, M.D.
Address 790 4 Rest Rd Date signed 12/28/43

G 11828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 11828 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D.O.A. Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 N. Milton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Israel Morstein.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife Yetta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 65 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph Morstein
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phil Rd & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Baltimore St.

19 (a) DEC 26 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/23 1943, at 7:00 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ... death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNulty M.D. Medical Examiner.
Date signed 12/24/43. (Todd)

VS 151

G 11829 G 11829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1 1 C

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison
(c) Hospital or institution:
Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3903 E. Lombard St.
(If rural give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country Russia

3 (a) FULL NAME Mrs. Sarah Snyder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name ? Abraham
13. Birthplace Russia

MOTHER
14. Maiden Name Ehig Mendel
15. Birthplace Russia

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (b) Date thereof 12-26-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or Crematory Mt Carmel
Location

18 (a) Funeral director Jewish Funeral Inc
(b) Address 1439 E. Baltimore

19 (a) Huntington Williams M.D. registrar
(Date rec'd by registrar)

VB 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1943, at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 23 1943, to Dec. 25 1943, and that I last saw h[illegible] alive on Dec. 26 1943.

Immediate cause of death Hypostatic Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Herman Williams M. D.
Address Md. Gen. Hosp Date signed Dec. 25, 1943

G 11830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 11830 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 404 S. BOULDIN ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 404 S. BOULDIN ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MICHAEL ROBERTS

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: MARY ROBERTS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): OCT. 28 1867

8. AGE: Years 76 | Months 1 | Days 25 | If less than one day hr. min.

9. Birthplace: BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation: RETIRED RIGGER

11. Industry or business

FATHER
12. Name: EMMNAEL ROBERTS
13. Birthplace: SPAIN

MOTHER
14. Maiden Name: UNKNOWN
15. Birthplace: SPAIN

16 (a) Informant: MARY ROBERTS (WIFE)
(b) Address: 404 S. BOULDIN ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 27/43 (month) (day) (year)
(c) Cemetery or crematory: HOLY REDEEMER
Location: BELAIR ROAD

18 (a) Funeral director: Lilly and Zeiler INC.
(b) Address: 403 S. WOLFE ST.

19 (a) DEC 26 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 23 1943 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1943 to Dec 23 1943, and that I last saw him alive on Dec 22 1943.

Immediate cause of death: Chr. myocarditis — Duration: 7

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: N. J. Davidow M. D.
Address: 3218 Eastern Ave Date signed 12-24-43

Jo #85661 G 11831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. G 11831

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 43 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs.

2. USUAL RESIDENCE OF DECEASED: 9
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3507 Foster Ave. (If rural give location)
(e) Citizen of foreign country? ? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Wittstadt

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	MARRIED

6 (b) Name of husband or wife John Wittstadt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1872

8. AGE: Years	Months	Days	If less than one day
71	5	12	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records, Balto. City Hosp.
(b) Address 4940 Eastern Ave.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 28/43 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) Huntington Williams, M.D. (Date rec'd by registrar) Registrar

DEC 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23, 1943, at 11:45PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21 1943 to 12-23 1943, and that I last saw him alive on 12-23 1943.

Immediate cause of death — Duration
Bronchopneumonia — 2 da
Due to Head Injury — 2 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Dec. 21, 1943 at 4. P.M.
(c) Where did injury occur? 3507 Foster Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? At home (Specify type of place) While at work? No.
(e) Means of injury Fall down stairs

23. Signature Donald R. Bell M. D.
Address Balto City Hosp Date signed 12-24-43

Approved: Robert A. Peterson M.D. Dec. 28 1943

G 11832 | BALTIMORE CITY HEALTH DEPARTMENT | G 11832

CERTIFICATE OF DEATH 1700 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 23 E. Barney St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leon W. Bryant

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-01-2057

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife (Maiden name) Carrie E. Bryant

6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) January 17, 1900

8. AGE: Years	Months	Days	If less than one day
43	11	7	....hr. ....min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business Bethlehem Fairfield Shipyard

FATHER
12. Name William Bryant
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Connors
15. Birthplace Md.

16 (a) Informant Mrs. Carrie E. Bryant (Wife)
(b) Address 23 E. Barney St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28, 1943 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Mem.
Location Balto. Co. Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1400 E. Eager St.

28 1943 (Date received by registrar) Hunting for Nelson Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1943, at 9:40 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hemorrhage into abdomen

Due to Fracture of ribs, left

Other Conditions

(Include pregnancy within 3 months of death)

If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury Dec. 24 1943 6 A.M.
(b) Where did injury occur? Bethlehem Fairfield
(c) Did injury occur at home, on farm, industrial place, in public place? in industrial While at work? yes
(d) Means of injury Struck in abdomen by steel plate

23. Signature Robert Lee Bratton M.D. Medical Examiner.
Date signed Dec. 25 1943

11833 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C 11833

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2918 St Paul St, 50 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice D. Hanson — If U. S. Veteran specify WAR .....

(a) Residence: No. 2918 St Paul St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced — HUSBAND of — (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 30, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Cecil Co Maryland

FATHER

13. NAME Benjamin P Hanson

14. BIRTHPLACE (city or town) (State or country) Middletown Delaware

MOTHER

15. MAIDEN NAME Clara Agusta Biddle

16. BIRTHPLACE (city or town) (State or country) Kent Co Maryland

17. INFORMANT Miss C. Agusta Hanson (Address) 2918 St Paul St

18. BURIAL, CREMATION, OR REMOVAL Place Bethel, Cecil Co. Md. Date Dec 26, 1943

19. UNDERTAKER John O. Mitchell & Sons (Address) 4900 Eutaw Place

20. FILED DEC 26 1943 — Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1943

22. I HEREBY CERTIFY, That I attended deceased from 1942, 19..., to Dec 23, 1943

I last saw her alive on Dec 22, 1943 Death is said to have occurred on the date stated above, at 1:15 P.m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Carcinoma of breast-st	1942
Other contributory causes of importance: Metastases to liver	Sept 1943

Was an operation performed? Yes Date of Sept 1942

For what disease or injury? Carcinoma of st breast

Name of operation radical mastectomy Date of Sept '42

What test confirmed diagnosis? Section Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Francis W. Steck M. D.

(Address) 715 Park ave

THE CAUSE OF DEATH IS TO BE GIVEN EXACTLY AS IT APPEARS ON THE MEDICAL CERTIFICATE. ANY INFORMATION AS TO OCCUPATION is very important. See instructions on back of certificate.

G 11834 G 11834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4W - 25th - Balto, Md
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Mary Agnes Mace.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: W.

6 (b) Name of husband or wife: Beattie Mace.
6 (c) If alive, give age years: Deceased

7. Birth date of deceased (mo., day, yr.) July 21 1867

8. AGE: Years 76 | Months 5 | Days 4 | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Hugh Doyle.
13. Birthplace Md.

MOTHER 14. Maiden Name Mary Dougherty
15. Birthplace Penna.

16 (a) Informant Miss E. Robinson
(b) Address 4W. 25th. Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) (b)
(Date filed by registrar) Hunter for Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1943 at 10 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 28 1943 to Dec. 25 1943. and that I last saw h[illegible] alive on Dec. 25 1943.

Immediate cause of death: Cardio - Respiratory Failure — Duration

Due to: Cerebral Hemorrhage

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. R. Inglis M. D.
Address Mercy Hosp. Date signed 12/25/43

G 11835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 152

X G 11835 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st Street
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Since Dec. 14, 1943
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Pasadena
(If outside city or town limits, write RURAL and give town)
(d) Street No. High ~~Point~~ Point
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY BERNARD OSTERMAN

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No.:
4. Sex: ~~M~~ M.
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Gertrue McNulty
6 (c) If alive, give age: 48 years
7. Birth date of deceased (mo., day, yr.): July 7, 1896
8. AGE: Years: 47 Months: 5 Days: 17 If less than one day: hr. min.
9. Birthplace: Baltimore, Md.
(Town, county, and state)
10. Usual Occupation: Laundry Truck-1 yr. ago
11. Industry or business: -

FATHER
12. Name: Adam Osterman
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Mary ?
15. Birthplace: Baltimore, Md.

16 (a) Informant: Records, U.S.Marine Hospital
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/1943 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Pitchie Highway

18 (a) Funeral director John Cowalt & Son
(b) Address 901-03 Hollins Street

DEC 26 1943 (Date rec'd by registrar) (by) Hunter for Williams, M.D. Registrar

VS 189

MEDICAL CERTIFICATION A.

20. DATE OF DEATH Dec. 24, 1943, at 2:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14, 1943 to Dec. 24, 1943, and that I last saw him alive on Dec. 24, 1943.

Immediate cause of death: Malignant hypertension with uremia — Duration: Unk.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: XX Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address Baltimore, Md. Date signed 12/24/43 M. D.

Va-14137

G 11836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. G 11836

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
Maryland General Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 Riggs Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH B FOX

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Mary D. Fox
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Dec 14, 1875.

8. AGE: Years	Months	Days	If less than one day
68		9	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business in Building

FATHER
12. Name Geo E. Fox
13. Birthplace Va

MOTHER
14. Maiden Name Susan J. Leborn
15. Birthplace Md.

16 (a) Informant Mrs. Mary D. Fox.
(b) Address 1819 Riggs Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location 2930 Frederick Ave
18 (a) Funeral director John J Cowan & Son
(b) Address 401-03 Hollins Street

19 (a) DEC 25 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23, 1943, at M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Pneumonia, Lobar

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 12-27-43

VS 151

G 11837 G 11837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1466

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1231 Cleveland St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1231 Cleveland St
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Anton Phillip Wallnofer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Christina Wallnofer
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Jan 13, 1882
8. AGE: Years 61 | Months 11 | Days 10 | If less than one day — hr. — min.
9. Birthplace Germany.
(Town, county, and state)
10. Usual Occupation Bakery Maker
11. Industry or business for City

FATHER
12. Name Casper Wallnofer
13. Birthplace Germany.

MOTHER
14. Maiden Name Anbenofer
15. Birthplace Germany.

16 (a) Informant Mrs. Christina Wallnofer
(b) Address 231 Cleveland St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location 4430 Belair Road.
18 (a) Funeral director John J. Bowman Son
(b) Address 2003 Hollins St.
19 (a) — (b) Victor Williams M.D. (Date rec'd by registrar) (Registrar)

DEC 28 1943

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1943, at 11 P M
21. I certify that death occurred on the date above stated; that I attended deceased from June 1943 to Dec 23 1943, and that I last saw him alive on Dec 21 1943

	Duration
Immediate cause of death: Carcinoma of Stomach	1 yr.
Due to —	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —
23. Signature Victor Williams
Address 5207 Dornoch Rd Date signed 12/30/43 M. D.

446610

G 11838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

57d

Registered No. G 11838

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 401 Elm St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles R Dougall Jr.

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 579-01-2787

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Katherine

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) 1-11-1907

8. AGE: Years 36 | Months 11 | Days 14 | If less than one day: hr. min.

9. Birthplace Penn (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business

FATHER
12. Name Chas R. Dougall
13. Birthplace Pa.

MOTHER
14. Maiden Name Nellie Biller
15. Birthplace Pa

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Wilkensburg Pa

18 (a) Funeral director John C. Mitchell Sons
(b) Address 1900 Eutaw Place

19 DEC 27 1943 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1943 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 24 1943 to Dec 25 1943 and that I last saw he alive on Dec 25 1943.

	Duration
Immediate cause of death: Intracranial hemorrhage	2 hours
Due to: Metastatic tumors of brain	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation Nov 3, 1943
Major findings of operation: Normal structures,
of autopsy: ? metastatic nodules on brain

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rupp A. Rupp M. D.
Address Johns Hopkins Hosp Date signed 12-26-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33a

Registered No. 6 31839

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 202 Eighteenth Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MR. OSCAR JOHN LEONARD

3 (b) If veteran, name war

3 (c) Social Security Account No. 232-20-4828

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Mrs Oscar J. Leonard

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1882

8. AGE: Years 61 55 | Months 10 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace England
(Town, county, and state)

10. Usual Occupation Tool maker

11. Industry or business Stanley Tool Co.

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Ada E. Leonard
(b) Address 202

17 (a) Burial (b) Date thereof 12/28/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Prospect Hill Cem.
Location Towson, Md.

18 (a) Funeral director John Burns Sons
(b) Address Towson, Md.

19 (a) DEC 27 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1943, at 7.53 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21 1943, to 12-24 1943, and that I last saw h.im alive on 12-24 1943

Immediate cause of death Lobar pneumonia - R.L.L. — Duration 1 day

Due to ? Influenza — 10 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Nesbitt Jr. M. D.
Address Union Memorial Hosp. Date signed 12-27-43

G 5810 — G 11810

446038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

109 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 509 W. Joppa Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thiemann Scott Offutt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lydia

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 6-12-72

8. AGE: Years	Months	Days	If less than one day
71	6	12	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Judge

11. Industry or business

FATHER
12. Name William Scott Offutt
13. Birthplace Md

MOTHER
14. Maiden Name Henrietta Baker
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof Dec. 27, 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Prospect Hill Cem. Location Towson, Md.

18 (a) Funeral director John Burns Sons
(b) Address Towson, Md.

19 DEC 27 1943 Huntington Williams MD
(Date rec'd by Registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1943, at 5.10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11 1943, to Dec 24 1943, and that I last saw him alive on Dec 24 1943

Immediate cause of death Cardiac failure Duration

Due to Respiratory failure

Due to Pneumonia

Other Conditions Lymphosarcoma of stomach, Infection Abscess (Hip joint)
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James [illegible]

Address Johns Hopkins Hospital

G 11841

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93d ✓ Registered No. G 11841

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 916 N. Luzerne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 916 N. Luzerne Ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Julius De Angelis

3 (b) If veteran, name war: none
3 (c) Social Security Account No. 213-03-6950

4. Sex: male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ wife Ursula De Angelis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16 1885

8. AGE: Years 58 | Months 11 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Priverno Italy
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Ludovico De Angelis
13. Birthplace Italy

MOTHER
14. Maiden Name Teresina Bove
15. Birthplace Italy

16 (a) Informant Ursula De Angelis (Wife)
(b) Address 916 N. Luzerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 27/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. & Pt. Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

(a) Date received 12-27-1943 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/22/1943 at 11: P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1943. to Dec. 1943
and that I last saw h alive on 12/21/1943.

Immediate cause of death: Pulmonary Oedema
Duration: 12/21/43

Due to: Myocardial Insufficiency
Duration: ?

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. W. Dorsey M.D.
Address 521 Cathedral St. Date signed 12/25/43 M.D.

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 ✓ Registered No. G 11842

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 426 N. Gay St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 ✓
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 426 N. Gay St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Antonio Scrivanicchio

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	W.	I

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Lusinpiccolo Italy
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Antonio Scrivanicchio
13. Birthplace Italy

MOTHER
14. Maiden Name Maria Scrivanicchio
15. Birthplace Italy

16 (a) Informant Clara C. Marotta (Cousin)
(b) Address 426 N. Gay St.

17 (a) Burial (b) Date thereof Dec. 27/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

DEC 27 1943 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 22 1943, to Dec 24 1943, and that I last saw ~~him~~ alive on Dec. 22 1943.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular Renal Disease	2
Due to	
Due to	
Other Conditions Bronchopneumonia	1 week

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. Zimmerman, M.D.
Address Medical Arts Bldg. Date signed 12/28/43

11843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 V

Registered No. G 11843

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Ward or address
(c) Hospital or institution: Sinai Baltimore Gen'l Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 404 S. Howard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie Anna E Wooley

3 (b) If veteran, name war W

3 (c) Social Security Account No. none

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Lonnie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22 1867

8. AGE: Years 76 | Months 0 | Days 2 | If less than one day hr. min.

9. Birthplace Queen Anne Co Md
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Elmer C Grace
(b) Address 3920 Old Frederick Rd Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/43 (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Dorsey Md

18 (a) Funeral director Milton Cook Inc
(b) Address 1219 E Fort Ave

DEC 27 1943 (Date rec'd by registrar)

(b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1943, at 4 PM

21. I certify that I took charge of the remains described above, held an Inspection Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Broncho pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Roland Lee Foster M.D.
Medical Examiner.
Date signed Dec 25 1943

VS 151

Form —12-23—M&T—500 Blks.

G 11814 HEALTH DEPARTMENT—CITY OF BALTIMORE G 11814

CERTIFICATE OF DEATH. 93e

1-PLACE OF DEATH Southern Park Home REGISTERED NO.

CITY OF BALTIMORE: (No. 26th & Greenmount WARD) 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Frances Heather

(a) RESIDENCE No. 918 Highwood Ave WARD 8

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of H Arthur

6 DATE OF BIRTH (month, day, and year) Dec 2, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	85	0	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles Shipley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Teresa Foster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Robert L Hoopes

(Address) 6 Severna Park Md

15 Filed DEC 27 1943 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24/43 19

17

I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1943, to Dec. 24, 1943;

that I last saw her alive on Dec. 24, 1943.

and that death occurred, on the date stated above, at 1.20 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death.

Did an operation precede death? No - Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) J Willis Grayton, M. D.

, 19 (Address) 3963 Greenmount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Memory Park	12/27 19 43
20 UNDERTAKER Wilson & Son Inc	ADDRESS 1217 E Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please, write the causes of death clearly and legibly.

~~0815~~ BALTIMORE CITY HEALTH DEPARTMENT ✓ 43e ~~C 10815~~

CERTIFICATE OF DEATH

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W. Lexington St
(c) Hospital or institution:
Aged Women or Aged Mens Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 Y
(e) Length of stay in Baltimore (yrs., mos., or days) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County _____
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W. Lexington St
(If rural give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3 (a) FULL NAME Mary N. Swam

3 (b) If veteran, name war: W
3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife _____
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 28th 1868

8. AGE: Years 75 | Months 10 | Days 26 | If less than one day _____ hr. _____ min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Inmate
11. Industry or business Home for Aged

FATHER 12. Name Caleb Swam
13. Birthplace _____

MOTHER 14. Maiden Name Miranda Stansbury
15. Birthplace _____

16 (a) Informant Rosanda Home for Aged
(b) Address 1400 W. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/43 (month) (day) (year)
(c) Cemetery or crematory Free
Location Middletown Md.

18 (a) Funeral director Williams Cook Inc
(b) Address 127 St. Paul St

19 (a) DEC 27 1943 (Date received by registrar) Huntington Williams M.D. (Signature of registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24th 1943, at 8 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/21/1938 to 12/24/1943, and that I last saw her alive on 12/24/1943.

Immediate cause of death Myocarditis with auricular fibrillation

Due to _____

Due to _____

Other Conditions _____

(Include pregnancy within 3 months of death)

Date of operation _____

Major findings of operation: _____

of autopsy: _____

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
(Specify type of place)
(e) Means of injury _____

23. Signature Edwin B. Jacobs M.D.

Address 11 E. Chase St., City. Date signed 12/25/43.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

G 12846 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2936 Mc Elderry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2936 Mc Elderry St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maria Mehrtens

3 (b) If veteran, name war N

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widowed

6 (b) Name of husband or wife John Martin Mehrtens

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18th 1854

8. AGE: Years 89 | Months 8 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name William Sellmann
13. Birthplace Germany

MOTHER
14. Maiden Name Rosina Schafer
15. Birthplace Germany

16 (a) Informant Gladys T. Hopkins

(b) Address 2936 Mc Elderry St.

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 12/30/43 (month) (day) (year)

(c) Cemetery Emanuel Ev Lutheran
Location Balto Md

18 (a) Funeral director William Cook Inc

(b) Address 217 St. Paul St

19 (a) Huntington Williams M.D.

DEC 27 1943
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1943, at 2:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1943, to Dec 26 1943, and that I last saw h. alive on Dec. 4 1943

Immediate cause of death Senile Apoplexy

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm J Johnson

Address 701 N. Kenwood Ave Date signed 12/28/43 M.D.

R 11817 ✓ C 11817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

109a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secour Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2032 W. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Frank J. Dahlem ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed or~~ divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Rose Dahlem

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 8th 1897

8. AGE: Years	Months	Days	If less than one day
46	11	18	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Mechanic
11. Industry or business B & O R.R.

FATHER 12. Name John G. Dahlem
13. Birthplace Germany

MOTHER 14. Maiden Name Frances Flugel
15. Birthplace Germany

16 (a) Informant Joseph G. Dahlem
(b) Address 602 E. Arlington Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12/29/43 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St Paul St

DEC 27 1943 (Date rec'd by registrar) Wilmington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1943 at 1.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1943 to Dec 26 1943 and that I last saw h. l. M alive on Dec 25 1943

Immediate cause of death	Duration
Pneumonia, Typical Pneumonia	5 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J M Collins M. D.
Address 3321 Frederick Date signed 12-26-43

Correct age is especially important. Physicians: please write clearly.

VS 8

~~C 1818~~ C 1818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

Registered No. C 1818

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4111 Hamilton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4111 Hamilton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Henrietta Markley

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband Samuel D. Markley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 30th 1874

8. AGE: Years	Months	Days	If less than one day
69	2	26	hr. min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name John Raspe
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Melching
15. Birthplace Germany

16 (a) Informant Mrs John Walsh
(b) Address Cockeysville Md.

17 (a) Burial (b) Date thereof 12/29/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook Inc
(b) Address 129 St Paul St

DEC 27 1943 (a) Date received by registrar Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26 1943 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1942 to Dec 1943 and that I last saw her alive on 12-23 1943.

Immediate cause of death: Myeloid Leukemia — Duration 1½ years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. Peake M. D.
Address 508 Hayford Rd Date signed 12-26-43

Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

R 2849 — V - G 11819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH: St. Joseph's Hospital
(a) Baltimore City, Maryland
(b) Street address 10
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 408 E. Chase St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Elizabeth Krieger

3 (b) If veteran, name war W
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/2/75

8. AGE: Years 68 | Months 8 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Housework - Retired

11. Industry or business School Teacher

FATHER
12. Name Lorenz Krieger
13. Birthplace Germany

MOTHER
14. Maiden Name Kathryn Agnus
15. Birthplace Germany

16 (a) Informant Mrs Walter Raley
(b) Address 3940 Dolfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St.

DEC 27 1943 (Date received by local registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/23/43 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/19 1943, to 12/23 1943, and that I last saw h[illegible] alive on 12-22 1943

Immediate cause of death Coronary Artery occlusion — Duration: 4

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William E. Chiodi M. D.
Address St Joseph's Hospital Date signed 12-23-43

VS 150

URNER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 C 33850 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 902 N. Duncan st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 902 N. Duncan St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Barbara Anna Urner

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Joseph L. Urner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, and yr.) April 29th 1871

8. AGE: Years	Months	Days	If less than one day
about 72	7	23	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER
12. Name Joseph King
13. Birthplace Germany

MOTHER
14. Maiden Name Booker
15. Birthplace Germany

16 (a) Informant Harry Sanft
(b) Address 7405 Belmont Ave Elgin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/43 (month) (day) (year)
(c) Cemetery Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul st
(c) Date rec'd by registrar DEC 27 1943 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22nd 1943, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1943, to Dec 22 1943, and that I last saw h[illegible] alive on Dec 22 1943.

Immediate cause of death	Duration
Diabetic Coma	2 days
Due to Diabetes Mellitus	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Pokorny
Address 2200 E Madison St Date signed M. 12 D. 28/43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33a

Registered No. G 11851

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1415 Battery Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Battery Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Engeline Dutton

3 (b) If veteran, name war: —
3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: William A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4 1854

8. AGE: Years 89 | Months 3 | Days 19 | If less than one day hr. min.

9. Birthplace New Jersey.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Susan McComm
15. Birthplace

16 (a) Informant Mrs Wm A Sitts
(b) Address 1411 Riverside Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12/27/43 (month) (day) (year)

(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Pilkerton & Mc Gee
(b) Address 1217 E Fort Ave

19 (a) DEC 27 1943 (Date received by Registrar) (b) Hunting for Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1943, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1943, to Dec 23 1943, and that I last saw h[illegible] alive on Dec 23 1943.

Immediate cause of death: Grippe and Broncho-pneumonia — Duration: 3 wks.
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. H Barnum M.D.
Address 436 E Fort Ave Date signed 12/24/43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a V.G. 31852 Registered No. 31852

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1019 Taylor Grove St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 Taylor Grove St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur B. Jacobs

3 (b) If veteran, name war: W
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary M. Jacobs
(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 15 1906
8. AGE: Years 37 Months 10 Days 9 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Lafayette Drug Co
FATHER 12. Name Unknown
13. Birthplace "
MOTHER 14. Maiden Name "
15. Birthplace "
16 (a) Informant Mrs Jessie M Gunn
(b) Address 1019 Taylor Grove St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Baltimore Md
Location
18 (a) Funeral director Wilson Cook Inc
(b) Address 1317 N Eutaw St
DEC 27 1943 Huntington Williams M.D. Registrar
(c) Date received by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1943, at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from December 18 19 43 to December 24 19 43, and that I last saw him alive on December 24 19 43

Immediate cause of death
Coronary Thrombosis
Due to Myocardial Emphysema
Due to Hypertension-Mild
Other Conditions
(Include pregnancy within 3 months of death)

Duration
1 week
5 years
20 years

Date of operation None
Major findings of operation: None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo Ogleman M. D.
Address 1201 Poplar Grove St Date signed 12-24-43

VS 150

C 11853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. C 11853

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 221 E Fusten St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 221 E Fusten St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Grant Bailey

3 (b) If veteran, name war W
3 (c) Social Security Account No. 220-[illegible]-0388

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1868

8. AGE: Years 75 | Months 7 | Days 18 | If less than one day hr. min.

9. Birthplace Hanover Pa
(Town, county, and state)

10. Usual Occupation Engineer, Emmitsburg Coop

11. Industry or business

FATHER
12. Name Evan Bailey
13. Birthplace Hanover Pa

MOTHER
14. Maiden Name Emma
15. Birthplace

16 (a) Informant Mary M. Bailey
(b) Address 221 E Fusten St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/43 (month), (day), (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Wilhoyte & Sons
(b) Address 1217 E Fond St

DEC 27 1943 (Date received by registrar) Huntington Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1943, at 8 46 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 1943, to Dec 24 1943, and that I last saw h[illegible] alive on Dec 22 1943.

Immediate cause of death	Duration
Acute coronary Insufficiency	
Due to Coronary arteriosclerosis	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Hornstein M. D.
Address 733 Argyle St Date signed 12/24/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 b

Registered No. C 24854

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Druid Hill Ave
(c) Hospital or institution: Crawford Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 209 W. 29th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Marian Ryan

3 (b) If veteran, name war W

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or~~ divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 16th 1880

8. AGE: Years	Months	Days	If less than one day
63	5	8	..... hr. ..... min.

9. Birthplace Balto, Md.
(Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business At Nursing Home

FATHER
12. Name Joseph J. Ryan
13. Birthplace Md.

MOTHER
14. Maiden Name Bridget Donnelly
15. Birthplace Md.

16 (a) Informant Mrs Joseph J. Ryan Jr
(b) Address 3814 Granada Ave

17 (a) Burial (b) Date thereof 12/28/43
(Burial, ~~cremation, removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

DEC 27 1943 Registered by ..... Assistant Registrar

Assisting for Williams Mortuary

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24th 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1943, to Dec 24 1943, and that I last saw her alive on Dec 23, 1943.

Immediate cause of death	Duration
(a) Pneumonia	
Due to (b) Pulmonary Tuberculosis	2 -
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George W Cuneo M. D.

Address 25 W 26th St Date signed 12-24-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 855

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3600 Winterbourne Rd

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days

(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3600 Winterbourne Rd
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Captain David Oswald Campbell

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-2531

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Jessie Campbell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20th 1875

8. AGE: Years 68 | Months 7 | Days 4 | If less than one day: hr. min.

9. Birthplace Scotland
(Town, county, and state)

10. Usual Occupation Surveyor

11. Industry or business Ship Master

FATHER
12. Name David C Campbell
13. Birthplace Scotland

MOTHER
14. Maiden Name Jessie Oswald
15. Birthplace Scotland

16 (a) Informant Mrs Jessie Campbell (b) Address 3600 Winterbourne Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/43
(month) (day) (year)

(c) Cemetery or Crematory Woodlawn
Location Md

18 (a) Funeral director Wm Cook Inc

(b) Address 217 St. Paul St

DEC 27 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24th 1943 10.01 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2 1943, to Dec 24th 1943, and that I last saw him alive on Dec 23 1943.

Immediate cause of death	Duration
General Debility	3 days
Due to Cirrhosis of Liver	3 Months
Due to Jaundice Yellows	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation No operation

Major findings of operation: —

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide — No

(b) Date of occurrence — at — M

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury —

23. Signature Herbert E. Zapp M. D.

Address 3048 N. Howard St. Date signed 12/24/43

Baltimore Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

McALLISTER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

572a Registered No. G 11856

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2332 Riggs Ave.
(c) Hospital or institution: — 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2332 Riggs Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine H. McAllister

3 (b) If veteran, name war: N
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frank McAllister
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13th 1884

8. AGE: Years 59 | Months 6 | Days 11 | If less than one day: hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Peter Marion
13. Birthplace Unknown

MOTHER
14. Maiden Name Margaret "
15. Birthplace Balto Md.

16 (a) Informant Frank McAllister
(b) Address 2332 Riggs Ave

17 (a) Burial (b) Date thereof 12/28/43
(Burial, cremation, removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 (a) DEC 27 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24, 1943, at 12 25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1943 to Dec 24, 1943 and that I last saw h alive on Dec 24 1943

Immediate cause of death: Hypernephroma (Left) Metastasis to Brain, Spine & Lungs

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration: 2½ yrs 6 mos (?)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Philip F. Lerner
Address 2401 N. North Ave. Date signed 12/27/43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1226

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 4-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A.A. Co.
(c) City or town Baltimore-Lake Shore
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William C. Shaw

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-05-5102

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife Helen Shaw
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18th 1908

8. AGE: Years	Months	Days	If less than one day
35	6	6	hr. min.

9. Birthplace N.Y. City
(Town, county, and state)
10. Usual Occupation Steel Worker
11. Industry or business Gas-Electric Co

FATHER
12. Name Moses Shaw
13. Birthplace Scotland

MOTHER
14. Maiden Name Margaret Chalmers
15. Birthplace Scotland

16 (a) Informant Mrs Helen Shaw
(b) Address Lake Shore - Pasadena

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/43 (month) (day) (year)
(c) Cemetery or Crematory Parkwood
Location Parkville Md.

18 (a) Funeral director Wm Cook Inc.
(b) Address 1217 St. Paul St

DEC 27 1943
(Date rec'd by Registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24/1943, at 7:30 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1943 to Dec 24 1943, and that I last saw h. alive on 12/24 19 43

Immediate cause of death: Toxemia of pregnancy
Pneumococcus Pneumonia

Due to:

Due to Pancytitis Jaundice
Etiology - was determined even following an Exploratory Laparotomy

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 12/21/43 - & 12/24/43

Major findings of operation: Jaundice - Pneumonia Lt. lower & lt. middle lobe.

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Cohen M.D.
Address Univ. Hosp. Date signed 12/24/43

11858 BALTIMORE CITY HEALTH DEPARTMENT ✓ G 11858

CERTIFICATE OF DEATH 94a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D.O.A. South Balto. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country England.

3 (a) FULL NAME Carl Henderson (H.M.S. Sam Yale)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Mariner

11. Industry or business British Merchant Marine

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Consor Scott & (b) Address Baltimore Md

17 (a) Funeral (Burial, cremation, or removal) (b) Date thereof 12/28/43 (month) (day) (year)

(c) Cemetery or crematory Lorraine
Location Middletown Md

18 (a) Funeral director Wilson Conroe
(b) Address 1319 E Fort Ave

19 (a) DEC 27 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24 1943 at 10.55 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to Natural death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 12/24/43.

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1859 — BALTIMORE CITY HEALTH DEPARTMENT — 33 Ca. Registered No. G 71859

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3316 Dudley Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3316 Dudley Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas J. Bacon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ada M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1900

8. AGE: Years 43 | Months | Days 27 | If less than one day hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation Police Officer

11. Industry or business B.O.P.D.

FATHER
12. Name Jos. E. Bacon
13. Birthplace Md

MOTHER
14. Maiden Name Ellen M. Murphy
15. Birthplace Md

16 (a) Informant Mrs. Ada M. Bacon
(b) Address 3316 Dudley Ave

17 (a) Burial (b) Date thereof Dec. 27/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick

18 (a) Funeral director Harry H. Nitter
(b) Address 410 E. Edmondson Ave

19 Date rec'd DEC 27 1943 (b) Registrar Hunting for Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1943, at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1943 to Dec 20 1943, and that I last saw h/IM alive on Dec 22 1943

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions Hiatus Hernia Pleurisy and Bronchitis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles A Anderson M. D.
Address 2001 Shannon Drive Date signed Dec. 26-43

G 11850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 11850

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hours
(e) Length of stay in Baltimore (yrs., mos., or days) Most of Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3631 Belvidere Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JEROME ~~WALDEN~~ SPONSLER

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 30 360 100

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ruth Lyttle

6 (c) If alive, give age: 1885 years

7. Birth date of deceased (mo., day, yr.): Nov. 7, ~~1891~~

8. AGE: Years	Months	Days	If less than one day
58 ~~52~~	1	16	hr. min.

9. Birthplace ~~Maryland (or)~~ Union Bridge, Md.
(Town, county, and state)

10. Usual Occupation: Tinner

11. Industry or business

FATHER
12. Name: Charles Sponsler
13. Birthplace: ~~Unknown~~ Md.

MOTHER
14. Maiden Name: ~~Unk~~ Carrie Hunter
15. Birthplace: ~~Unknown~~ Pa.

16 (a) Informant: Records-US Marine Hospital
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/43 (month) (day) (year)
(c) Cemetery or crematory: Balto. National Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

DEC 27 1943 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23, 1943 at 12:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 23, 1943, to Dec. 23, 1943 and that I last saw him alive on Dec. 23, 1943.

Immediate cause of death	Duration
Pneumonia, Lobar, bilateral	1 week
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]

Address US Marine Hospital, Baltimore, Md. Date signed 12/24/43

(over)

21861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

Registered No. C 21851

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2519 Maryland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2519 Maryland
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Jane Cummings

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Widow

6 (b) Name of husband or wife: John H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec 8 1857

8. AGE: Years	Months	Days	If less than one day
86	0	16	hr. min.

9. Birthplace: Baltimore, Co. Md.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Patrick Callahan
13. Birthplace: Baltimore, Co. Md.

MOTHER
14. Maiden Name: Ellen Nagle
15. Birthplace: Ireland

16 (a) Informant: Miss. Marie R. Cummings
(b) Address: 2519 Maryland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/43 (month) (day) (year)
(c) Cemetery or crematory: St. John's
Location: Long Green Baltimore, Co. Md

18 (a) Funeral director: William J. Tickner & Sons
(b) Address: North & Pennsylvania Aves

19 DEC 27 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 24th 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1943, to Dec 24 1943, and that I last saw her alive on Dec 23 1943.

Immediate cause of death: Cardiac decompensation — Duration: 3 wks

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: W.M.B. Steele M.D.
Address: 521 Med Arts Bldg Date signed: 12/27/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11862 C 11862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136 Registered No. C 11862

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2521 Reisterstown Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jessie K. Simmons

3 (b) If veteran, name war	3 (c) Social Security Account No.
npne	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Eldo J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1871

8. AGE: Years	Months	Days	If less than one day
72	0	18	hr. min.

9. Birthplace Clarion Co., Pa. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Philip Smyers
13. Birthplace Pa.

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mr. Paul Simmons
(b) Address 3012 E. Overland Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/27/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Royal
Location Pittsburgh, Pa.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Penna. Aves.

19 (a) DEC 27 1943 (Date rec'd by registrar) (b) Huntington, Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1943, at 11:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1943, to Dec 24 1945, and that I last saw h[illegible] alive on Dec. 24 1943.

Immediate cause of death	Duration
Pulmonary Hemorrhage	
Due to Tuberculous bronchopneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Tuberculous bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert A. Jacobs, M. D.
Address Sinai Hospital Date signed 12/27/43

C 11863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓

Registered No. C 11863

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, ~~Maryland~~
(b) Street address Balto., Md.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County [illegible]
(c) City or town Baltimore (If outside city or town limits, write COR. and give town)
(d) Street No. 743 Springfield Ave. (Or rural route number)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Rodney Coffman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Carrie C. Coffman

6 (c) If alive, give age 187 years

7. Birth date of deceased (mo., day, yr.) Mar. 13, 1886

8. AGE: Years	Months	Days	If less than one day
56	9	11	..... hr. ..... min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name Noah Coffman
13. Birthplace Mt. Olive. Va.

MOTHER
14. Maiden Name Paulena C. Snapp
15. Birthplace St. Paris. Ohio.

16 (a) Informant Mrs Carrie Coffman
(b) Address 743 Springfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood.
Location Parkville Md

18 (a) Funeral director Ulman Funeral Home
(b) Address 2201 Eutaw St.

19 (a) DEC 27 1943 (Date rec'd by registrar) [illegible] for Williams Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1943, at 12:40 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Grotz M.D.
Medical Examiner.
Date signed Dec. 24 1943

(OVER)

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 21864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No. G 21864

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3114 Westfield Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 85 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Co
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3114 Westfield Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert N Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary R Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 2 - 1858

8. AGE: Years	Months	Days	If less than one day
85	11	11	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business Retired

FATHER
12. Name William Jones
13. Birthplace Balto Co Md

MOTHER
14. Maiden Name Dont Know
15. Birthplace Md

16 (a) Informant Mrs Anna Patience
(b) Address 3114 Westfield Ave

17 (a) Burial (b) Date thereof 12/27/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md

18 (a) Funeral director Ulman Funeral Home
(b) Address 2008 Eutaw St.

19 (a) DEC 27 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23rd 1943, at 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1943, to Dec 23 1943, and that I last saw h[illegible] alive on Dec. 22 1943.

Immediate cause of death Chronic Myocarditis — Duration

Due to

Due to

Other Conditions Acute bronchitis — 11 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm Dehmit M.D.
Address 701 N. Kenwood Ave. Date signed 12/24/43

VS 150

G 11885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1950 Registered No. G 11885

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2016 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Amelia J. Clark.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	S.

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 11 1938

8. AGE: Years	Months	Days	If less than one day
5.	3	12	hr. min.

9. Birthplace BALTO MD (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name ARTHUR W. CLARK
13. Birthplace BALTO MD

MOTHER
14. Maiden Name EVA. L WALLACE
15. Birthplace BALTO MD

16 (a) Informant EVA. L. CLARK
(b) Address 2016 W FRANKLIN ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27-43 (month) (day) (year)
(c) Cemetery or crematory CEDAR HILL
Location A. A Co. MD

18 (a) Funeral director Bernard C Harlan
(b) Address 121 E West St

19 (a) (b)

DEC 27 1943 Huntington Williams, Registrar
VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/23 1943, at 1:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/16 1943 to 12/23 1943 and that I last saw h alive on 12/23 1943

Immediate cause of death Pertussis —

Due to 1) Ruptured Esophagus.

Due to 1) Mediastinitis 2) Empyema 3) Pneumonia. (Type ?)

Other Conditions Child swallowed coin Esophagus ruptured during Esophagoscopy

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Ryper
Address University Hosp Date signed 12/28/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11866 — BALTIMORE CITY HEALTH DEPARTMENT — C 11866

CERTIFICATE OF DEATH 93d — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1125 W. OSTEND ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1125 W. OSTEND ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM. VOLKMAN

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	WIDOWER

6 (b) Name of husband or wife — MARIE VOLKMA
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY. 23-186[illegible]

8. AGE: Years	Months	Days	If less than one day
81	7	1	hr. min.

9. Birthplace GERMANY. (Town, county, and state)
10. Usual Occupation BRASS FINISHER
11. Industry or business —

FATHER
12. Name WILLIAM. VOLKMAN
13. Birthplace GERMANY

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace GERMANY

16 (a) Informant MRS. GEORGE KLEIN
(b) Address 1125 W OSTEND ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-27 43 (month) (day) (year)
(c) Cemetery or crematory ST. PAULS CEM.
Location VIOLETSVILLE MD

18 (a) Funeral director Wm Chas O'G Robb
(b) Address 2227 Edmondson Ave

19 (a) (Date rec'd by registrar) DEC 27 1943 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 24 1943, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10 1941 to 12-24 1943 and that I last saw h[illegible] alive on 12-24 1943

Immediate cause of death: Acute Cardiac Failure — Duration: 1 da
Due to: Generalized arterio Sclerosis, Cardio Vascular — 10 yr
Due to: Disease
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Joseph G Laufenberg M. D.
Address 679 Washington Blvd Date signed 12/27/43

G 11867 ✓ G 11867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131 Dec

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1801 W. Lanvale St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 - 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 W. Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Milton G. Fuller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Alice M. Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26 - 1877

8. AGE: Years 68. | Months 8 | Days 27 | If less than one day hr. min.

9. Birthplace Harford Co. Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business Paper Hanger

FATHER
12. Name Mitchell Miller X
13. Birthplace Unknown

MOTHER
14. Maiden Name Sadie Benn
15. Birthplace Unknown

16 (a) Informant Gilbert R. Miller
(b) Address 1801 W. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec - 27 - 1943 (month) (day) (year)
(c) Cemetery or crematory Louden Park
Location Baltimore

18 (a) Funeral director Jeannie C. Syfer
(b) Address 1600 W. North Ave

19 (a) (Date rec'd by City registrar) (b) Huntington Williams Registrar

DEC 27 1943
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1943 at 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1943 to Dec 23 1943, and that I last saw him alive on Dec 23 1943

Immediate cause of death Cerebral Arteriosclerosis — Duration 1 yr
Due to Hypertension
Due to Bright's Disease
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. W. Kemp M.D.
Address 1106 N. Fulton Ave Date signed 12/24/43

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No. G 11868

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1524 Kensett Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1524 Kensett Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Fletcher

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife William Fletcher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1 - 1884

8. AGE: Years 59 | Months 8 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business Home Duties

FATHER
12. Name Conrad Baker
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Gilman J. Fenton
(b) Address 25 East Heath St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27 - 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore

18 (a) Funeral director Francis C. Syfer
(b) Address 1614 N. Eutaw Ave

19 (a) DEC 27 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 - 1943 at 6.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1943 to Dec 23 1943 and that I last saw her alive on Dec 23 1943

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions Chronic Myocarditis — ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Ashman M.D.

Address 1921 W North Ave Date signed Dec 27/43

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G 11869

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5603 Park Heights Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 39 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5603 Park Heights Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ? years

3 (a) FULL NAME THERESA BERNARD.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Morris Bernard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 15, 1875

8. AGE: Years 68 | Months 9 | Days 10 | If less than one day hr. min.

9. Birthplace Germany. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Hirsh Elkan,
13. Birthplace Germany.

MOTHER
14. Maiden Name Mina Newman,
15. Birthplace Germany.

16 (a) Informant Miss. Carrie Bernard.
(b) Address 5603 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director David Sonnenschein
(b) Address 1902 Eutaw Place
DEC 27 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25, 1943, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/9 1938, to 12-25 1943 and that I last saw h. alive on 12-25 1943

Immediate cause of death: Uremia

Due to: Chronic Nephritis with Hypertension

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration: 2 hr. 5 yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Laufman M. D.
Address 679 Washington Blvd. Date signed 12/26/43

PLEASE WRITE PLAINLY, with UNFADING INK. Every item should be carefully supplied. Be sure the cause of death clearly and legibly. correct age is especially important. Physicians: please write the

G 11870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. G 11870

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Baynes
(c) Hospital or institution: W. Balto. Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 15
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1740 W North Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Carrie Landsman (Carrie Landsman)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband ~~or wife~~ Benj. Landsman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1860

8. AGE: Years	Months	Days	If less than one day
83	11	22	hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Lazarus Stummer
13. Birthplace Austria

MOTHER
14. Maiden Name Clara Haetz
15. Birthplace Bavaria

16 (a) Informant Mrs. A. Stummer
(b) Address 3407 Woodbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Sondheim & Sons
(b) Address 1902 Eutaw Place

19. (a) (Signature of informant) (b) Huntington Williams M.D.

DEC 29 1943
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 19 43, at 1:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 24 19 43 to Dec 25 19 43, and that I last saw h[illegible] alive on Dec 25 19 43

Immediate cause of death ~~to~~ Pneumonia — Duration

Due to bronchitis pneumonia

Due to heart failure

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Bodine Booth MD

Address 1 E Read St Date signed 12/25/43
M. D.

G 11871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

926G 11871 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 W. Heath St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 110 W. Heath St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Widmer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Edward J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — — 1888

8. AGE: Years 55 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Employee of
11. Industry or business B. & O. R.R.

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mr. Edward J. Widmer
(b) Address 110 W. Heath St.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 12-27-43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Belair Highway
18 (a) Funeral director James F. McCleary
(b) Address 15 E. Fort Ave.

19 DEC 27 1943 (Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1943, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1943, to Dec 24 1943, and that I last saw her alive on Dec 24 1943.

Immediate cause of death Acute dilatation of heart — Duration 2 days
Due to
Due to Mitral Regurgitation — 2 yrs.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. L. Campbell M. D.
Address 16 E. Hamilton St. Date signed Dec 26 1943

11872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 11872 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2403 E. Lafayette Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2403 E. Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles O'Connell Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie O'Connell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25th 1872

8. AGE: Years: 71 | Months: 7 | Days: 29 | If less than one day ..... hr. ..... min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Charley O'Connell
13. Birthplace Ireland

MOTHER 14. Maiden Name Mary McGuire
15. Birthplace Ireland

16 (a) Informant Mrs Woods
(b) Address 2403 E Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28th 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Fredrick Road

18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N. Patt Park Ave

19 (a) DEC 27 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1943, at 2.45 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy/Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral hemorrhage.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert E. Gerstner M.D.
Medical Examiner.
Date signed Dec 27

VS 161

Give age if infant under 1 year. Physicians: please write the causes of death clearly and legibly.

G 11873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. G 11873

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 730 Dolphin St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 1
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 23
(If outside city or town limits, write RURAL and give town)
(d) Street No. 730 Dolphin St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John H. Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11 | 2 | 1857

8. AGE: Years 86 | Months 1 | Days 21 | If less than one day hr. min.

9. Birthplace Howard Co., Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Allen Hall
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Maria Hall
15. Birthplace Howard Co. Md.

16 (a) Informant Charles C. Hall
(b) Address 730 Dolphin St.

17 (a) Burial (b) Date thereof 12/27/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto., Md.

18 (a) Funeral director Charles P. Law
(b) Address 8 Dr. Stanhope Penn Ave. Pennington Williams, Md.

(c) (b) Registrar
(Date rec'd by Registrar)

DEC 27 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23, 1943, at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16, 1943, to Dec. 23, 1943, and that I last saw him alive on Dec. 23, 1943.

Immediate cause of death Senility — Duration

Due to Arterio-sclerosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Bando M. D.
Address 2445 Druid Hill Ave Date signed 12-24-43

Write the entries on death certificates clearly and legibly. Physicians: please write

G 11874 ✓ X G 11874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redmond & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Middleborough, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. Oak Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs. Orane Daly.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4 Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Joseph Daley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 58 | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Frank Deckelmann
13. Birthplace — Balto Md

MOTHER
14. Maiden Name Lillian Engleman
15. Birthplace — Balto Md

16 (a) Informant Mr Joseph Daley Jr
(b) Address Oak Ave Middleborough Md

17 (a) Burial (b) Date thereof 12-28-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Balto Md

18 (a) Funeral director Albert F. Huth
(b) Address 1606 N Charles Street

19 (a) DEC 27 1943 Huntington Hillen
(Date rec'd by registrar) (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-24-43 19 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-6-43 19 , to 12-24-43 19 , and that I last saw her alive on 12-24-43 19 .

Immediate cause of death Coronary Thrombosis

Due to Hypertension C V Illness

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Raymond E. Parker

Address University Hospital Date signed 12-24-43 (M. D.)

G 11875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 336

Registered No. G 11875

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4508 Hamperett Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4508 Hamperett Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Elmer M. Nif

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Myrtle B. Nif
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 31, 1883

8. AGE: Years	Months	Days	If less than one day
60	10	24	hr. min.

9. Birthplace Baltimore Co. Md (Town, county, and state)
10. Usual Occupation Balto Transit Co
11. Industry or business

FATHER
12. Name John Nif
13. Birthplace Germany

MOTHER
14. Maiden Name Ella Staines
15. Birthplace Washington D C

16 (a) Informant Myrtle B. Nif
(b) Address 4508 Hamperett Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J. Peck
(b) Address 5305 Harford Road

DEC 27 1943 (b) [illegible] Williams M.D. registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-25-1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-19 1943, to 12-25 1943, and that I last saw h. alive on 12-24 1943

Immediate cause of death	Duration
Chronic Myocarditis	
Due to Lobar Pneumonia	6 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Joseph Lowney M. D.
Address 441 S Ellwood Av Date signed 12/27/43

C 11876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 11876 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2400 Southern
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Rose Ellerich (ELLRICH)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Albert J.

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 57 | Months | Days | If less than one day ... hr. ... mjn.

9. Birthplace Baltimore Co Md
(Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name John Bayne
13. Birthplace Md

MOTHER
14. Maiden Name Eyrich
15. Birthplace Md

16 (a) Informant Albert J Ellerich
(b) Address 2400 Southern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Leonard Buck
(b) Address 2305 Maryland Ave

19 (a) DEC 27 1943 (Date filed by registrar) (b) Thomas J. Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-24 1943, at 2.22 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-24 1943 to 12-24 1943, and that I last saw her alive on 12-24 1943

Immediate cause of death Bronchopneumonia

Duration 10 Min

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Williams & Cleode M. D.
Address St Joseph's Hosp Date signed 12-25-43

C 11877 BALTIMORE CITY HEALTH DEPARTMENT C 11877

CERTIFICATE OF DEATH 74a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address V
(c) Hospital or institution: Mercy Hosp. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 1/2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balto Parkville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8000 Harford Rd (If rural give location)
(e) Citizen of foreign country no (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest C. Wegman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Bertha Wegman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 58 | Months | Days | If less than one day hr. min.

9. Birthplace Ithaca N. Y. (Town, county, and state)

10. Usual Occupation Research Engineer

11. Industry or business

FATHER
12. Name Ulrich Wegmann
13. Birthplace Switzerland

MOTHER
14. Maiden Name Rose Fisher
15. Birthplace Switzerland

16 (a) Informant Bertha Wegman
(b) Address 8009 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-43 (month) (day) (year)
(c) Cemetery or crematory Cascadilla Rock
Location Ithaca N.Y.

18 (a) Funeral director Leon J. Pruett
(b) Address 8005 Harford Rd

19 (a) DEC 27 1943 (Date rec'd by registrar) (b) Reading for Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/25 1943 at 11:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/23 1943 to 12/25 1943 and that I last saw h was alive on 12/25 1943.

Immediate cause of death cardio-respiratory failure — Duration

Due to Lobar Pneumonia, —

Due to Septicemia —

Other Conditions Chronic lymphoid Leukemia

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ross C. Brooks M. D.
Address Mercy Hosp. Date signed 12/25/43

R Brooks

C 11878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

C 11878 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1027 N Bentalou St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1027 N Bentalou St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry J Handy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Margaret R.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-28-1866

8. AGE: Years 77 | Months 6 | Days 26 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Carpenter Retired

11. Industry or business

FATHER
12. Name Charles C
13. Birthplace Md

MOTHER
14. Maiden Name Rachael J Matthews
15. Birthplace Md

16 (a) Informant Mrs Margaret Handy
(b) Address 1027 N Bentalou

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto

18 (a) Funeral director Leonard Mark
(b) Address 2305 Hartford Rd

19 (a) DEC 27 1943 (Date received by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1943, at 12 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1933, to Dec 24 1943, and that I last saw him alive on Dec 23 1943.

Immediate cause of death	Duration
Coronary Thrombosis Sudden Death	
Due to Generalized Arteriosclerosis	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Morris Schreiber M. D.
Address 3406 Eldamont Pl Date signed

G 11879 | BALTIMORE CITY HEALTH DEPARTMENT | G 11879

CERTIFICATE OF DEATH 93d

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4710 Harford Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2022 Wearn Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Addie Pines

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25 1867

8. AGE: Years 76 | Months 8 | Days 3 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation at Home.

11. Industry or business

FATHER 12. Name O. Pines

13. Birthplace Unk

MOTHER 14. Maiden Name Unk

15. Birthplace

16 (a) Informant Harry Gifford

(b) Address 4770 Northern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-43 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Balto Md

18 (a) Funeral director Leonard Funch

(b) Address 4205 Harford Rd

19 (a) (Date received by Registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-24-43 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1943, to Dec 24 1943, and that I last saw h alive on Dec 23 1943.

Immediate cause of death Chronic myocarditis — Duration 5 years

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence — at M
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury none

23. Signature L. J. Gourley M. D.

Address 5706 Harford Rd Date signed 12-24-43

11880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. C 11880

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1444 N. Carey St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1444 N Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ollie Ford.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1903

6. AGE: Years 39 | Months 8 | Days | If less than one day hr. min.

9. Birthplace Gloucester Co Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Henry Jackson
13. Birthplace Gloucester Co. Va

MOTHER
14. Maiden Name Mary Robinson
15. Birthplace Gloucester Co Va

16 (a) Informant Henry Ford
(b) Address 1444 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27-1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary.
Location Brooklyn

18 (a) Funeral director Jas Brooks
(b) Address 1437 N. Carey St

DEC 27 1943 (Date rec'd by registrar)

(a) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/23/43 11.00 A.M. P.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to Natural death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Lobar Pneumonia Bilateral

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 12/24/43.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

G 11881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 11881

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Usual address 18
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 831 W. Lombard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph M Stepan

3 (b) If veteran, name war V

3 (c) Social Security Account No. 213-10-1466

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Balto Transit

11. Industry or business

FATHER
12. Name Vincent Stepan
13. Birthplace Lith

MOTHER
14. Maiden Name Rose ?
15. Birthplace Lith

16 (a) Informant Joseph Rodgers
(b) Address 831 W Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd

18 (a) Funeral director Joseph Kaminskas Jr.
(b) Address 602 Cathedral Bldg.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1943, at 9:50 A.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature A. Ritchie Graham — M.D.
Medical Examiner.
Date signed Dec. 24, 1943

By Howard J. Madden, M.D.

VS 151

Please write the causes of death clearly and legibly. Physicians: please write the correct age in especially important.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

30 [illegible]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. G 11882

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1330 Aisquith St.
(If rural give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country.....

3 (a) FULL NAME Catherine Benny

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	?

6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
79 ?			...hr. ...min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation ?
11. Industry or business ?

FATHER
12. Name ? Snyder
13. Birthplace ?

MOTHER
14. Maiden Name Elizabeth
15. Birthplace ?

16 (a) Informant Records, Balto. City Hosp.
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem. Co.
Location Baltimore.

18 (a) Funeral director Philip Henry Sons
(b) Address 1024 Eastern Ave

DEC 27 1943
(Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24, 1943, at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/23 1943 to 12/24 1943 and that I last saw h[illegible] alive on 12/24 1943.

Immediate cause of death	Duration
Bronchopneumonia	7
Due to	
Due to	
Other Conditions Hyp. arteriosclerosis; senility	

(Include pregnancy within 3 months of death)

Date of operation.....
Major findings of operation:.....
of autopsy: no post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at ...M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature E. L. Sergman M.D.
Address BCH Date signed 12/25

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93e

Registered No. G 11883

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 204 S. Smallwood St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 204 S. Smallwood St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christiana K Heiner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Henry Heiner

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 20 1865

8. AGE: Years 78 | Months 11 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Kraft
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Henning
15. Birthplace Germany

16 (a) Informant Mary Heiner
(b) Address 204 S. Smallwood St

17 (a) Burial (b) Date thereof 12/27/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md

18 (a) Funeral director J. S. Wagaman & Son
(b) Address 300 Eastern Ave

19 (a) DEC 27 1943 Hunting for Williams, M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1943 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1943 to Dec 24 1943 and that I last saw h alive on Dec 23 1943.

Immediate cause of death Myocarditis
Duration 24 Years
Due to Fractured Femur
24 Days
Due to Bronchial Pneumonia
4 Days
Other Conditions General Arterio Sclerosis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard Hall
Address 7027 Harford Rd Date signed 12/27/43 M.D.

G 11884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. ...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2106 Ramsay Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) ...

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2106 Ramsay St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) FULL NAME George Zack

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4 Sex: male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife Katherine Duffy
6 (c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.) Oct. 2 - 1872
8. AGE: Years 71 | Months 2 | Days 22 | If less than one day ... hr. ... min.
9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Elevator man
11. Industry or business Cambridge Elevator Co —

FATHER
12. Name unknown
13. Birthplace Germany

MOTHER
14. Maiden Name (unknown) Stalzenbach
15. Birthplace Germany

16 (a) Informant Henry L. Zack
(b) Address 2106 Ramsey St. Baltimore Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27 - 43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.
18 (a) Funeral director H H Wiltshire
(b) Address Hollins & Eutaw st
19 (a) ... (Date rec'd by registrar) (b) ... Registrar

DEC 27 1943

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24 1943, at 10:16 AM
21. I certify that death occurred on the date above stated; that I attended deceased from 12/2 1943, to 12/24 1943, and that I last saw him alive on 12/24 1943
Immediate cause of death Bronchopneumonia

	Duration
	3 wk
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation ...
Major findings of operation: ...
of autopsy: ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ... at ... M
(c) Where did injury occur? ... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work? ... (Specify type of place)
(e) Means of injury ...
23. Signature Benjamin Miller MD M. D.
Address 2030 Wilkens Ave Date signed 12/27/43

G 11855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

G 11855 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 209-N-Monroe
(c) Hospital or institution: at home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 209-N-Monroe St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Louisa Fenner (LOUISA FENNER)

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Single -
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct-7-1855

8. AGE: Years 88 | Months 2 | Days 16 | If less than one day ... hr. ... min.

9. Birthplace Buelis Md.
(Town, county, and state)

10. Usual Occupation none.

11. Industry or business none.

FATHER
12. Name Henry Fenner
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Lotz
15. Birthplace Germany

16 (a) Informant Mr. W. H. Fenner (Son)
(b) Address 209-N-Monroe St -

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Jos. Joerdens & Son
(b) Address 1827 Baker St.

19 (a) ... (b) Huntington Md.
(Date rec'd by registrar) DEC 27 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23 1943 at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1943 to Dec 23 1943 and that I last saw he alive on Dec 23 1943

	Duration
Immediate cause of death: Acute cardiac dilatation	2 days
Due to: Chronic myocarditis	4 yrs.
Due to: Senility	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Fulton M. D.
Address 4 N. Fulton. Date signed

11886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

G 11886
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1729 N. Chester St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1729 N. Chester St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Wollenhurst

3 (b) If veteran, name war

3 (c) Social Security Account No. 7

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1860

8. AGE: Years 83 | Months 9 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Shoe maker

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mr. Fred Gemeinhardt
(b) Address 2015 E. Federal St.

17 (a) Burial (b) Date thereof 12/28/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto., Md.
Location Balto., Md.

18 (a) Funeral director Milton Schilling
(b) Address 3914 S. Hanover St
(c) DEC 27 1943 Hunting for Williams
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1943, at 2 P M

21. I certify that ~~I took charge~~ of the remains described above, held an Inquelim thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Live death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerosis
cardiovascular disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ... at ... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec. 28 1943

VS 151

Cause of death clearly and legibly. Physicians: please write the c

G 11887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 12

Registered No. G 11887

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green Sts.
(c) Hospital or institution: Un. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town Howardsville (If outside city or town limits, write RURAL and give town)
(d) Street No. CAMPFIELD ROAD (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** HELEN MARIE NE TAYLOR.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: M.

6 (b) Name of husband or wife DANIEL WEBSTER T. TAYLOR.

6 (c) If alive, give age 52. years

7. Birth date of deceased (mo., day, yr.) April 26-1906

8. AGE: Years 37 | Months 8 | Days 0 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James N. Watton
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Rose Mary Dauber
15. Birthplace Baltimore Md.

16 (a) Informant Daniel W. Taylor
(b) Address Campfield, Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 29. 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director E. Howard Strong
(b) Address 3207 W. Mott Ave
(c) Date of death DEC 27 1943 (b) Huntington Williams, M.D. (Signature of physician)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1943, at 8:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/21 19__, to 12/26 1943, and that I last saw h E R alive on 12/26 1943.

Immediate cause of death: Asphyxia — Duration:
Due to: Tetanus.
Due to: Cut. Rt. Fur.
Other Conditions: —
(Include pregnancy within 3 months of death)
Date of operation: —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 12-5-43 at A M
(c) Where did injury occur? Balto (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home. (Specify type of place) While at work? yes
(e) Means of injury Cut. Rt. thy & arm.

23. Signature Edwin N. Stewart Jr. M.D.
Address Un. Hosp. Date signed 12/29/43

approved by Howard Bruce, M.D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11888

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1406 E. Monument
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-18-68

8. AGE: Years 75 | Months 4 | Days 5 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business Unknown

FATHER 12. Name Joseph Harry Sr
13. Birthplace md

MOTHER 14. Maiden Name Lettie Johnson
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 12-28-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oakview
Location Easton ave

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

DEC 27 1943 (a) (b) Hunting for Williams M.R.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1943, at 10:37 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1943 to Dec 23 1943, and that I last saw HIM alive on Dec 23 1943

Immediate cause of death Marina — Duration 1d
pulmonary embolus — ?
Due to thrombophlebitis
Due to fracture of left tibia, fibula — 4 mos
Other Conditions Paget's disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: confirms

PHYSICIAN—Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 10/1
(a) Accident, suicide, or homicide
(b) Date of occurrence August 26 1943 at 11:40 A M
(c) Where did injury occur? Carroll (City or town) Preston (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Place (Specify type of place) While at work? Yes
(c) Means of injury Passenger in car in auto accident.

23. Signature I P Schwartz M. D.
Address Date signed

Approved, Robert Lee Peters M D Jan 19 1944

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 G 11889 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 - N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 3/4 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 8 3/4 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 474 Edgewater Apart.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** BABY BOY McGILL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			8 hr. 45 min.

9. Birthplace St. Joseph Hosp.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Dennis Marcellus McGill
13. Birthplace Lebanon, Pa.

MOTHER
14. Maiden Name Marguerite Esther Thompson
15. Birthplace Lebanon, Pa.

16 (a) Informant Mrs. Marguerite McGill
(b) Address Edgewater Apt. #74 Essex. 21

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/43 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery
Location North & Milton Aves.

18 (a) Funeral director Howard N. Bright, Jr.
(b) Address 4411 Belair Road

19 (a) DEC 27 1943 (Date rec'd by registrar) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/25/43 1943, at 10:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/25 1943 to 12/25 1943, and that I last saw h. alive on 12/25 1943

Immediate cause of death	Duration
Prematurity	
Due to Premature separation of placenta	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Ballerea M. D.
Address St. Joseph's Hosp. Date signed 12/25/43

VS 150

C 11890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46e

Registered No. C 11890

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 412 Patapsco Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 412 Patapsco Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert M Farring

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-16-1818

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Emma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3 1865

8. AGE: Years	Months	Days	If less than one day
78	3	22	hr. min.

9. Birthplace Brooklyn Md
(Town, county, and state)
10. Usual Occupation Sec of the Crandall Bldg
11. Industry or business Loan Asso

FATHER
12. Name Louis Farring
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Beck
15. Birthplace Germany

16 (a) Informant Mrs Emma Farring
(b) Address 412 Patapsco Ave

17 (a) Burial (b) Date thereof 12/28/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Marsek
(b) Address 715 Light St

19 (a) (b)
(Date rec'd by registrar) (Signature of registrar)

DEC 27 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1943, at 1.15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941, to Dec 25 1943, and that I last saw h.im alive on Dec 23 1943.

Immediate cause of death	Duration
Carcinomatosis	8 mos.-
Due to Carcinoma of Sigmoid	1941
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Sept. 1943
Major findings of operation: Carcinomatosis.-
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lawrence M. Seva M. D.
Address 11 E. Chase St Date signed 12/26/43

G 11891

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131a

G 11891 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 416 E Cross St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 416 E Cross St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret E Hackett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Frank E

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3 1874

8. AGE: Years 69 | Months 7 8 | Days 3 20 | If less than one day ... hr. ... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation H W

11. Industry or business

FATHER
12. Name Caspar Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Don't Know
15. Birthplace Germany

16 (a) Informant Mr Frank E Hackett
(b) Address 416 E Cross St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27/43 (month) (day) (year)
(c) Cemetery or crematory Forest Lawn
Location 1226 Hanover st

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 27 1943 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1943, at 1145 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/10 1943, to 12/23 1943, and that I last saw h— alive on 12/21 1943

Immediate cause of death: Hypertensive cardio-vas-cular disease — Duration 2

Due to —

Due to —

Other Conditions Chronic interstitial nephritis 2

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Lediker

Address 1226 Hanover St Date signed 12/26/43

G 11892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 c G 11892 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp. 76
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. Box 103 Route 3
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph J. Porembski

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-22-7741

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1926

8. AGE: Years 16 | Months 11 | Days 23 | If less than one day hr. min.

9. Birthplace Balto. Co., Md.
(Town, county, and state)

10. Usual Occupation Pipe Mill

11. Industry or business Sparrows Pt.

FATHER
12. Name Jos. B. Porembski
13. Birthplace Balto, Md

MOTHER
14. Maiden Name Mary Dobrzycka
15. Birthplace Balto, Md.

16 (a) Informant Jos. B. Porembski
(b) Address Box 103 N. Pt. Rd.

17 (a) Burial (b) Date thereof 12-28-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Germain Hill Rd

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern Ave

19 DEC 27 1943 (b)
Date rec'd by registrar Registrar

VS 151

Correct the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1943, at 9 50 M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of Skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Dec. 23 1943 7 15 A.M.
(b) Where did injury occur? Riverside Drive Sparrows Point
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian struck by auto

23. Signature Edward Lee Fackler M.D.
Medical Examiner.
Date signed Dec. 25 1943

G 11893 G 11893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4102 Hamilton Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 24
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore 6.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4102 Hamilton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary Elizabeth Knepp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Wh	Widowed

6 (b) Name of husband or wife Sam'l G. Knopp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 25th, 1858

8. AGE: Years	Months	Days	If less than one day
85	8 7	29	hr. min.

9. Birthplace Raspeburg, Baltimore County
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At home

FATHER
12. Name Joseph Sanders
13. Birthplace Raspeburg, Balto Co.

MOTHER
14. Maiden Name Catherine ——
15. Birthplace ——

16 (a) Informant Mrs. Wm. Rau
(b) Address 4102 Hamilton Ave.

17 (a) Burial (b) Date thereof 12/28/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor ave

18 (a) Funeral director Sturm & Hoffman
(b) Address 1839 Broadway

19 (a) ..... (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1943, at 11.40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4th 1943, to Dec 24 1943, and that I last saw her alive on Dec 28 1943.

Immediate cause of death	Duration
Cardiac Insufficiency	1 wk.
Due to Arteriosclerosis	30-40 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Wilkinson
A. L. Wilkinson, M.D. M. D.
Address 5713 Bel Air Rd. Date signed 12-25-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V8 8

G 11894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 11894

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2903 Eastern Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2903 Eastern. Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William H. Hults

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie

6 (c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): Aug 28-1870

8. AGE: Years: 73 | Months: 3 | Days: 26 | If less than one day: hr. min.

9. Birthplace: Balto- Md. (Town, county, and state)

10. Usual Occupation: Salesman

11. Industry or business: Sewing Machine

FATHER
12. Name: Wm H. Hults
13. Birthplace: Balto- Md.

MOTHER
14. Maiden Name: A. E. Hass
15. Birthplace: Balto. Md.

16 (a) Informant: Annie Hults
(b) Address: 2903 Easter. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 27-43 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Registerstown Rd.

18 (a) Funeral director: John. A. Medam
(b) Address: 300 E. Balto St

DEC 27 1943 (Date rec'd by local registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1943, at 12 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10. 1943. to Dec 24 1943 and that I last saw him alive on Dec. 24 1943

Immediate cause of death	Duration
Coronary thrombosis	14 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Eugene Zeller, M.D.

Address 2739 Eastern Ave Date signed 12/24/43

C 11895

11895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83a Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1440 Presstman St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Brent

If U. S. Veteran specify WAR

(a) Residence: No. 1440 Presstman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gahon W.

6. DATE OF BIRTH (month, day, year) Aug 12, 1878

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	65	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Wm Thomas

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Grace Butler

(Address) 1440 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 12/27 43

19. UNDERTAKER Wm. H. Kelson

(Address) 1303 Presstman St

20. FILED ..... 19.... For Williams M.D. Registrar.

DEC 27 1943

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1943

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1943 to Dec. 23, 1943

I last saw her alive on Dec. 22, 1943 Death is said to have occurred on the date stated above, at 7:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	

Other contributory causes of importance: Cerebral accident

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C.R. Campbell, M. D.

(Address) 718 Dolphin St.

V. S. 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11896 G 11896 A1 107

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1343 Gilmor St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1343 Gilmor St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Perry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Laura Perry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace N. Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Retired

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Laura Perry
(b) Address 1343 Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. H. Kelson
(b) Address 1603 Pennsylvania Ave

19 (a) DEC 27 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28/43; at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/18/43 to 12/28/43 and that I last saw h[illegible] alive on 12/28/43

Immediate cause of death Pneumonia — Duration 6 Days

Due to Degeneration

Due to Old age

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Cris Ellers M. D.
Address 1 E Fayette St Date signed 12/27/43

VS 150

Jo #35567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 136

G 11897

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Baltimore City Hospitals 14

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 hrs. 50 min.

(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2329 Division St. (If rural give location)

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country

3 (a) FULL NAME Massie Wood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1893

8. AGE: Years	Months	Days	If less than one day
50	4	16	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Robert Wood

13. Birthplace Va.

MOTHER

14. Maiden Name Ester Morris

15. Birthplace Va.

16 (a) Informant Records, Balto. City Hosp.

(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Lebanon

Location Westport Md.

18 (a) Funeral director George T. A. Gibson Bro

(b) Address 1300 Druid Hill Ave.

19 (a) DEC 27 1943 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23, 1943 at 1:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/22 1943 to 12/23 1943 and that I last saw him alive on 12/23 1943.

Immediate cause of death Pulmonary T.B.C.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No post

Duration
0

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. J. Seymour M. D.

Address B C H. Date signed 12/24

G 11898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

G 11898 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1657
(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1134 Longwood St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Baggett (James N. Baggett)

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex m | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mary Baggett
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1873

8. AGE: Years	Months	Days	If less than one day
70	3	8	....hr. ....min.

9. Birthplace Alabama (Town, county, and state)
10. Usual Occupation Gang Foreman
11. Industry or business City High-way Dept.

FATHER 12. Name Unknown
13. Birthplace "

MOTHER 14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Mary Baggett
(b) Address 1134 Longwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 (a) DEC 27 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1943, at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 20 1943, to Dec. 24 1943, and that I last saw him alive on Dec. 24 1943.

Immediate cause of death Uremia — Duration ?

Due to Renal obstruction

Due to Prostatic Hypertrophy

Other Conditions Carcinomatosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leonard Aikman M. D.
Address Date signed

G 11899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 a Registered No. G 11899

write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner Ave.
(c) Hospital or institution:
West Baltimore General 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 49 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ****
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2000 N. Smallwood St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES D. FRITZ

3 (b) If veteran, name war ****

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: Wht.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1882

8. AGE: Years 61 | Months 1 | Days - | If less than one day ..... hr. ..... min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Baker

11. Industry or business Bakery

FATHER
12. Name John D. Fritz
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Roh
15. Birthplace Germany

16 (a) Informant Mrs. Anna C. Hauser
(b) Address 2000 N. Smallwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 (a) DEC 27 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1943 at 11 a M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to ..... death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Hanging by rope
Due to Suicide
Other Conditions Mental Irresponsibility
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-25-43 at a M.
(b) Where did injury occur? 2000 N. Smallwood
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? no
(d) Means of injury Hanging by rope

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 12-26-43

C 11900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43d

Registered No. C 11900

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1906 Bank St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1906 Bank St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Szymanowski

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Cecilia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Stanislaus Szymanowski
13. Birthplace Poland

MOTHER
14. Maiden Name Eva ?
15. Birthplace Poland

16 (a) Informant Louis Szymanowski
(b) Address 1906 Bank Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John M Deles
(b) Address 401 S. Chester St

19 (a) DEC 27 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1943, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1943 to Dec 22 1943 and that I last saw him alive on Dec 22 1943.

Immediate cause of death	Duration
Acute Myocardial Insuff	acute
Due to Bronchial Asthma	7
Due to Chr Myocarditis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J Dewey MD
Address 1001 E. Pratt St Date signed 12/27/43 M.D.

G 11901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 463

Registered No. G 11901

write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1630 Shakespeare St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1630 Shakespeare St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Kozierackí

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Stanislaus Kozierachi

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years 47 | Months | Days | If less than one day ....hr. ....min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Felikes Sklodanek
13. Birthplace Poland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Poland

16 (a) Informant Stanislaus Kozierackí
(b) Address 1630 Shakespeare Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary cem
Location Baltimore County

18 (a) Funeral director John J. Welby
(b) Address 401 S. Chester Street

19 (a) DEC 27 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24 1943 at 4.50 A.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Carcinoma Stomach.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Beverly B. Mitchell M.D. Medical Examiner.
Date signed 12/24/43.

G 11902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. G 11902

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 811 N. Carey St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 811 N. Carey St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Watkins

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/7/1937

8. AGE: Years	Months	Days	If less than one day
6	9	13	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Watkins
13. Birthplace Balto Md

MOTHER
14. Maiden Name Margaret Wilson
15. Birthplace Balto Md

16 (a) Informant Margaret Watkins
(b) Address 811 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) DEC 27 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1943, at 10:30 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Primary Carcinoma of Liver

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Fustard M.D.
Medical Examiner.
Date signed Dec. 21, 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 11903 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1128 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1128 Druid Hill Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gladys Gray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 2, 1898

8. AGE: Years 45 | Months 4 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Ulysses Gray
13. Birthplace Md.

MOTHER
14. Maiden Name Cora Marshall
15. Birthplace Md.

16 (a) Informant Ulysses Gray
(b) Address 1128 Druid Hill Ave.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 12/27/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Balto. Md.

18 (a) Funeral director Robt Elliott & Dempsey
(b) Address 1129 N. Caroline St

DEC 27 1943 Huntington Williams M.D.
(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22- 1943, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-9-1943, to 12-22-1943, and that I last saw her alive on 12-21-1943

Immediate cause of death

Carcinoma of breast — Duration Dec. 1943

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank A. Saunders M. D.

Address 1129 N. Stricker St. Date signed 12-24-43

C 11904

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

C 11904 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 400 Burgundy Ct
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Seymour

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 70 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location AA Co Md

18 (a) Funeral director Isaiah D. Bowman
(b) Address 1012 Montgomery St

19 (a) DEC 27 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1943, at 1:45 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pulmonary edema

Due to Chronic myocardial degeneration

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Fraser M.D.
Medical Examiner.
Date signed Dec 19 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 11905

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3212 Remley Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 5 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3212 Remley Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LUCILLE R. PHILIPS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Daniel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1918

8. AGE: Years 26 | Months 7 6 | Days 4 + 4 | If less than one day hr. min.

9. Birthplace Fairfield (Balt md)
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name George W. Roberts
13. Birthplace Md

MOTHER
14. Maiden Name Mary Stansbury
15. Birthplace Md

16 (a) Informant Lenora Hopkins (S)
(b) Address 1612 Chesapeake Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location A. A. Co., Md

18 (a) Funeral director Isaac L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) DEC 27 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/22/43 1943, at 9 10 A M

21. I certify that I took charge of the remains described above, held an inquiry thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Hypertensive cardiovascular disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D.
Attending Medical Examiner.
Date signed 12-22-43

VS 151

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

H45599 G 11906 G 11906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 139a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1835 Lorman (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie Garrett
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 10-23-79
8. AGE: Years 64 Months 2 Days 1 If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

MOTHER / FATHER
12. Name Ruban Garrett
13. Birthplace Md.
14. Maiden Name Margaret Hall
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore Md.
18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St
DEC 27 1943 (Date rec'd by registrar) (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1943 at 9.00 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Dec - 3 1943 to Dec 24 1943 and that I last saw h.e.r alive on Dec 24 1943.

Immediate cause of death: Pulmonary Embolism — Duration: Sudden
Due to
Due to
Other Conditions: Hypertensive Cardio-Vascular Disease. Mild Diabetes Mel
(Include pregnancy within 3 months of death)
Date of operation: December 14, 1943
Major findings of operation: Tuberculoma Abscess left Ovary, rt.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Eugene B. Scott M. D.
Address Johns Hopkins Hosp. Date signed 12-29-43

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11907

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

C 11907 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Provident Hospital 1601
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 Stockton Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Elizabeth Cooper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife 9

6 (c) If alive, give age 7 years

7. Birth date of deceased (mo., day, yr.) 9 1868

8. AGE: Years 75 | Months 9 | Days 7 | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation old age Pensioner

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec 26 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director A. Hahn & Son
(b) Address 918 Druid Hill Ave

(a) (Date rec'd by Registrar) DEC 27 1943 (b) Huntington Williams Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19, 1943, at M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Here death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed Dec. 19, 1943.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11908

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 11908 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 355 days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. Mt. Royal & Lafayette Aves. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Jane F Nolan
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M.
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 7/24/65
8. AGE: Years 78 | Months 5 | Days 4 | If less than one day hr. min.
9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Roman Catholic
11. Industry or business Priest

FATHER
12. Name Thomas Nolan
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Reilly
15. Birthplace Ireland

16 (a) Informant S. R. Mears
(b) Address 805 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 DEC 27 1943 (Date rec'd by registrar) Huntington Mills Registrar, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/25/1943, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/4/1943, to 12/25/1943 and that I last saw h.. alive on 12/25/1943.

Immediate cause of death	Duration
Coronary Thrombosis	4 hrs.
Due to Cardiac renal arteriosclerosis	?
Due to	
Other Conditions Hypostatic pneumonia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard S. Rude M. D.
Address Bon Secours Hosp. Date signed 12/30/43

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11909 G 11909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 302 Wyndhurst Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 302 Wyndhurst Avenue
(If rural give location)
(e) Citizen of foreign country? --------- (Yes or No)
If yes, name country ---------

3 (a) FULL NAME CLAUDIUS BENNETT LLOYD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Kathryn Floyd
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) --------- 1863

8. AGE: Years	Months	Days	If less than one day
80	?	?	--hr. ---min.

9. Birthplace Charles County, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business ------

FATHER
12. Name Thomas Lloyd
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Emily ?
15. Birthplace Charles County, Md.

16 (a) Informant Mrs. Kathryn Lloyd
(b) Address 302 Wyndhurst Avenue

17 (a) Burial (b) Date thereof 12/28/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. C. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) DEC 27 1943
(Delivered by registrar) Registrar

Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec - 25 1943, at 4 A.M.

21. I certify that I took charge of the remains described above, held an ..... thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to ..... death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....
(d) Means of injury .....

23. Signature H. Z. Wallenmeyer M.D.
Medical Examiner.
Date signed Dec-27-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

No #65384 G 11910 BALTIMORE CITY HEALTH DEPARTMENT G 11910

CERTIFICATE OF DEATH 1/31 W

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1239 N. Bond St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie Ligon

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Charlie Ligon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1901

8. AGE: Years	Months	Days	If less than one day
42	0	13	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Mathew Harris (d.)
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Scott (d.)
15. Birthplace Va.

16 (a) Informant Records, Baltimore City Hosp.
(b) Address 4940 Eastern Avenue

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 29 1943 (month) (day) (year)
(c) Cemetery or crematory
Location Prospect Virginia

18 (a) Funeral director Wm. P. G. Elliott & Daughter
(b) Address 1129 N. Caroline St.

19 (a) DEC 27 1943 (Date received) Livingston Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26, 1943, at 5:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/13 1943 to 12/26 1943.
and that I last saw h[illegible] alive on 12/26 1943.

Immediate cause of death: Uremia — Duration 2 wks.
Due to: HSVD; arteriolar nephrosclerosis ?
Due to: arteriolar nephrosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. J. Serpman M.D.
Address BCH Date signed 12/29/43

VS 180

G 11911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 205. N. Carey St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 205. N. Carey St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Antonetta Childs

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Geo. W. Childs
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): July 10th 1868
8. AGE: Years 75 Months 3 Days 15 If less than one day hr. min.
9. Birthplace Lindenau
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name John J. Brust.
13. Birthplace Germany

MOTHER
14. Maiden Name Theo. C. Weyel
15. Birthplace Germany

16 (a) Informant Mrs. Edna Childs
(b) Address 205. N. Carey. St. Baltimore Md.
17 (a) Burial (b) Date thereof Dec 29 '43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Balto. Md.
18 (a) Funeral director Harry M. Wetzler
(b) Address 401 Edmondson Ave
19 (a) Filed DEC 29 1943 (b) Registrar Huntington Williams M.D.
(Date filed by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1943, at 3.10 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 1943 to Dec 26 1943, and that I last saw h[illegible] alive on Dec 22 1943

Immediate cause of death	Duration
Chronic Cardio Vascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Ernest H. Rahn M. D.
Address 735 Park Ave Date signed 12/27/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G 11912

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95B

G 11912 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A.A. Co.
(c) City or town Revells Station
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JANE SUTCLIFFE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: late Wilson Sutcliff

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 1879

8. AGE: Years 63 | Months 10 | Days | If less than one day hr. min.

9. Birthplace England
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Steele
13. Birthplace U.S.A.

MOTHER
14. Maiden Name Ellen Hall
15. Birthplace U.S.A.

16 (a) Informant John Steele
(b) Address 1619 Locust Av Curtis Bay

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/43 (month) (day) (year)
(c) Cemetery or crematory Asbury
Location Arnold A.A. Co.

18 (a) Funeral director Harry H. Fritzlee
(b) Address 401 Edmondson Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/25/43 19 10:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/20/43 to 12/25/43, and that I last saw her alive on 12/25/43.

Immediate cause of death: Cardiac failure — Duration
Due to: Rheumatic heart disease
Due to:
Other Conditions: Cerebral embolism
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Gadgie Shorofsky M.D.
Address Med Bldg Balto Gen Hosp Date signed 12/26/43 M.D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G 11913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30E

G 11913 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Certain address BALTIMORE, MARYLAND
(c) Hospital or institution:
UNION MEMORIAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 23 E. 22ND ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES R. BAUGHER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	MARRIED

6 (b) Name of husband or wife ELSIE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 12-1895

8. AGE: Years	Months	Days	If less than one day
48	14	13	hr. min.

9. Birthplace VIRGINIA
(Town, county, and state)

10. Usual Occupation SALESMAN

11. Industry or business

FATHER
12. Name CHAS. H. BAUGHER
13. Birthplace VA.

MOTHER
14. Maiden Name FLORENCE GUIPE
15. Birthplace VA.

16 (a) Informant ELSIE BAUGHER
(b) Address 23 E. 22ND ST.

17 (a) BURIAL (b) Date thereof 12/28/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon PK
Location Frederick Rd

18 (a) Funeral director Edward Tenley
(b) Address 2309 W. Baltimore, Md.

19 (a) DEC 27 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH DECEMBER 25, 1943, at 8 P. M

21. I certify that I took charge of the remains described above, held an INQUIRY thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to His death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Syphilis, cardiovascular

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. Z. Wollenweber M.D.
Asst. Medical Examiner.
Date signed

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 1914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. C 11914

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Rayner
(c) Hospital or Institution W Balto Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 35yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2027 Pinkney St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Altman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Abraham Jacob
13. Birthplace Russia

MOTHER
14. Maiden Name Chiq
15. Birthplace Russia

16 (a) Informant Hoyt Resch
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-43 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Jerusalem Rd Pikesville

18 (a) Funeral director Jas C Levy Son
(b) Address 1439 E. Baltimore St

19 (a) (Date rec'd by registrar) Huntington Williams Mgr

DEC 27 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1943 at 12:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1943 to Dec 26 1943 and that I last saw h[illegible] alive on Dec 26 1943

Immediate cause of death Heart failure acute — Duration
Due to Coronary heart disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature P. N. Friedman
Address West Balto Gen'l Date signed M. D. 12/26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BEARING RESERVED FOR BINDING

G 11915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 11915 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2414 E. Balto St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 V
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2414 E. Balto St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Singer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Celia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 76 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER: 12. Name Israel Singer
13. Birthplace Russia

MOTHER: 14. Maiden Name Anna
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Rhd Rd & Hamilton Ave

18 (a) Funeral director Jack Levin Sons
(b) Address 1429 E. Baltimore St

19 (a) (Date received by registrar) (b) Registrar

VS 15 DEC 27 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26-43, 19..., at 10 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/24 1943 to 12/25 1943, and that I last saw him alive on 12/25 1943

Immediate cause of death Cardiac Failure

Due to Cardiac vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
2

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Jaskin M. D.
Address 1429 E. Baltimore St Date signed 12/27/43

G 11916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11916 Registered No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNIVERSITY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County —
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2810 MARYLAND AVE (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME James Scully

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife ANNA LELA SCULLY
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) SEPT. 19. 1859

8. AGE: Years	Months	Days	If less than one day
84	3	7	hr. min.

9. Birthplace BALTIMORE MD (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name DANIAL R. SCULLY
13. Birthplace IRELAND

MOTHER
14. Maiden Name FRANCES BYRNE
15. Birthplace NEW FOUNDLAND

16 (a) Informant MRS. ANNA LELA SCULLY
(b) Address 2810 MARYLAND AVE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC. 30/43 (month) (day) (year)
(c) Cemetery or crematory CATHEDRAL
Location

18 (a) Funeral director Chas. J. Evans & Son Inc
(b) Address 118 N. Mt. Royal Ave

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

DEC 27 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/26 1943, at 4.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/23 1943 to 12/26 1943 and that I last saw him alive on 12/26 1943

Immediate cause of death — Duration

Due to Bilat bronchial pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Josephine E. Renshaw M. D.
Address Univ. Hospital Date signed 12/26/43

G 11917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G 11917 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 510 Harwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 7 8
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 510 Harwood
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Allen Kirk Allen H. Kirk
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male
5. Color or race White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~
6 (b) Name of husband or wife Anna E. Kirk
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 18, 1879
8. AGE: Years 64 Months 11 Days 6 If less than one day hr. min.
9. Birthplace Belair, Harford Co., Md. (Town, county, and state)
10. Usual Occupation Guard
11. Industry or business

FATHER
12. Name Elijah Kirk
13. Birthplace Unknown

MOTHER
14. Maiden Name Elizabeth Sheridan
15. Birthplace Unknown

16 (a) Informant Anna E. Kirk
(b) Address 510 Harwood Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/43 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Baltimore
18 (a) Funeral director Roland L. Fisher
(b) Address 5005 Park Heights Ave.
19 (a) DEC 27 1943 (Date rec'd by registrar) (b)
Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1943 at M
21. I certify that death occurred on the date above stated; that I attended deceased from 12/20 1943, to 12/24 1943, and that I last saw h[illegible] alive on 12/24 1943.

Immediate cause of death Myocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Edmund Roberts M. D.
Address 6100 York Rd Date signed

Huntington Williams, M.D.
Belair Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11918

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 33a

Registered No. G 11918

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Street
(c) Hospital or institution: Union Memorial Hospital V
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Parkton
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Frank P. (Corinne Hooper) Lewin

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife FRANK PAUL LEWIN
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 24, 1859

8. AGE: Years	Months	Days	If less than one day
84	4	1	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation House wife.
11. Industry or business

FATHER
12. Name James Albert Hooper
13. Birthplace Maryland

MOTHER
14. Maiden Name Katherine Holloway
15. Birthplace Maryland.

16 (a) Informant JOHN HENRY LEWIN,
(b) Address RUXTON, MD

17 (a) BURIAL (b) Date thereof 12/28/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location

18 (a) Funeral director Chas. J. Evans & Son Inc
(b) Address 118 N. Mt Royal Ave

19 (a) (b)
(Date rec'd by registrar) Registrar

DEC 29 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1943, at 10:25 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 25 1943, to same 19, and that I last saw her alive on Dec. 25 1943.

Immediate cause of death	Duration
Pulmonary Infarction	
Due to Bronchopneumonia	7 days
Due to Grippe	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Turbett Jr. M. D.
Address Union Memorial Hosp. Date signed 12-26-43

~~C 11919~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 170e

C 11919 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
St Agnes Hosp. 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard County
(c) City or town [redacted] Savage
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Wood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Walter Wood

6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) May 12 '21

8. AGE: Years 22 Months 7 Days 13 If less than one day ____ hr. ____ min.

9. Birthplace D.C.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Roscoe C. Hereford

13. Birthplace Va.

MOTHER 14. Maiden Name Annie D. Ward

15. Birthplace Va

16 (a) Informant Roscoe C. Hereford

(b) Address Savage Md

17 (a) [redacted] Burial (b) Date thereof Dec 25-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Fort Lincoln

Location Fort Lincoln

18 (a) Funeral director Lloyd Lauer

(b) Address Laurel Md

19 (a) [illegible] Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1943, at 3 05 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:
(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Sub dural Hemorrhage; subarachnoid Hemorrhage.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury Dec. 25 1943 25/1/20 2 A.M.

(b) Where did injury occur? 3700 Williams Ave.

(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? No

(d) Means of injury colliding of autos

23. Signature Robert L. Graham M.D.
Medical Examiner.

Date signed Dec. 25 1943

correct age is especially important. Physicians: please write the

G 11920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 11920 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Md.
(c) Hospital or institution:
Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 414 Fawcett Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BABY SCOTTEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 25, 1943

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Samuel T. Scotten
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary E. Johnson
15. Birthplace Maryland

16 (a) Informant Samuel T. Scotten
(b) Address 414 Fawcett Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27 43 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Hampden

18 (a) Funeral director Schumacher & Sons
(b) Address 2615-17 Eastern Ave.

19 (Date received by registrar) DEC 27 1943 Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1943, at 12 45 M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Pneumonia, lobular
Due to Prematurity

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 12-27-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 11921

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4306 Falls Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4306 Falls Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary M. Alder.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married.

6 (b) Name of husband or wife Charles H. Alder.
6 (c) If alive, give age 90 years

7. Birth date of deceased (mo., day, yr.) Jan 22 1857

8. AGE: Years	Months	Days	If less than one day
86	11	24	hr. min.

9. Birthplace Maryland.
(town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER
12. Name Ferdenand Stevens.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Mary M. ?
15. Birthplace Maryland.

16 (a) Informant Mrs. Grace Bayly.
(b) Address 4306 Falls Road.

17 (a) Burial (b) Date thereof Dec 27/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampden

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Eastern Ave.

19 (a) DEC 27 1943 (b) Huntington Williams, M.D.
(Entered by Registrar) Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1943 at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1930 to Dec 1943, and that I last saw h[illegible] alive on Dec 20 1943.

Immediate cause of death Heart failure probably Coronary Occlusion
Due to Senile Arteriosclerosis
Due to —
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations —
of autopsy: —

Duration
15

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature M. Gibson Porter M. D.
Address 4822 Roland Ave. Date signed

G 11923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G 11922

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address Calvert & 33rd St
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3d.
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5913 Falls Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Nettie M Strawdermann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife? —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 3, 1897

8. AGE: Years	Months	Days	If less than one day
46	7	20	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William F Kendrick
13. Birthplace Balto

MOTHER
14. Maiden Name Ella Martin
15. Birthplace Balto

16 (a) Informant Wm. F. Kendrick.
(b) Address 5913 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27/43 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampden

18 (a) Funeral director Chenoweth & Bowman
(b) Address 3615-17 Eastern Ave

19 DEC 27 1943 Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23 1943, at 11:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1943 to Dec 23 1943, and that I last saw h.e alive on Dec 23 1943.

Immediate cause of death Cardiac Respiratory Failure — Duration 3 days

Due to Cerebro-Vascular accident — Duration 4 ?

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A Kerbin Jr. M. D.
Address Union Memorial Hosp Date signed 12-27-43

1923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117a

Registered No. C 11923

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore - Reisterstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 363 Main St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roland C. Green Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-0204

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married.
6 (b) Name of husband or wife: Lillian M. Green
6 (c) If alive, give age 52 years
7. Birth date of deceased (mo., day, yr.) May 23 1886
8. AGE: Years 57 | Months 7 | Days 4 | If less than one day: hr. min.
9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation bar tender
11. Industry or business Balto. Transit Co.

FATHER
12. Name John W. Green.
13. Birthplace Md

MOTHER
14. Maiden Name Mary Bowersmer.
15. Birthplace Md.

16 (a) Informant Lillian M. Green.
(b) Address 363 Main St. Reisterstown Md.

17 (a) Burial (b) Date thereof Dec. 30, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Salem
Location Reisterstown Md

18 (a) Funeral director Shoemaker & Donovan
(b) Address 2615 Eastern Ave

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 27 1943 at 7:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-24 1943, to 12-27 1943, and that I last saw h[im] alive on 12-27 1943

Immediate cause of death: Post Operative Pneumonia — Duration: 4 da.

Due to:

Due to:

Other Conditions: Perforated Peptic ulcer.
(Include pregnancy within 3 months of death)

Date of operation 12-24-43

Major findings of operation: perforated gastric ulcer

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Stanley B. Klyanowicz M. D.
Address St. Joseph's Hosp. Date signed 12-27-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Von Kinsle.

G 11924

G 11924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 152 B

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3606 Hooper Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3606 Hooper Ave.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

13

3 (a) FULL NAME Harvey E. Hess.

3 (b) If veteran, name war —

(c) Social Security Account No. 212-07-3430

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Elva M. Hess

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) July 25, 1886

8. AGE: Years	Months	Days	If less than one day
57	5	-	..... hr. ..... min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual Occupation Electrician.

11. Industry or business

FATHER
12. Name Abram Hess.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Mary Stauffer.
15. Birthplace Maryland.

16 (a) Informant Elva M. Hess.
(b) Address 3606 Hooper Ave.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Dec 28/43 (month) (day) (year)

(c) Cemetery or crematory Woodlawn.
Location Woodlawn, Md.

18 (a) Funeral director Chenowith & Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) 12/27/43 (Date rec'd by registrar) (b) Huntington, Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25, 1943, at 1 15 F M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to Dec 25 1943 and that I last saw him alive on Dec 25 1943.

Immediate cause of death Cancer of Urinary Bladder — Duration 1 yr.

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Abram Hess
Address 3606 W 36th St. Date signed 12/29/43

VS 180

11925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 939

G 11925

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution:
Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Ausquith St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Christopher O'Donnell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation Religious

11. Industry or business

FATHER
12. Name Michael O'Donnell
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Norton
15. Birthplace Ireland

16 (a) Informant Mother Superior
(b) Address 901 Ausquith St.

17 (a) Burial (b) Date thereof Dec 29 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Glenburnie, Md.

18 (a) Funeral director Gue McFaul & Son
(b) Address 501 N. Howard St.

DEC 27 1943
(Date rec'd by registrar)

(b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1943 at 7 25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1943 to Dec. 27 1943 and that I last saw her alive on Dec. 27 1943

Immediate cause of death	Duration
Cardio-Respiratory Failure	
Due to (a) Pneumonia	
Due to (b) Cardio-Vascular Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. R. Ryles M. D.
Address Mercy Hosp. Date signed 12/27/43

G 11926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 11926 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Ambassador Apartments
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Ambassador Apartments
Eastern Ave Rd 39 (Rural location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Kelly George

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Stephen Lee George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 3, 1882

8. AGE: Years	Months	Days	If less than one day
61	4	24	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Independence M. Kelly
13. Birthplace Anne Arundel County, Md.

MOTHER
14. Maiden Name Rittie Hammond
15. Birthplace Anne Arundel County, Md.

16 (a) Informant Mrs. Elizabeth D. Miller
(b) Address 101 W. 39th St.

17 (a) Burial (b) Date thereof 12/30/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1906 Eutaw Place

19 (a) DEC 27 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 1943, at 2 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1943, to Dec 27 1943, and that I last saw her alive on Dec 26 1943

Immediate cause of death Cardio-vascular hypertensive disease — Duration 6 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Homer A. Todd M. D.
Address 735 N. Fulton Ave. Date signed

G 11927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49a

G 11927 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1428 Winston Road

(c) Hospital or institution: none

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County none

(c) City or town 1428 Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1428 Winston Road (If rural give location)

(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Caroline M. Griffiths

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Henry Griffiths

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1871

8. AGE: Years	Months	Days	If less than one day
72	6	27	hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Wainwright

13. Birthplace England

MOTHER 14. Maiden Name ?

15. Birthplace England

16 (a) Informant Channing P. Harwood

(b) Address 1428 Winston Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/43 (month) (day) (year)

(c) Cemetery Woodlawn

Location Woodlawn, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.

(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Huntington Williamsburg, W. Va.

DEC 27 1943

VS 15c

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 25 1943 to Dec 26 1943, and that I last saw h... alive on Dec 26 1943.

Immediate cause of death: Cancer of left ovary and uterus

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John A. Evans M. D.

Address 612 W. 40th St. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 11928

Registered No. 1382

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp. 28
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6d.
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4907 Wentworth Rd.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME: George Richard Corbell

3 (b) If veteran, name war: ✓

3 (c) Social Security Account No. 216-03-3979

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Bessie Corbell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 14 1877

8. AGE: Years 66 | Months 8 | Days 15 | If less than one day hr. min.

9. Birthplace md.
(Town, county, and state)

10. Usual Occupation real Estate

11. Industry or business

FATHER: 12. Name Andrew Corbell

13. Birthplace md

MOTHER: 14. Maiden Name Margaret Nicholson

15. Birthplace md

16 (a) Informant Mrs Bessie H. Corbell

(b) Address 4407 Wentworth Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 29/43 (month) (day) (year)

(c) Cemetery or crematory Mount Olivet

Location Frederick ave

18 (a) Funeral director John C. Mitchell & Sons

(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

DEC 27 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/26 1943; at 2.40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/20 1943, to 12/26 1943, and that I last saw h alive on 19

Immediate cause of death Cardio Respiratory failure —

Due to Lobar Pneumonia

Other Conditions Diabetes Mellitus, Hypertherapidemia, Pulmonary T. B.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos B. Burch M. D.

Address Mercy Hosp Date signed 12/26/43

G 11929

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 11929

CERTIFICATE OF DEATH 1943

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 Parker St St., 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 89 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Cleota Semmes

(a) Residence: No. 121 Parker St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (Wife) WIFE of Charles J. Semmes

6. DATE OF BIRTH (month, day, year) Dec. 23, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Lucas Bender

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Miss — Nadeu

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Caroline A. Reinhardt (daughter)
(Address) 121 Parker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date 12/29/43 19

19. UNDERTAKER WM. J. TICKNER & SONS
(Address) Balto., Md.

20. FILED DEC 27 1943 19 (Huntington Williams, M.D.) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1943

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1943 to Dec. 27, 1943

I last saw h alive on Dec. 26 1943 Death is said to have occurred on the date stated above, at 4:05 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Arteriosclerosis	
Arteriosclerosis Cerebro-Vascular	?
Disease	
Chronic Myocarditis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Charles J. Semmes M. D.

(Address) 2461 N. North Ave.

V. S. 3

2. M.—WHILE BEING FILLED WITH UNDERTAKER. Early information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1930 G 11930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 920

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3806 Yolando Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3806 Yolando Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES SEFTON ORAM

3 (b) If veteran, name war: --

3 (c) Social Security Account No.:

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Carrie H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 2, 1881

8. AGE: Years	Months	Days	If less than one day
62	5	23	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation Retired Police Lieut.

11. Industry or business Balto. City

FATHER
12. Name Walter D. Oram
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Emma Sefton
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Dorothy King
(b) Address 3718 Yolando Rd. - 18

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 27 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25, 1943 at 9:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 14, 1943, to Dec. 25 1943, and that I last saw him alive on Dec. 23, 1943.

Immediate cause of death Heart failure, congestion of Lungs & Uremia — Duration 15 hrs

Due to

Due to

Other Conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elmer G. Leipheimer M. D.

Address 613 E. Monument Date signed 12-27-43

G 11931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 11931

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2029 N. Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2029 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WALTER S. FRANKLIN

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
--	---	Male	White	Married

6 (b) Name of husband or wife Myrtle F.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 18, 1857

8. AGE: Years	Months	Days	If less than one day
86	2	7	hr. min.

9. Birthplace Va. TAPPAHANNOCK, VA. (Town, county, and state)
10. Usual Occupation Carpenter - retired
11. Industry or business --

FATHER
12. Name Richard Franklin
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown Mary Betty Cook
15. Birthplace "

16 (a) Informant Mrs. Myrtle F. Franklin
(b) Address 2029 N. Fulton Ave. - 17

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 27 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25, 1943, at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1943, to Dec. 25 1943, and that I last saw h alive on Dec. 25 1943

Immediate cause of death Cerebral Hemorrhage

Due to Chr. Myocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration	
May 3 1943	
1938	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Brown
Address 1634 W. Hoffman Date signed 12/29/43 M. D.

PAUL BROWN

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1447

G 11932
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2125 WALBROOK AVE (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME MRS FRANK WILLIAM HILD (KATHERINE Arline)

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: ?

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: FRANK W. HILD
6 (c) If alive, give age: 20 years

7. Birth date of deceased (mo., day, yr.): 1/17/26

8. AGE: Years: 17 | Months: 10 | Days: 19 | If less than one day: hr. min.

9. Birthplace: BALTIMORE MD. (Town, county, and state)
10. Usual Occupation: housewife
11. Industry or business:

FATHER
12. Name: BERTRAM ROBEY
13. Birthplace: MARYLAND

MOTHER
14. Maiden Name: RUTH A. SPITZER
15. Birthplace: VIRGINIA.

16 (a) Informant: HOSP. RECORDS
(b) Address:

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/43 (month) (day) (year)
(c) Cemetery or crematory: Lorraine Cem.
Location: Woodlawn, Md.

18 (a) Funeral director: Jenny J. Tichenor & Son
(b) Address: Balto., Md.

DEC 27 1943 (Date received by Registrar) (b) Huntington Hilliames, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/26 1943, at 9:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/19/1943 to 12/26/1943, and that I last saw h[illegible] alive on 12/26 1943

Immediate cause of death: TOXEMIA OF PREGNANCY (HEART FAILURE) — Duration: 8 days

Due to:

Due to:

Other Conditions: HYPOSTATIC PNEUMONIA (UREMIA) RENAL FAILURE
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: no
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: John A. Voshell Jr. M. D.
Address: Union Memorial Hosp. Date signed 12-26-43

6 1933 53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 11933 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3021 Abell Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3021 Abell Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LARRY WINFIELD DYKES

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 213-05-9807

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mollie Melissa

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 8, 1878

8. AGE: Years	Months	Days	If less than one day
65	6	16	hr. min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual Occupation: Office Manager

11. Industry or business: Balto. Transit Co.

FATHER
12. Name: Alonga Dykes
13. Birthplace: Md.

MOTHER
14. Maiden Name: Mary Atkins
15. Birthplace: Md.

16 (a) Informant: Mrs. Mollie Dykes
(b) Address: 3021 Abell Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/43 (month) (day) (year)
(c) Cemetery or crematory: Parsons Cem.
Location: Salisburg, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

DEC 27 1943 (Date rec'd by registrar)
(b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 24, 1943, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/17/ 1942, to 12/24 1943, and that I last saw him alive on 12/24 1943.

Immediate cause of death: Hypertensive cardio-vascular disease — Duration:
Due to: Chronic valvular heart disease
Due to: Myocarditis
Other Conditions: None
(Include pregnancy within 3 months of death)

Date of operation: none
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: S. W. Kourey
Address: 1812 N. Broadway Date signed: 12/27/43

S. W. KOUREY

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 11934 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1719 Mc HENRY ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1719 Mc HENRY ST (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM H. DELKER

3 (b) If veteran, name war: World War #1
3 (c) Social Security Account No. 712-16-9567

4. Sex: MALE
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 26 1891
8. AGE: Years 52 | Months 6 | Days 28 | If less than one day hr. min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation
11. Industry or business Huckster

FATHER
12. Name GEORGE DELKER
13. Birthplace BALTIMORE Md

MOTHER
14. Maiden Name CARRIE M. MEYERS
15. Birthplace BALTIMORE Md

16 (a) Informant CLARA C. OHL
(b) Address 1719 Mc HENRY ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30 1943 (month) (day) (year)
(c) Cemetery or crematory W. S. National
Location City

18 (a) Funeral director Poff & B. M. Walter
(b) Address Pratt & Fulton Ave

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 27 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 1943, at 6P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 17 1943, to Dec. 24 1943, and that I last saw him alive on Dec 23 1943.

Immediate cause of death: Coronary Thrombosis Sudden death — Duration

Due to: —

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: —
(b) Date of occurrence: — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury: —

23. Signature Morris Schreiber M. D. M. D.
Address 4 S. Fulton Ave Date signed Dec 26-43

Jo #80160 G 11935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 11935

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mo. 20 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No home (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Kelley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Separated

6 (b) Name of husband or wife Julia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1870

8. AGE: Years	Months	Days	If less than one day
73	2	4	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Kelley
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Dunnigan
15. Birthplace Ireland

16 (a) Informant Records, Balto. City Hosp.
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29-1943 (month) (day) (year)
(c) Cemetery or crematory St Joseph's
Location Texas Md

18 (a) Funeral director Robt. B.M. Walter
(b) Address Pratt & Stricker Sts

19 (a) Huntington Williams, M.D. (Date received by registrar) DEC 27 1943 Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23, 1943, at 9:10A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943 to 12/23 1943 and that I last saw him alive on 12/23 1943.

Immediate cause of death: Bronchopneumonia — Duration 5 d.
Due to
Due to
Other Conditions A.S. CVD; chron. Nephritis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. I. Sergman M. D.
Address BCH Date signed 12/24

G 11936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. G 11936

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3111 Strickland St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3111 Strickland St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theckla Bach

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Jacob S. Bach
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 23 1860

8. AGE: Years 83 | Months 10 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Clement Brunner
13. Birthplace Germany

MOTHER 14. Maiden Name Margaret —
15. Birthplace Germany

16 (a) Informant Jacob J. Bach
(b) Address 3111 Strickland St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28-1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old City

18 (a) Funeral director Pratt & Stricker Sts
(b) Address

19 (a) ..... (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

DEC 27 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 1943 at 3:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1943 to 12/24 1943, and that I last saw h.e alive on 12/24 1943.

Immediate cause of death: Coronary Thrombosis Repeated — Duration 9 mths

Due to:

Due to:

Other Conditions Arteriosclerosis with Hypertension
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature Damian P. Hayes M. D.
Address 3326 Eastern Ave Date signed 12/27/43

G 11937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92D

G 11937

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Welled

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 139 E. West St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 139 E. West St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELMER D. PHELPS

3 (b) If veteran, name war: NONE

3 (c) Social Security Account No. 217-14-1900

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	White	MARRIED

6 (b) Name of husband or wife: ANNIE B. PHELPS
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) FEB 9-1884

8. AGE: Years	Months	Days	If less than one day
59	10	17	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation JANITOR
11. Industry or business

FATHER
12. Name CALEB PHELPS
13. Birthplace md

MOTHER
14. Maiden Name EVELYN WESTLEY
15. Birthplace md

16 (a) Informant ANNIE B. PHELPS
(b) Address 139 E. West St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29. 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location A. A. Co Md

18 (a) Funeral director Pott & B. M. Walter
(b) Address Pratt & Fremont Sts

19 (a) DEC 27 1943 (Date received by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26th 1943, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 24 1943, to Dec 26 1943, and that I last saw h[illegible] alive on Dec 26 1943

Immediate cause of death: Bronchial asthma — Duration: 2 mo.

Due to: [illegible]

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operations:
of autopsy: Md

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1279 Williams ST Date signed 12/27/43

VS 150

G 11938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164c

Registered No. G 11938

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1807 W. Baltimore Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN F FLAHERTY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 8 1881

8. AGE: Years	Months	Days	If less than one day
62	1	14	hr. min.

9. Birthplace Mary Land
(Town, county, and state)
10. Usual Occupation Asst. Military Police
11. Industry or business

FATHER
12. Name James Flaherty
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget O'Neill
15. Birthplace Ireland

16 (a) Informant Mrs. Margaret LeBoyer
(b) Address 107 W Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/43 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Baltimore

18 (a) Funeral director George A Farley
(b) Address Fulton & Lafayette

19 (a) (b) Registrar

DEC 27 1943

Harrington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22 1943, at 8:30 P.M.

21. I certify that I took charge of the remains described above, held an inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Bullet wound of chest

Due to Suicide

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-17-43; at 11:45 P.M.
(b) Where did injury occur? 11 E. Mt. Royal Avenue
(c) Did injury occur at home, on farm, industrial place, in public place? Work. Industrial. While at work? Yes.
(d) Means of injury Shot himself

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 12-22-43

correct age is especially important. Physicians: please write the causes of death clearly and

G 11939 — BALTIMORE CITY HEALTH DEPARTMENT — G 11939

CERTIFICATE OF DEATH

Registered No. 430

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 115 S Catherine
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 S Catherine (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Genevieve Baer Houck

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Charles F.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 19 1873

8. AGE: Years 70 | Months 1 | Days 7 | If less than one day hr. 18 min. 73

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John R Baer
13. Birthplace Maryland

MOTHER
14. Maiden name Margaret Schwarzman
15. Birthplace Maryland

16 (a) Informant Chas F Houck
(b) Address 116 S Catherine st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director Jerome A Furey
(b) Address 1411 Fairfield Ave

19 (a) DEC 27 1943 (Date rec'd by registrar) (b) Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1943, at 5:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from — 1937, to Nov 26 1943, and that I last saw h[illegible] alive on Nov 26 1943

Immediate cause of death	Duration
Cerebral Apoplexy	few hrs
Due to Arterio sclerosis & pressure - Apoplexy	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W Bruns, M.D.
Address 2200 Garrison Blvd Date signed 12/27/43

G 11940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 11940

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2918 Erdman Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8d

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2918 Erdman Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Alice F. Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1871

8. AGE: Years 72 | Months 3 | Days 6 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Stephen E. Johnson

13. Birthplace Maine

MOTHER 14. Maiden Name Jane Griffith

15. Birthplace Ireland

16 (a) Informant Mrs. Chas. L. Waslup

(b) Address 2918 Erdman Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/43 (month) (day) (year)

(c) Cemetery or crematory St. Vincent's

Location Balto.

18 (a) Funeral director E. J. Fanning & Son

(b) Address 1938 E. Lafayette Ave.

DEC 27 1943 (Registered by registrar) (b) Registrar

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26th 1943, at 7½ A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 24-43 Dec 26-43, and that I last saw h[illegible] alive on Dec 25-43

Immediate cause of death	Duration
Coronary Thrombosis	1 hr.
Due to Arteriosclerosis	6 yrs.
Due to Hypertension & D Mellitus	8 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Thos. J. Heffernan M. D.

Address 1710 E 33rd St Date signed 12/27/43

G 11941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170 C

G 11941 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days,
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 N. Arlington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul Bumbury

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Alice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1909

8. AGE: Years 34 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace King Geo. Co. Md.
(Town/county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James R. Bumbray
13. Birthplace King Geo. Co. Va

MOTHER
14. Maiden Name Mary J. Davis
15. Birthplace King Geo. Co. Va

16 (a) Informant James Bumbray
(b) Address 1416 Harlem Ave.

17 (a) Burial (b) Date thereof 12-27-43.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Zion Cemetery
Location Fredericksburg, Va

18 (a) Funeral director Wm. George Holland
(b) Address 1631 Druid Hill Ave.

19 (d) DEC 27 1943 Huntington Williams M.D. Registrar
(Date received by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1943, at 12.30 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Dec. 24 1943 27/12 50 A M.
(b) Where did injury occur? York Rd & Howard Terrace.
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? No
(d) Means of injury pedestrian struck by auto

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec. 25 1943

Please write the causes of death clearly and correct age is especially important. Physicians: please write legibly.

G 11942 BALTIMORE CITY HEALTH DEPARTMENT G 11942

CERTIFICATE OF DEATH 61

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard and Madison
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME William Gist

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1928

8. AGE: Years	Months	Days	If less than one day
15	8	20	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Herbert Gist
13. Birthplace Carroll Co, Md

MOTHER
14. Maiden Name
15. Birthplace Carroll Co, Md.

16 (a) Informant Father
(b) Address Westminster

17 (a) Burial (b) Date thereof 12 30 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Deer Park
Location Carroll Co, Md.

18 (a) Funeral director J. H. Sharrar & Son
(b) Address Westminster

19 (a) Dec 27 1943 Huntington Williams, Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1943, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 26 1943, to Dec 27 1943, and that I last saw h.. alive on Dec. 27 1943

Immediate cause of death	Duration
Diabetic Coma	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Herman Welhams M. D.
Address Md. Gen Hosp Date signed

Dec. 27, 1943

G 11943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

G 11943 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 21

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 N. Bay st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE W. PHILIPS

3 (b) If veteran, name war No.
3 (c) Social Security Account No. 223-22-6989

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 22 92

8. AGE: Years 21 | Months 6 | Days 3 | If less than one day hr. min.

9. Where was disease contracted if not at place of death? (Give street address or location, city or town, and state)

10. Usual Occupation Watchman Shipyard

11. Industry or business Fairfield Md

FATHER 12. Name Hannibal Phillips
13. Birthplace Va

MOTHER 14. Maiden Name Lucy Basterwell
15. Birthplace Va

16 (a) Informant Jno. Phillips
(b) Address 1213 N. Bay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29 43 (month) (day) (year)
(c) Cemetery or crematory Northview Va
Location Va

18 (a) Funeral director Ruth E. Williams
(b) Address 1515 Mt. Elderry K

DEC 28 1943 (Huntington Williams Jr.)
(Date filed) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1943, at 30, M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bullet wounds of chest

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-25-43 M.
(b) Where did injury occur? Home address
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Revolver - altercation

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 12-26-43

VS 151

2511 Pennsylvania Ave

G 11944

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

✓ G 11944 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2945 Kawick Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2945 Kawick Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jennie Talp.

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex: Female — 5. Color or race: white — 6 (a) Single, married, widowed, or divorced: widow.

6 (b) Name of husband or wife: Daniel L. Talp.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 9, 1881

8. AGE: Years 62 | Months 2 | Days 16 | If less than one day hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Wm. Cruse
13. Birthplace Maryland.

MOTHER
14. Maiden Name Martha Penn.
15. Birthplace Maryland.

16 (a) Informant Walter L. Talp.
(b) Address 2928 Kawick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28/43 (month) (day) (year)
(c) Cemetery or crematory Buckleysville
Location Balto Co. Md.

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) Date received DEC 29 1943 (b) Registrar Arlington Hillman, Md.
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25, 1943 at 5:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941, to Dec 24 1943 and that I last saw her alive on 12/24 1943.

Immediate cause of death: Uremia
Cerebral Arteriosclerosis
Gen. Arteriosclerosis
Due to Art. C.V.H. Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Willard Appleford

Address 2511 Pennsylvania Ave Date signed 12/28/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

G 11945 ✓ G 11945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1530 EASTERN AVE.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1530 EASTERN AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET E. PETERY

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	DIVORCED

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 28-1864

8. AGE: Years	Months	Days	If less than one day
79	6	28	hr. min.

9. Birthplace PENN. PA. (Town, county, and state)
10. Usual Occupation HOUSE WORK
11. Industry or business AT HOME

FATHER
12. Name EDWARD PETERY
13. Birthplace PENN. PA.

MOTHER
14. Maiden Name SUSAN EVANS
15. Birthplace PA.

16 (a) Informant ANNA PETERY (DAUGHTER)
(b) Address 1530 EASTERN AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 30/43 (month) (day) (year)
(c) Cemetery or crematory FAIR VIEW CEM.
Location PA.

18 (a) Funeral director Kelly & Geiter N.C.
(b) Address 403 S. WOLFE ST.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

DEC 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1943, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 1943 to Dec. 27 1943, and that I last saw h-r alive on Dec. 26, 1943.

Immediate cause of death	Duration
Bronchial Pneumonia	3 days
Due to Dementia	
Due to	
Other Conditions chronic endocarditis Valvular disease.	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature John J. Kruger M. D.
Address 263 W Eastern Ave Date signed 12/29/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 336 G

Registered No. G 11946

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 652 West Lee Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 652 West Lee St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lloyd Hardman

3 (b) If veteran, name war
3 (c) Social Security Account No. 218-03-3706

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Alice Hardman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 19, 1895

8. AGE: Years	Months	Days	If less than one day
48	4	3	hr. min.

9. Birthplace Calvert County Maryland (Town, county, and state)
10. Usual Occupation Truck Dr. Brooks
11. Industry or business Ingram Co

FATHER
12. Name Joseph G. Hardman
13. Birthplace Calvert County Maryland

MOTHER
14. Maiden Name Annie Hollyman
15. Birthplace Calvert County Maryland

16 (a) Informant Alice Hardman Wife
(b) Address 652 W. Lee St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 25, 1943 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Baltimore City

18 (a) Funeral director Joseph A. Sharp
(b) Address 609 W. Lexington Street

(a) DEC 27 1943 (Date received by Registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/22 1943 at 10:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/15 1943 to 12/22 1943, and that I last saw him alive on 12/21 1943.

Immediate cause of death Influenza — Duration 5 days

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold Hamm M.D.
Address 605 W. Barre Date signed 12-27-43

G 11947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 G [illegible] Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State [illegible] (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 229 Bruce Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daisy Perrein

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married

6 (b) Name of husband or wife James Perrein

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) May 10, 1893

8. AGE: Years	Months	Days	If less than one day
50	7	16	..... hr. ..... min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Jessie Leppard
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant William Rodgers Son
(b) Address 229 W. Bruce Street

17 (a) Burial (b) Date thereof December 30 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Lookout
Location Baltimore City

18 (a) Funeral director Joseph A. Linly
(b) Address 4 [illegible] N. Mount Street

19 (a) 12/28/1943 (b) Huntington Williams M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26-1943 at 3 P. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Lobar Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mallais M.D.
Medical Examiner.
Date signed 12-27-43

VS 151

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11948

BALTIMORE CITY HEALTH DEPARTMENT X V C 11948

CERTIFICATE OF DEATH 186a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Marine Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Cecil
(c) City or town Northeast
(If outside city or town limits, write RURAL and give town)
(d) Street No. Cecil Hotel
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin B. Wade

3 (b) If veteran, name war	3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1912

8. AGE: Years	Months	Days	If less than one day
31			hr. min.

9. Birthplace N.Y.
(Town, county, and state)
10. Usual Occupation Inspector
11. Industry or business U.S. Government Edgewood Md

FATHER
12. Name Unknown
13. Birthplace Unknown.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown.

16 (a) Informant Eli Williams
(b) Address Edgewood Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-43
(month) (day) (year)
(c) Cemetery or crematory
Location Delaware N.Y.

18 (a) Funeral director A. Lee Oder
(b) Address 4647 York Rd.

19 DEC 28 1943 (Date received) Huntington Williams, M.D. (Local Registrar)

VS 151

MEDICAL CERTIFICATION 28

20. DATE OF DEATH Dec 21 1943, at 10:45 M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury December 21 1943, 9:30 A.M.
(b) Where did injury occur? Edgewood's Arsenal
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial Place While at work? Yes
(d) Means of injury Fall

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed 12-28-43

...correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11919 — C 11919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 115 N Pearl St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 N Pearl St (If rural give location)
(e) Citizen of foreign country? (Yes or No) V
If yes, name country

3 (a) FULL NAME Carmelo Fonti

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Male | 5 Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Lucia Fonti

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 25 1857

8. AGE: Years 86 | Months 2 | Days 29 | If less than one day: hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Artist Sculptor

11. Industry or business Self

FATHER
12. Name Dominic Fonti
13. Birthplace Italy

MOTHER
14. Maiden Name Emanuela (Unknown)
15. Birthplace Italy

16 (a) Informant Natale Adams
(b) Address 413 Fremont St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/43 (month) (day) (year)
(c) Cemetery or crematory Loyola Cathedral
Location Baltimore Md

18 (a) Funeral director Milton Rudolph
(b) Address 1317 E Fort Ave

19 (a) (Filed) (b) Huntington Williams, M.D.

DEC 28 1943
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1943 at 2P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/22 1943, to 12-24 1943, and that I last saw h alive on 12/24 1943

Immediate cause of death: Bronchopneumonia — Duration 2 da

Due to: Congestive Heart Failure — 10 yr

Due to: Cerebral Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph G. Loughran M. D.
Address 675 Washington Blvd Date signed 12/27/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131B

Registered No. C 11950

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1112 Church st - Curtis Bay
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 Church St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter V. Rost

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-6492

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Beulah Rost

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 4 1880

8. AGE: Years	Months	Days	If less than one day
63	10	22	hr. min.

9. Birthplace Balto Md.
(Town, county, and State)
10. Usual Occupation Jewelry Salesman
11. Industry or business Rankin & Co

FATHER
12. Name George Rost
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary Blunt
15. Birthplace "

16 (a) Informant Beulah Rost
(b) Address 819 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Balto Md.

18 (a) Funeral director William Cook Inc
Address 1207 St. Paul St

19 (a) DEC 28 1943 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/26/ 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1943 to Dec 25 1943 and that I last saw h~~im~~er alive on Dec 25 1943

Immediate cause of death Cardiac Decompensation — Duration 3 weeks

Due to Chronic Nephritis — Many Years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leon D. Herdrich, M.D.
Address 4700 Penna Ave Date signed 12/26/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

Registered No. D 11951

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 172 S. Collins Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 172 S. Collins Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Lynch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed or divorced~~
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 2 1865

8. AGE: Years	Months	Days	If less than one day
78	11	2	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Commission Merchant

FATHER 12. Name Abram P. Lynch
13. Birthplace Md.

MOTHER 14. Maiden Name Sarah Searf
15. Birthplace Md.

16 (a) Informant Mrs William Sohn
(b) Address 172 S. Collins Ave

17 (a) Burial (Burial, ~~cremation~~) (b) Date thereof 12/29/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

DEC 28 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25th 1943, at 8 10 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1941, to Dec 20 1943 and that I last saw h.l. alive on Dec 20 1943

Immediate cause of death	Duration
Benign hypertrophy of prostate	2 yrs ?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. McCollum M. D.
Address 3721 Fleet Date signed

COLLINS

Death

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. 11932

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2400 W. Lafayette Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2400 W. Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret A. Trautfelter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband: ~~Archibald~~ Trautfelter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb 7th 1863

8. AGE: Years: 80 | Months: 10 | Days: 19 | If less than one day: hr. min.

9. Birthplace: Balto Md.
(Town, county, and state)

10. Usual Occupation: At Home

11. Industry or business:

FATHER
12. Name: John Henry Bauer
13. Birthplace: Germany

MOTHER
14. Maiden Name: Anna (Unknown)
15. Birthplace: "

16 (a) Informant: John H. K. Trautfelter
(b) Address: 2408 W. Lafayette Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12/29/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Oak Lawn
Location: Eastern Ave. - Extended

18 (a) Funeral director: William Cook Inc
(b) Address: 127 St. Paul St

19 DEC 28 1943 (Date rec'd by registrar) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 26th 1943, at 845 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1943 to Dec 26 1943, and that I last saw h~~e~~r alive on Dec 24 1943.

Immediate cause of death	Duration
Arteriosclerotic-Cardio Vascular Renal	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Albert J. Shochet M.D.
Address: 2302 Eutaw Pl Date signed: 12/27/43 M/D.

Albert J. SHOCHET

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33B

Registered No. C 11953

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1618 Plum St. Bay
(c) Hospital or institution: Curtis
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 Plum St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JANE STEWART

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband or wife: George Stwart

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept 25 1897

8. AGE: Years: 46 | Months: 3 | Days: 0 | If less than one day: hr. min.

9. Birthplace: Scotland (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: William Williamson
13. Birthplace: Scotland

MOTHER
14. Maiden Name: Ann Wilson
15. Birthplace: Scotland

16 (a) Informant: George Stewart
(b) Address: 1618 Plum St.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 12/30/43 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Balto. Md.

18 (a) Funeral director: William Cook Inc
(b) Address: 1217 St. Paul St

19 DEC 28 1943 (Date filed by Registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1943, at 7:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1943, to Dec 25 1943 and that I last saw h[illegible] alive on Dec 23 1943.

Immediate cause of death: Myocardial Insufficiency — Duration: Sudden

Due to: Influenza — Duration: 10 days

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Don D. Hardca M.D.
Address: 4700 Pleasant Date signed: 12-30-43

G 11954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 32a

G 11954 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1425 David Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1425 David Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John W. Grooms

3 (b) If veteran, name war /
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C.	married

6 (b) Name of husband or wife Linda Grooms
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25-1884

8. AGE: Years	Months	Days	If less than one day
59	—	—	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name James Grooms
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Md.

16 (a) Informant Edna B. Johnson
(b) Address 2316 Montebello Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Gen.
Location Balto. Co.

18 (a) Funeral director Leonard W. Sullivan Jr.
(b) Address 117 N. Carrollton Ave.

19 DEC 28 1943 (Date rec'd, registered) (b) Huntington Williams M.D. (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1943, at 4.32 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 18, 1943, to Dec. 25, 1943, and that I last saw him alive on Dec. 25, 1943.

Immediate cause of death	Duration
Bronco Pneumonia	
Due to Influenza	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. R. Campbell M. D.
Address 718 Dolphin St. Date signed 12-27-43

G 11955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

777

G 11955
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 227 N. High St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALBERT RAHLEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	w	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Unknown
(b) Address Unknown

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL DEC 23 1943

18 (a) Funeral director Commissioner of Health
(b) Address

DEC 28 1943
(Date rec'd by registrar)

(b) Huntington Williams M.D.
Registrar

0589

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1943, at 2 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Chronic alcoholism

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 12-11-43

PRESS WHITE FIRMLY, WITH UNFADING INK. Every item or information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 11956

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Mercy Hospital H

(d) Length of stay in hospital or inst. (yrs., mos., or days) D.D.A

(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 122 Mordecai Place
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Harry E. Painter ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife.....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 65 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation.....

11. Industry or business Unknown

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Unknown
(b) Address unknown

17 (a)..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)

(c) Cemetery or crematory.....
Location JOHN HOPKINS MEDICAL SCHOOL DEC 23 1943

18 (a) Funeral director Commissioner of Health
(b) Address.....

19 (a) DEC 28 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12, 1943, at 2:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Lobar pneumonia

.....

.....

Due to.....

.....

Other Conditions.....

.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury..... at..... M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?..... While at work?.....
(d) Means of injury.....

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec. 12, 1943

10588

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item or information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G 11957

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Johns Hopkins Hospital 171
(d) Length of stay in hospital or inst. (yrs., mos., or days) Forever
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1129 Penna. Ave
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Celia Bee

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	—

6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
58			..... hr. ..... min.

9. Birthplace Unknown
(Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Unknown
(b) Address Unknown

17 (a).....(b) Date thereof.....
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory.....
Location JOHN HOPKINS MEDICAL SCHOOL DEC 23 1943

18 (a) Funeral director Commissioner of Health
(b) Address.....

19 (a) DEC 28 1943 (Signature) Hunting for Williams M.D.
(Date rec'd by Local Reg.)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-17- 1943, at 3 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to.....death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH.....
Chronic Myocardial Degeneration
.....
Due to.....
.....
Other Conditions Hypertrophy & dilatation of Heart
.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury.....at.....M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?.....While at work?.....
(d) Means of injury.....

23. Signature Howard J. Mallory M.D.
Medical Examiner.
Date signed 12-18-43

0587

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160a

G 11958 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Caroline
(c) Hospital or institution: Md Gen. Hosp. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town City — Balto 16
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2419 Arunah Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Thelma Armiger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12 19 43

8. AGE: Years | Months | Days: 4 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. #1
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business —

FATHER
12. Name Clarence Henry Armiger Jr
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Nellie Constance Pacunas
15. Birthplace Baltimore, Md.

16 (a) Informant Clarence Henry Armiger
(b) Address Baltimore, Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL DEC 24 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) DEC 28 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23 1943 at 5-30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-19 1943, to 12-23 1943, and that I last saw her alive on 12-22 1943.

Immediate cause of death: Cerebral Hemorrhage. Atelectasis — Duration: 2 days

Due to: Congenital Heart

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Yes —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Klein G. Mitchell M. D.

Address Md. Gen. Hosp. Date signed

0586

G 11959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G 11959

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood St.
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 W. Saratoga St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BABY BOY CUNNINGHAM

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 8, 1943

8. AGE: Years	Months	Days	If less than one day
		11	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name James Cunningham
13. Birthplace N. C.

MOTHER
14. Maiden Name Olive Mitchell
15. Birthplace N. C.

16 (a) Informant Olive Cunningham
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL DEC 24 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 DEC 28 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19, 1943, at 3.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8, 1943 to Dec 19, 1943, and that I last saw him alive on Dec 19, 1943

Immediate cause of death	Duration
Respiratory Failure	1 day
Due to Circulatory Failure	2 days
Due to Premature Birth	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. E. Weeks, M. D.
Address Univ. Hosp Date signed 12-23-43

VS 150

0585

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11960 1243

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
Since Dec. 19, 1943
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3801 Foster Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD MILTON TALKEMIER

3 (b) If veteran, name war: World's War #1
3 (c) Social Security Account No. 213-12-3702

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Lilly Garbis (Deceased)
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 18, 1892
8. AGE: Years 51 | Months 10 | Days 6 | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Marine Fireman
11. Industry or business -

FATHER
12. Name Charles W. Talkemier
13. Birthplace Germany

MOTHER
14. Maiden Name Louise Gronemeyer
15. Birthplace Germany

16 (a) Informant Mr. William H. Talkemeier
(b) Address 3801 Foster Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/43 (month) (day) (year)
(c) Cemetery or crematory 1st Evang. Cemetery
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway

DEC 28 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION A.

20. DATE OF DEATH Dec. 24, 1943, at 7:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19, 1943 to Dec. 24, 1943, and that I last saw him alive on Dec. 24, 1943.

Immediate cause of death Bilateral bronchial pneumonia — Duration: Sev. days

Due to

Due to

Other Conditions Moderately advanced cirrhosis of the liver — Duration: Unk.
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams, M.D.
Address Baltimore, Md. Date signed 12/24/43

VS 150

Va-14156

Spec.—1-16-21—M&T—1000 Blks.

WOLF

G 11961

HEALTH DEPARTMENT—CITY OF BALTIMORE G 11961

CERTIFICATE OF DEATH. 97

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 240 N Luzerne ST., ✓ WARD)

2-FULL NAME Catherine M Wolff

(a) RESIDENCE No. 240 N Luzerne Ave ST., 6 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) May 7/1872

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto (State or country) .....

PARENTS

10 NAME OF FATHER John N Wolff

11 BIRTHPLACE OF FATHER (city or town) Ger (State or country) .....

12 MAIDEN NAME OF MOTHER Elizabeth Santmyer

13 BIRTHPLACE OF MOTHER (city or town) Ger (State or country) .....

14 Informant Mrs Mary Oest

(Address) 240 N. Luzerne Ave.

15 DEC 28 1943 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC. 26, 1943

17 I HEREBY CERTIFY, That I attended deceased from Nov. 2- 1943 to Dec. 26 1943.

that I last saw her alive on Dec 26- 1943,

and that death occurred, on the date stated above, at 11:15 P.m.

The CAUSE OF DEATH* was as follows: E.W.T.

Cardiac Failure

High blood pressure.

Arteriosclerosis / Pneumonia

with Cardiac Dilatation (duration) / Chronic mos. ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Allen E. Barham M. D.

12-27, 1943 (Address) 3134 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto — DATE OF BURIAL Dec 30 1943

20 UNDERTAKER Uhl Funeral Home — ADDRESS 2008 Allendale

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11962

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2202 Cecil Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2202 Cecil Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ann Koehler

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10 1870

8. AGE: Years 73 | Months 6 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Germany (Town, county and state or country)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name John Reuter
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Marks
15. Birthplace Germany

16 (a) Informant Gerda Masson
(b) Address 2202 Cecil Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29/43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem
Location O'Donnell St

18 (a) Funeral director Ulman Funeral Home
(b) Address 2008 Orleans St

19 (a) (Date received by registrar) (Signature of registrar)

DEC 28 1943

VS-157

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 19 43 at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from DEC 19 1943 to DEC 25 1943, and that I last saw h.e.r. alive on DEC 25 1943

Immediate cause of death	Duration
General Toxemia from Bronchopneumonia	3 days
Due to Influenza began before onset of Pneumonia	4 days
Due to Myocarditis Hypertension for	10 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operations: none

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide none
(b) Date of occurrence none at M
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? none While at work? none
(Specify type of place)
(e) Means of injury none

23. Signature Edith Duker M.D.
M. D.
Address 928 E. North Ave (Date signed) DEC 26 1943

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92D

C 11963 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 227 N. Kenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 227 N. Kenwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Mason

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife George E. Mason

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 24, 1862

8. AGE: Years 81 | Months 11 | Days 1 | If less than one day hr. min.

9. Birthplace Anne Arundel County (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant George E. Mason, Jr.
(b) Address 227 N. Kenwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto. County

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2014-8 Orleans St.

DEC 28 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1943, at 2 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1943, to Dec 25 1943, and that I last saw h alive on Dec 24 1943

Immediate cause of death
Senile Bronchitis

Duration 3 hrs

Due to
Ad. Old age

Due to Chr. Valvular Heart dis.
Hemiplegia

Other Conditions Fractured left Femur 2 yrs ago.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. H. Mezick M.D.

Address 1520 E 33rd - Date signed 12/28/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11964

HANSGE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48

G 11964

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4104 Eierman ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 47
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4104 Eierman Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lula C Hansge

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Henry E Hansge
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Sept 2 - 1898

8. AGE: Years	Months	Days	If less than one day
45 48	3	23	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name Geo Pauly
13. Birthplace Balto

MOTHER
14. Maiden Name
15. Birthplace Balto

16 (a) Informant Henry E Hansge
(b) Address 4104 Eierman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Balto Co Md

18 (a) Funeral director Weland Funeral Home
(b) Address 2008 Orleans St

DEC 28 1943 Huntington Williams MD
(Date received) (Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1943 at 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1943 to Dec 20 1943 and that I last saw h[illegible] alive on Dec 2 1943

Immediate cause of death Carcinoma Uterus — Duration 6 Mos

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J S Hunting MD
Address 4840 Belair Rd Date signed M. 12 D. 27 1943

G 11965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 11965

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp 4 1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d. 4.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 720 W. Lexington
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Rubenstein

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Alexander

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1906

8. AGE: Years	Months	Days	If less than one day
37			hr. min.

9. Birthplace Montana
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Not Available
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Alexander Rubenstein
(b) Address 720 W Lexington

17 (a) Burial (b) Date thereof 12-28-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Bald Natly
Location Baltimore Md

18 (a) Funeral director Wm A Farley
(b) Address Fulton & Fayette

19 (a) Registrar
(Date received by Registrar) DEC 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22nd 1943, at 3 05 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute coronary thrombosis

Due to coronary arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Fratarn M.D.
Medical Examiner.
Date signed Dec 22 1943

G 11956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1270

G 11956

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 N. Bond St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Edward J. Shay.

3 (b) If veteran, name war: World's War I
3 (c) Social Security Account No. 213-03-3103

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Margaret M. Connor
6 (c) If alive, give age: 41 years
7. Birth date of deceased (mo., day, yr.): Oct. 22, 1896
8. AGE: Years: 47 Months: 2 Days: 5 If less than one day: hr. min.
9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Printer
11. Industry or business: U.S. Government

FATHER
12. Name: Daniel E. Shay
13. Birthplace: Balto. Md

MOTHER
14. Maiden Name: Mary E. Reiley
15. Birthplace: Balto. Md.

16 (a) Informant: Margaret M. Shay (Wife)
(b) Address: 710 N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 31 1943 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Edmondson Ave. Balto. Md

18 (a) Funeral director: George J. Ruth, Inc.
(b) Address: 1735 Maryland Ave.

19 (a) (Date rec'd by registrar) (b) 1943 Huntington Williams, M.D.

VS 188 DEC 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 27 1943, at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12 - 8 1943, to 12 - 27 1943, and that I last saw him alive on 12 - 27 1943.

Immediate cause of death: Post Operative Pneumonia — Duration: 5 da

Due to:

Due to:

Other Conditions: Peritonitis following Evisceration

(Include pregnancy within 3 months of death)

Date of operation: Cholecystectomy 12-13-43; Resutoring Abdomen 12-20-43

Major findings of operation: Chronic cholecystitis

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Stanley B. Klyanowicz, M. D.
Address: St. Joseph's Hosp. Date signed: 12-27-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11967

BALTIMORE CITY HEALTH DEPARTMENT XV G 11967

CERTIFICATE OF DEATH 117a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Dundalk. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4103 North Point Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard H Stormer (Bernard H. Stormer)

3 (b) If veteran, name war: 1903

3 (c) Social Security Account No. 213-07-2678

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catherine Miller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 5th, 1885

8. AGE: Years: 58 | Months: 0 | Days: 22 | If less than one day: (hr. min.)

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: Boiler Maker

11. Industry or business: Sparrows Point

FATHER
12. Name: William F. Stromer
13. Birthplace: Germany

MOTHER
14. Maiden Name: Theresa Eichner
15. Birthplace: Germany

16 (a) Informant: William Stormer (Brother)
(b) Address: 2224 Aisen Street

17 (a) Baltimore (Burial, cremation, or removal) (b) Date thereof Dec. 23, 1943 (month) (day) (year)
(c) Cemetery or crematory: Balto. National
Location: Frederick Rd. Balto; Md.

18 (a) Funeral director: George J. Ruth, Inc.
(b) Address: 1735 Harford ave. Balto; Md.

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 2 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27 1943, at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-19- 1943 to 12-27 1943, and that I last saw h. alive on 12-27 1943

Immediate cause of death: Myocardial Failure — Duration: 10da.

Due to: Arteriosclerosis

Due to:

Other Conditions: Bleeding peptic Ulcer.

(Include pregnancy within 3 months of death)

Date of operation: 12-12-43 Gastro-enterostomy

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Stanley B. Klyanowicz

Address: St Josephs Hosp. Date signed: 12-27-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10

Registered No. G 21968

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lyden Lane Hospital 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2008 Eagle St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Shelby Allen Cohen

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1937

8. AGE: Years 6 | Months 8 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Julius Cohen
13. Birthplace South America

MOTHER
14. Maiden Name Lillian Freidenberg
15. Birthplace Baltimore

16 (a) Informant Father - Lillian Cohen
(b) Address 2008 Eagle Street - Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Israel
Location Northern Ave

18 (a) Funeral director Jos Rewis Inc
(b) Address 1439 E Balto St

DEC 28 1943 Huntington Williams MD
(Date received) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1943, at 5:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 18 1943, to Dec. 27 1943, and that I last saw him alive on Dec. 27 1943.

Immediate cause of death	Duration
Cardiac failure	
Due to Hyaline Pneumonia myocarditis	10 Days
Due to Hyaline	
Other Conditions Hyaline Emphysema-bronchitis; tracheotomy (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Margaret A. Smith / E. Williams M. D.

Address Lyden Lane Hosp. Date signed 12-27-43

G 11969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11969

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 51 S. Arlington Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18-3

(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 51 S. Arlington Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christian Scheidt

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sophia M. Hachmeister

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.): May 11, 1867

8. AGE: Years 76 | Months 7 | Days 12 | If less than one day: hr. min. 13

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Tailor

11. Industry or business: Retired

FATHER
12. Name: John Scheidt
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant: Charles H. Scheidt Sr.
(b) Address: 51 S. Arlington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-45. (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Md.

18 (a) Funeral director: Frederick A. Cole
(b) Address: 1800 W. Lombard St.
(c) (Date rec'd by registrar) DEC 28 1945 Huntington Williams Funeral Home

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1945, at 6:35 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1943 to Dec 24 1943, and that I last saw him alive on Dec 23 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day

Due to: Generalized arterio sclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Thomas D. Schneider M. D.

Address: 51 S. Arlington Ave. Date signed: 12-27-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181 Registered No. C 11970

1. PLACE OF DEATH:
(a) Baltimore City, Maryland University Hosp.
(b) Street address Lombard + Green Sts
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 765 W. Lafayette Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Breeden Breeden

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Elizabeth Breeden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1868

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Bricklayer

11. Industry or business Retired

FATHER 12. Name Nathaniel Breeden

13. Birthplace Va

MOTHER 14. Maiden Name Emma unknown

15. Birthplace Va

16 (a) Informant Mrs Reddie King

(b) Address 730 W Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-43 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Baltimore, Md.

18 (a) Funeral director Weisbrich & Son

(b) Address 1200 W. Lexington St.

DEC 28 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/22/43 19 . at 2:06 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/9 1943 to 19 , and that I last saw h[illegible] alive on 12/22 19 43 .

Immediate cause of death Cerebral Embolism

Due to Arteriosclerosis

Due to

Other Conditions Renal failure

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accidental
(b) Date of occurrence Dec. 9 1943 at P. M
(c) Where did injury occur? 765 W. Lafayette Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? not
(e) Means of injury Doctor says fall down stairs

23. Signature [illegible] M. D.

Address Univ. Hospital Date signed 12/23

VS 150

Approved: Robert Lee Graham M. D. Dec 28 1943.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V C 11971

Registered No. 1318

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1635 N. Gilmor
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1635 N. Gilmor
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME J. Norman Mitchell ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C.	Married

6 (b) Name of husband or wife Ellen Mitchell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 26 - 1890

8. AGE: Years	Months	Days	If less than one day
53	1	28	hr. min.

9. Birthplace N. C
(City, county, and state)
10. Usual Occupation Laborer
11. Industry or business Smith Bakery

FATHER
12. Name Henry Mitchell
13. Birthplace N. C

MOTHER
14. Maiden Name Ellen Taylor
15. Birthplace N. C

16 (a) Informant Ellen Mitchell
(b) Address 1635 N. Gilmor St

17 (a) Burial (b) Date thereof 12-28-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Sam'l W. Chase & Son
(b) Address 638 N. Gilmor St

19 (a) Date registered 12-28-1943 (b) Registrar Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-24- 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-18- 1943 to 12-24 1943 and that I last saw h[illegible] alive on 12-22- 1943.

Immediate cause of death Cardiac Dilatation, Influenza
Gastritis & Nephritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm R. Boyd Kemp M.D.
Address 1135 Gilmor Date signed 12/26/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 11972

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 119 W. Hill
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 119 W. Hill
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie Blow Dabney

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
50	—	—	hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Jessie Blow
13. Birthplace Va

MOTHER
14. Maiden Name Mary Lawrence
15. Birthplace Va

16 (a) Informant Joseph Blow
(b) Address 119 W. Hill

17 (a) Burial (b) Date thereof Dec 31-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Port News, Va
Location

18 (a) Funeral director James Adams
(b) Address 142 W. Hill St

19 (a) DEC 28 1943 Huntington Williams
(Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1943 at 2 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Nov-10 1943 to 12/26 1943 and that I last saw h[illegible] alive on 12/25 1943

Immediate cause of death Coronary Thrombosis — Duration Days Nov 10

Due to Chronic myocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Crawley M.D.

Address [illegible] Date signed 12/28/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11973 ✓ G 11973

446296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 175 C

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2300 Ocala Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel J Polack.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Shirley Goodman
6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) 10-10-15

8. AGE: Years	Months	Days	If less than one day
28	2	17	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Attorney
11. Industry or business

FATHER
12. Name Jacob Polack
13. Birthplace Russia

MOTHER
14. Maiden Name Minnie ?
15. Birthplace Russia

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 12-28-43 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodmere Mill Rd
Location Woodmere Mill Cy

18 (a) Funeral director Jacob Lewis Inc
(b) Address 1429 E. Baltimore St.

19 (a) (Date rec'd by registrar) DEC 28 1943 Registrar Huntington Williams

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec-27 1943, at 2.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec-17 1943, to Dec-27 1943, and that I last saw him alive on Dec-27 1943.

Immediate cause of death Pulmonary Hemorrhage — Duration
Due to Thrombo embolic pneumonia
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 12/27/43
Major findings of operation: Splenectomy
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Cleaveland M. D.
Address Johns Hopkins Hosp Date signed 12/27/43

(over)

G 11974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C

Registered No. G 11974

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 7 1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 Warner St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna J. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 1876

8. AGE: Years 67 Months 9 Days If less than one day hr. min.

9. Birthplace Centreville Md
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Thomas James
13. Birthplace Md

MOTHER
14. Maiden Name Tony Cook
15. Birthplace Md

16 (a) Informant Annie M James
(b) Address 204 Eden St Mayfield

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto City

18 (a) Funeral director Daniel F. Brown & Son
(b) Address 708 W Montgomery St

19 (a) (Date received by registrar) Dec 28 1943 Hunter for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1943, at 12 15 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following: 21-1 10

(a) Date of injury Dec. 23 1943 6 P M.
(b) Where did injury occur? Fremont & Biddle St.
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? No
(d) Means of injury Fell down stairs struck by unknown

23. Signature Robert Lee Fortune M.D.
Medical Examiner.
Date signed Dec 25 1943

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 11975 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 102 W Henrietta
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 102 W Henrietta St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Donald Ross

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M
5. Color or race C
6 (a) Single, married, widowed, or divorced. Child

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 13, 1942

8. AGE: Years | Months 16 | Days 9 11 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Vernon Ross
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Thelma
15. Birthplace Baltimore Md

16 (a) Informant Vernon Ross (F)
(b) Address 635 W Lee St

17 (a) Burial (b) Date thereof 12/28/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Gabriels Mem Park
Location Balto County Md

18 (a) Funeral director Isaiah L Brown & Son
(b) Address 108 W Montgomery St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1943, at 5:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/23/1943 to 12/24/1943, and that I last saw h alive on 12/24/1943

Immediate cause of death Bronchial Pneumonia — Duration 24 hrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. J. Taylor M. D.
Address 52 Harlem Ave Date signed 12/27/43

VS 150

Huntington Williams, M.D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 11976 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 917 S. Fremont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Willie James Martin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age 19 years

7. Birth date of deceased (mo., day, yr.) Sept 19 1943

8. AGE: Years | Months | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Burtis Martin
13. Birthplace S C.

MOTHER
14. Maiden Name Olar McCray
15. Birthplace S C.

16 (a) Informant Burtis Martin
(b) Address 917 S Fremont Ave

17 (a) Burial (b) Date thereof 12/29/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A A Co Md

18 (a) Funeral director Isaiah L Brownlow
(b) Address 1018 W Montgomery Street

19 (a) DEC 28 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1943, at 11 3/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 23 1943, to Dec 26 1943, and that I last saw h(er) alive on Dec 26 1943.

Immediate cause of death	Duration
Bronchopneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. H. Bowles M. D.
Address Provident Hospital Date signed 12/29/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46D

G 11977 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5505 Belle Vista Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 14
(e) Length of stay in Baltimore (yrs., mos., or days) 27

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5505 Belle Vista Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George W. Clifton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Catherine C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1872

8. AGE: Years 71 | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace Penna (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name William Clifton

13. Birthplace Pa

MOTHER 14. Maiden Name Ann ?

15. Birthplace Pa

16 (a) Informant Mrs Catherine Clifton

(b) Address 5505 Belle Vista Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-43 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location

18 (a) Funeral director Leonard J. Peck

(b) Address 4-39 Edmondson Road

19 (a) DEC 28 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26- 1943 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940 to Dec. 26 1943, and that I last saw h... alive on 12-26 1943.

Immediate cause of death Carcinoma of rectum — Duration 1943

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation June 4, 1940

Major findings of operation: Ca of rectum

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard Krostel M. D.

Address 540 Reisterstown Rd. Date signed 12-29-43

G 11978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 11978

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5 N. Exeter Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK WALLACE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife. Katherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5 - 3 - 1883

8. AGE: Years	Months	Days	If less than one day
60 52	7	23	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Edward J. Wallace
13. Birthplace md

MOTHER
14. Maiden Name Anna A McShane
15. Birthplace md

16 (a) Informant Mary S Wallace
(b) Address 400 Chesmont Av

17 (a) Burial (b) Date thereof 12-29-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Leonard J Rusk
(b) Address 5305 Harford Rd.

19 (a) DEC 28 1943 (b) Washington for Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26, 1943 at 7:45 A. M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 12-27-43

VS 151

G 11979 X V G 11979

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 12-5

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2736 N. Calvert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Y. (b) County Genesee
(c) City or town Darien Center
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George E. Worth (George Elbert Worth)

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1879

8. AGE: Years	Months	Days	If less than one day
64	11	26	hr. min.

9. Birthplace New York
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Frank Worth
13. Birthplace N. Y.

MOTHER
14. Maiden Name Barbara Gorton
15. Birthplace N. Y.

16 (a) Informant Dr. J. S. Eastland
(b) Address Medical Arts. Bldg.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/29/43 (month) (day) (year)
(c) Cemetery or crematory Darien Center Cem.
Location Genesa Co., N. Y.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 28 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 1943, at 10.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 4 1941, to Dec. 27 1943, and that I last saw him alive on Dec. 27 1943

Immediate cause of death Coronary Thrombosis — Duration 5 hrs.
Due to Hypertension
Due to Art. Sclerosis
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sheldon Eastland M.D.
Address 1 W. Mt. Vernon Pl. Balto Md. Date signed 12/29/43

G 11980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 11980

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2136 N. Smallwood St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2136 N. Smallwood St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE CHESTER (Czesna)

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male.	White	Married

6 (b) Name of husband or wife Agnes Chester
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1874

8. AGE: Years	Months	Days	If less than one day
69	8	25	hr. min.

9. Birthplace --
(Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Gype Tailoring Co.

FATHER
12. Name Chester
13. Birthplace Lithuania

MOTHER
14. Maiden Name Unknown
15. Birthplace --

16 (a) Informant Mr. Joseph V. Chester
(b) Address 4215 Seidel Ave.

17 (a) Burial (b) Date thereof 12/30/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS.
(b) Address Balto., Md.

19 DEC 28 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 25 1943 to Dec 25 1943 and that I last saw h— alive on Dec 25 1943

Immediate cause of death	Duration
Acute Cerebral Dilatation	3 days
Due to Cerebrovascular disease	2 "
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry Glassman M. D.
Address 753 W. Fayette St. Date signed Dec. 27, 43

VS 180

1981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. C 11981

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution:
3419 Fernhill Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 10
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3914 Fernhill Ave.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME MARY V. TAYLOR

3 (b) If veteran, name war: none	3 (c) Social Security Account No.: none	
4. Sex: Female	5. Color or race: White	6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: McFadden
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 8, 1869

8. AGE: Years	Months	Days	If less than one day
74	8	18	..... hr. ..... min.

9. Birthplace: Quantico, Wicomico Co.
(Town, county, and state)

10. Usual Occupation .....
11. Industry or business .....

FATHER
12. Name: Columbus Messick
13. Birthplace: Wicomico Co., Md.

MOTHER
14. Maiden Name: Marietta Venables
15. Birthplace: Wicomico Co., Md.

16 (a) Informant: Mrs. Helen Liveringhouse
(b) Address: 3914 Fernhill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/43 (month) (day) (year)
(c) Cemetery or crematory: Quantico Cem.
Location: Wicomico Co., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 DEC 28 1943 (Date rec'd by registrar) Huntington for Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 26, 1943; at 9:15P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1942, to Dec 26 1943, and that I last saw her alive on Dec 26 1943

Immediate cause of death	Duration
Bronchopneumonia	10 days
Due to	
Due to: Myocarditis	about 3 mo.
Other Conditions: advanced arteriosclerosis	?

(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature: Walter S. Tabler M. D.
Address: 220 W Harrison Balto Date signed: Dec 27/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11932 M.O.-327 ✓ G 11932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2265 Park Hill Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2265 Park Hill Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE ELIZABETH McGOWAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William McGowan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1860

8. AGE: Years	Months	Days	If less than one day
83	4	22	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Benjamin M. Dennis
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name -- Smith
15. Birthplace Balto., Md.

16 (a) Informant Mr. B. I. McGowan
(b) Address 2225 W. North Ave.

17 (a) Burial (b) Date thereof 12/29/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 28 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 10 1943, to Dec 27 1943, and that I last saw h[illegible] alive on Dec 26 1943.

Immediate cause of death	Duration
[illegible]	3 days.
Due to [illegible]	1 day
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. DeBarbieri M. D.
Address 4723 Park Heights Ave. Date signed 12-27-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11983 — G 11983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2526 Arunah Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2526 Arunah Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM GARWOOD

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Ida P. Garwood
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/20/1865

8. AGE: Years 78 | Months 2 | Days 5 | If less than one day: hr. min.

9. Birthplace Bridgeton, N. J.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Joseph T. Garwood
13. Birthplace Glasboro, N. J.

MOTHER
14. Maiden Name Sarah R. Brown
15. Birthplace Millville, N. J.

16 (a) Informant Mr. Charles Garwood
(b) Address Linthicum, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/29/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Pleasant Cem.,
Location Millville, N. J.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

(a) DEC 28 1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION A

20. DATE OF DEATH Dec. 25, 1943 at 12:24 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1943, to Dec 25 1943, and that I last saw him alive on Dec 24 1943.

Immediate cause of death	Duration
Cardiac arrest.	2 hrs.
Due to cardiovascular disease.	03m
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. W. Koons M. D.
Address 906 N Fulton Ave Date signed

VS 150

E. W. KOONS

Govt.—2-21-23—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 11984 — 159 — G 11984

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 3141 Elmora ave ST., 8-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Brenda Kay Langley

(a) RESIDENCE NO. 3141 Elmora ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	new born

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 27-43

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work new born

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 3141 Elmora ave Baltimore Md

PARENTS

10 NAME OF FATHER Harold Lee Langley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Solomons Island

12 MAIDEN NAME OF MOTHER Minnie Kay Bryatt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Port Republic Md

14 Informant Minnie Kay Langley
(Address) 3141 Elmora Ave

Filed DEC 28 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28-43

17

I HEREBY CERTIFY, That I attended deceased from Dec 27, 1943, to Dec 28, 1943, that I last saw he alive on Dec 27, 1943, and that death occurred, on the date stated above, at 3 A. M.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter A Anderson M. D.

. 19 (Address) 3001 Shannon Drive

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Solomons M.E. Cemetery	12/28 19 43
20 UNDERTAKER Howard N. Bright, Jr.	ADDRESS 1914 Belair Rd

Solomons, Md

Solomons, Md

Solomons, Md

G 11985 ✓ G 11985

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 82a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp. 7 1/2 8nd
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24d.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5008 Beaufort Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Talbott

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Mary Talbott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 14, 1885

8. AGE: Years	Months	Days	If less than one day
58	2	12	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Assembler
11. Industry or business

FATHER
12. Name Wm. F. Talbott
13. Birthplace Balto.

MOTHER
14. Maiden Name Emma Creamer
15. Birthplace Balto.

16 (a) Informant Mercy Hospital Records
(b) Address

17 (a) Burial (b) Date thereof 12/29/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Balto. City.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights Ave.

19 (a) DEC 28 1943 (b)
(Date rec'd by registrar) Registrar

VS 150 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/26 1943, at 6 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/2 1943 to 12/26 1943 and that I last saw him alive on 12/26 1943

Immediate cause of death Respiratory failure

Due to Bilateral cerebral hemorrhage following anoxemia due to gastric hemorrhage with shock

Other Conditions Hemorrhagic anemia - Etiology of gastric hemorrhage unknown

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis B. Burch M. D.
Address Mercy Hosp. Date signed 12/27/43

Dr Abbott
Fallsway & Liberty Hgts.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V G 11986
94a
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4115 Ridgewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4115 Ridgewood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Herbert Carroll Aiken

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-20 6440

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Eleanor Agnes Aiken
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 17 - 1884

8. AGE: Years	Months	Days	If less than one day
59	3	9	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Architect
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Colbert Aiken
(b) Address Catonsville, Md.

17 (a) Burial (b) Date thereof Dec 28 - '43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md

18 (a) Funeral director Edelmiroth Armsmt
(b) Address 3911 Liberty Hgts Ave

19 (a) (b) Date received by Registrar DEC 28 1943 Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/26/43 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 24 1943, to Dec 26 1943, and that I last saw h alive on Dec 26 1943.

Immediate cause of death	Duration
Coronary Occlusion	2 min
Due to Pulmonary Edema	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. C. Leonard M. D.
Address 4509 Liberty Hts Date signed Dec 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1240

G 11987 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 M 27 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 W Baltimore St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mike Malice Kamets or Kamites

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1894

8. AGE: Years About 49 | Months | Days | If less than one day hr. min.

9. Birthplace Greece (Town, county, and state)

10. Usual Occupation Storekeeper

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Tom Kamets

(b) Address Charlestown W Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-43 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn

18 (a) Funeral director Wendell E. Humphreys

(b) Address 501 N. Broadway

19 (a) DEC 28 1943 (Date rec'd by registrar) (b) Huntington W. Va. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/17 1943, at 9:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/20 1943 to 12/17 1943 and that I last saw h[illegible] alive on 12/17 1943

Immediate cause of death Cholemia

Uremia

Due to Cirrhosis

Due to ?

Other Conditions Gastric Ulcer

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas K. Gallon M. D.

Address Mercy Hospital Date signed 12/17/43

G 11988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 11988

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1702 Crystal Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Blackburne

3 (b) If veteran, name war —

3 (c) Social Security Account No. ?

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Margaret Blackburne

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Feb 9 1883

8. AGE: Years 60 | Months 10 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace NY City (town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Security Laundry

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Margaret Blackburne
(b) Address 1702 Crystal Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave

18 (a) Funeral director Wendell C Humphreys
(b) Address 1501 N. Broadway

19 (a) DEC 29 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26-1943, at 12.30 P. M

21. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured skull

Due to

Other Conditions: Multiple fractures. Contusions.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-24-43 at 10 P M. 8-6
(b) Where did injury occur? Federal St. at Register St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian, struck by automobile

23. Signature Howard J. Andersen M.D. Medical Examiner.
Date signed 12-27-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

838 Registered No. G 11989

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 131 N. Highland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 4
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 131 N. Highland Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME ELLEN RAU

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Frederick Rau

6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Feb.2.1852

8. AGE: Years 91 | Months 10 | Days 22 | If less than one day ....hr. ....min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John Riley
13. Birthplace England

MOTHER
14. Maiden Name Ella Halstead
15. Birthplace England

16 (a) Informant Mrs.Carley Medinger
(b) Address 131 N.Highland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec.29.1943 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS.INC.
(b) Address North Ave.& Broadway.

DEC 28 1943 (Date received by local registrar) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec.24.1943 at 8.15P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1941, to Dec 24 1943, and that I last saw h[illegible] alive on Dec 24 1943

Immediate cause of death: Cerebral Embolism — Duration: 2 days

Due to:

Due to:

Other Conditions: Arteria - Sclerosis

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation: None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: None
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B. V. Kelly M. D.
Address 100 N. Linwood Ave Date signed Dec 27/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133a

Registered No. G 11990

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 801 S.Potomac St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 801 S.Potomac St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS ANDREW CREAMER

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 215-09-3943

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Lillian Ferguson

6 (c) If alive, give age: - years

7. Birth date of deceased (mo., day, yr.): Feb. 12. 1872

8. AGE: Years 71 | Months 10 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Watchman Ret. 1½ yrs.

11. Industry or business: Shipyards

FATHER
12. Name: Casper Creamer
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Not Known
15. Birthplace: Not Known

16 (a) Informant: Mr. Thomas Creamer (son)
(b) Address: 801 S.Potomac St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 28. 1943 (month) (day) (year)
(c) Cemetery or crematory: Mt. Carmel Cem.
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: North Ave. & Broadway

DEC 28 1943 (Date received by registrar) Huntington Williams M.D. (Signature of registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 24. 1943 at 9.15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1943 to Dec 24 1943 and that I last saw h.... alive on Dec 24 1943

Immediate cause of death .....

Due to: Grippe + Bronchitis — Duration: 5 days

Due to: .....

Other Conditions: Chronic Myocarditis — Duration: Ca 5 yrs

(Include pregnancy within 3 months of death)

Date of operation: ✓

Major findings of operation: ✓

of autopsy: ✓

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: ✓
(b) Date of occurrence: ✓ at ..... M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? .....
(e) Means of injury: ✓

23. Signature: Frank A Januszeski M. D.

Address: 2429 Fleet Date signed: 12/28/43

FRANK A. JANUSZESKI, M.D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1938

Registered No. C 11991

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 E Monument St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Duncan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband ~~or wife~~ Duncan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29 43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery

Location Balto Co Md

18 (a) Funeral director Robert E Wilkinson

(b) Address 1515 McElderry St

19 (a) DEC 28 1943 (Date rec'd by registrar) (b) Hunting for Williams Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1943, at 2 P M

21. I certify that I ~~took charge~~ of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy / Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to Gen death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of ~~death were~~:

IMMEDIATE CAUSE OF DEATH Cerebro vascular cardio vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed Dec 25 1943

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 460

G 71992 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3711 GWYNN OAK AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3711 GWYNN OAK AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL PHILLIPS

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 214-16-3705

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife: no
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years 85 | Months | Days | If less than one day hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation Grains merchant
11. Industry or business

FATHER
12. Name JOHN B. PHILLIPS
13. Birthplace Md.

MOTHER
14. Maiden Name ANNIE STUART
15. Birthplace Md.

16 (a) Informant EDWARD G. PHILLIPS
(b) Address GLENMORE AVE. CATONSVILLE

17 (a) BURIAL (b) Date thereof DEC 28.1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory GREEN MOUNT
Location GREENMOUNT & NORTH AVE.

18 (a) Funeral director John D. Mitchell & Sons
(b) Address 1900 EUTAW PLACE

DEC 28 1943 (a) (b) Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25.1943 19 , at 4 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 22 1943 to Dec. 25 1943, and that I last saw h[illegible] alive on Dec. 25 1943.

Immediate cause of death (a) Primary carcinoma of Stomach - | Duration - 1 yr.
Due to
Due to
Other Conditions - Generalized Sclerosis
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury -

23. Signature Earl L. Chambers M. D.
Address 4108 Liberty Heights Ave. Baltimore Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 11993 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3141 Abell avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3141 Abell avenue (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD HALL ARNEY

3 (b) If veteran, name war ----
3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife ---
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1883

8. AGE: Years	Months	Days	If less than one day
60	5	15	....hr. ....min.

9. Birthplace Phila. Penna. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Edward T. Arney
13. Birthplace Phila. Penna.

MOTHER
14. Maiden Name Emma K. Ewing
15. Birthplace Phila. Pa.

16 (a) Informant Miss Jessie Arney
(b) Address 3141 Abell avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Chas. J. Evans & Son Inc
(b) Address 118 N. Mt. Royal Ave

19 (a) (Date received by local registrar) (b) DEC 28 1943 Huntington Williams, M.D. VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1943, at ....M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/26/43 to 12/26/43 and that I last saw h alive on 12/4/43

Immediate cause of death: Cerebral Hemorrhage — Duration 2 hours
Due to: Cerebral Arteriosclerosis — 6 mos
Due to:
Other Conditions: Morphine Addict — many years
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at ....M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard T. Merke M. D.
Address 532 E. 22nd Date signed 12/27/43

Approved by Howard T. Merrill, M.D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. C 11994

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 419 N. Fremont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Mathews

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 218-03-0521
4. Sex: Male
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 1894
8. AGE: Years 49 | Months 4 | Days | If less than one day hr. min.
9. Birthplace Va. (Town, county and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Nannie Edward (friend)
(b) Address 1040 W. Saratoga St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md.
18 (a) Funeral director Charles S. Cooper
(b) Address 512 N. Carrollton Ave.
DEC 28 1943 (Date rec'd by registrar) (b)
VS 150 Huntington Williams Reg. M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1943 at 9:30 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1943, to Dec 18 1943, and that I last saw him alive on Dec 18 1943.

Immediate cause of death	Duration
Essential Hypertension	
Due to	
Due to	
Other Conditions Myocarditis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
If autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H H Banfield M.D.
Address Provident Hosp Date signed 12/29/43

G 11995

445388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

100B

G 11995

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1233 Myrtle Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Phillip Graham
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-25-83

8. AGE: Years	Months	Days	If less than one day
60	8	29	hr. min.

9. Birthplace West Indies
(Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Charles Graham
13. Birthplace West Indies

MOTHER
14. Maiden Name Elizabeth Rukwoot
15. Birthplace West Indies

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof Dec. 28, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Balto. Co. Md.

18 (a) Funeral director Wm. Chas. A. Wallace
(b) Address 1623 Eutaw Place

19 DEC 28 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1943, at 12.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 29 1943 to Dec 24 1943, and that I last saw HIM alive on Dec 24 1943.

Immediate cause of death: PULMONARY INFARCTION — Duration

Due to ?THROMBOPHLEBITIS

Due to BILAT CATARACT EXTRACTION

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 11-30 and 12-7

Major findings of operation:

of autopsy Pulm. infarct L.L.L.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Johns Hopkins Hosp. Date signed 12/29/43 M. D.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11996

KASTNER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (45)

G 11996 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3015 Philadelphia Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3015 Philadelphia Ave.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME George Henry Kostner

3 (b) If veteran, name war: No.

3 (c) Social Security Account No. 217-09-6138

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	White	Married

6 (b) Name of ~~husband~~ or wife Margaret Kostner
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Aug 28-1878

8. AGE: Years	Months	Days	If less than one day
65	3	29	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business

FATHER
12. Name Anton Kastner
13. Birthplace Germany

MOTHER
14. Maiden Name Susannah Baumann
15. Birthplace Germany

16 (a) Informant Margaret Kastner
(b) Address 3015 Philadelphia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 31 43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director M. W. E. Dippel & Sons
(b) Address Lombard & Ann Sts.

DEC 28 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1943, at 2.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1943, to Dec 27 1943, and that I last saw him alive on Dec 27 1943.

Immediate cause of death Carcinoma of lower Maxilla on right side beginning

Duration
10 Mos

Due to Air alveolar Process + Gum. with Metastasis

Due to in cervical glands

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Francis A. Gleaney M.D.
Address 7 Wendover Road Date signed 12/27/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

109

G 11997

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 310 W. Lanvale St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 310 W. Lanvale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth C. Harrison.

3 (b) If veteran, name war: None
(c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed.

6 (b) Name of husband or wife J. J. Harrison.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25-1863

8. AGE: Years	Months	Days	If less than one day
80	9	2	hr. min.

9. Birthplace Calvert Co. Md.
(Town, county, and state)
10. Usual Occupation House work
11. Industry or business At home.

FATHER
12. Name James T. Harrison Unknown.
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Calvert Co. Md.

16 (a) Informant Harry A. Harrison.
(b) Address 2110 Fontine Ave. Chicago Ill.

17 (a) Removal (b) Date thereof Dec. 28 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Chicago. Ill.
Location Chicago - Ill

18 (a) Funeral director Charles J. Schwab.
(b) Address 505 N. Monroe St.

19 DEC 28 1943 Justice for Williams
(Date rec'd by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 1943 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1941, to Dec. 27 1943, and that I last saw h e alive on Dec. 27 1943.

Immediate cause of death
a. Pneumonia.
Interstinal.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. E. Meade M. D.
Address 2314 - W. North Ave. Date signed 12/27/43

VS 150

G 11998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

33a G 11998

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Edgewood D. St., 27-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Weaver

If U. S. Veteran specify WAR

(a) Residence: No. 5503 Main St Elkridge Md Howard Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar 17 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
92	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

FATHER

13. NAME Joseph Weaver

14. BIRTHPLACE (city or town) (State or country) Laurel Md

MOTHER

15. MAIDEN NAME Rebecca Walters

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lester Earp

(Address) Elkridge Md

18. BURIAL, CREMATION, OR REMOVAL Place Melville Cem Date Dec 28 1943

19. UNDERTAKER A Bailey Slade

(Address) 4907 York Road

20. FILED ... 19 ...

DEC 28 1943 Huntington Williams M.D. Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. Accurate state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 1943

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1943 to Dec 25 1943

I last saw him alive on Dec 25 1943 Death is said to have occurred on the date stated above, at 5.45 P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Obst Pneumonia	3 days
Other contributory causes of importance:	
La Grippe	5 days

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

(Signed) R. E. Richardson M. D.

(Address) 112 W. 25th St

G 11999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 11999 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: 941 Somerset St.
(a) Baltimore City, Maryland
(b) Street address 941 Somerset St.
(c) Hospital or institution:
Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 941 Somerset St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Griffin

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Unemployed

FATHER
12. Name John Griffin
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Jones
15. Birthplace Md.

16 (a) Informant Lula Griffin
(b) Address 941 Somerset St

17 (a) (Burial, cremation, or removal) (b) Date thereof 12/31-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A. County

18 (a) Funeral director Lottie Gray
(b) Address 1408 Ashland Ave Huntington Williamsport

19 (a) DEC 28 1943 (Date filed by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1943, at 1:10 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebro vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Fruchter M.D.
Medical Examiner.
Date signed Dec. 27, 1943

VS 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12000

JL - 83424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 582

Registered No. G 12000

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitels
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 - 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 S. Wolfe St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eva Mirca (Hohmann)

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-4236

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Div.

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1919

8. AGE: Years 24 | Months 10 | Days 17 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Press Operator

11. Industry or business

FATHER
12. Name Frederick Hohmann
13. Birthplace Md

MOTHER
14. Maiden Name Julia Czyzewski
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location German Hill Road

18 (a) Funeral director M. J. Sadowski & Sons
(b) Address 1108 Eastern Ave.

DEC 28 1943 (Date rec'd by registrar) (b) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27 1943, at 11:KA M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/24 1943, to 12/27 1943, and that I last saw h-r alive on 12/27 1943.

Immediate cause of death	Duration
Subacute bacterial endocarditis	?
Due to Rheumatic heart disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Nelson M. D.

Address B.C.H. Date signed 12-27-43

G 12001 26 1943-44 BALTIMORE CITY HEALTH DEPARTMENT G 12001

CERTIFICATE OF DEATH

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1215 S. Clinton St.
(c) Hospital or institution:
Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 S. Clinton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Margaret Hartka

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1874

8. AGE: Years	Months	Days	If less than one day
69	7	7	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Michal Wisniewski
13. Birthplace Poland

MOTHER
14. Maiden Name Dekr
15. Birthplace Poland

16 (a) Informant Frank Hartka
(b) Address 1215 S. Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/43 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk Ave.

18 (a) Funeral director John J. Duda
(b) Address 2829 Hudson St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1943, at 6:46 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1943 to Dec. 27 1943 and that I last saw h[illegible] alive on Dec. 27 1943

Immediate cause of death: Myocardial insufficiency, Diabetes — Duration: 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address 2529 Eastern Date signed 12/28/43
M. D.

G 12002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 12002 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 721 S. Ann Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 721 S. Ann Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theodore Ziemba or Zieba

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-14-8682

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Martha Ziemba

6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) ? 1873

8. AGE: Years	Months	Days	If less than one day
70			..... hr. ..... min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Unknown

FATHER 13. Birthplace "

MOTHER 14. Maiden Name Unknown

MOTHER 15. Birthplace "

16 (a) Informant Frank Zieba

(b) Address 117 N. Montford ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-43 (month) (day) (year)

(c) Cemetery or crematory St Stanislaus

Location Baltimore md.

18 (a) Funeral director George A Weber

(b) Address 700 S. Ann st

19 (a) ..... (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27- 1937 at 8:20 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Acute Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury ..... at ..... M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Howard J. Walker M.D.
Medical Examiner.

Date signed 12-27-43

G 12003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 180

G 12003
Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balt. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1904 Alicanna Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Wyrackowski (WILACHOWSKI) or (WILLIS)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-20-3334

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business D. E. Foote & Co Inc (Canners)

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Michael Naparstek
(b) Address 1904 Alicanna st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-43 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore Md

18 (a) Funeral director George A. Weber
(b) Address 705 S. Ann st

19 (a) 1943 (Date rec'd by registrar) (b) Huntington Howard, M.D. (Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27-1943, at 8.30 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Shock

Due to 2nd & 3rd degree burns

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-25-43 at 8.30 P.M.
(b) Where did injury occur? 1904 Alicanna Street
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Conflagration

23. Signature Homer J. Wheeler M.D.
Medical Examiner.
Date signed 12-27-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12004 G 12004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2010 FOUNTAIN ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 20 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE MD. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 FOUNTAIN ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME NORMAN BEHR

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 220-05-7144

4. Sex MALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife HELEN BEHR

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APR. 21 1875

8. AGE: Years 68 | Months 8 | Days 6 | If less than one day hr. min.

9. Birthplace PENNA. (Town, county, and state)

10. Usual Occupation LABORER

11. Industry or business

FATHER
12. Name SAMUEL BEHR
13. Birthplace PENNA.

MOTHER
14. Maiden Name KATHERINE CASTLE
15. Birthplace PENNA.

16 (a) Informant HELEL BEHR (WIFE)
(b) Address 2010 FOUNTAIN ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 29/43 (month) (day) (year)
(c) Cemetery or crematory OAK HILL
Location PHILA. ROAD.

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

DEC 28 1943 (Date rec'd by registrar) Hunting for Williams MD (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 27 19 43 at 6/30 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 20 1943 to 19 and that I last saw h alive on Dec 27 1943.

Immediate cause of death: Carcinoma of Bladder — Duration: unknown

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Silverstein M. D.
Address W P. Woody Date signed DEC 28 1943

C 12005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

C 12005 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 S. Bond St. 3rd Floor (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Eaton

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	WIDOWER

6 (b) Name of husband or wife ROSE EATON
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 19 1871

8. AGE: Years	Months	Days	If less than one day
72	0	8	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation LABORER
11. Industry or business

FATHER
12. Name ALBERT EATON
13. Birthplace FRANCE

MOTHER
14. Maiden Name MARIA FITZPATRICK
15. Birthplace W.VA.

16 (a) Informant MRS. WENTZEL (DAUGHTER)
(b) Address 3207 RAMONA AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 30/43 (month) (day) (year)
(c) Cemetery or crematory ST. PAULS
Location ODONNELL ST.

18 (a) Funeral director Lilly and Zeiler INC
(b) Address 403 S. WOLFE ST.

19 (a) DEC 28 1943 (Date rec'd by registrar) (b) [illegible] for Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1943, at 2:15 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Due death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:
IMMEDIATE CAUSE OF DEATH Bronchopneumonia
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert L. Graham M.D. Medical Examiner.
Date signed Dec. 27, 1943

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 12006 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp. 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4149 Marx ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME William Henry Zahner

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 6, 1943

8. AGE: Years | Months | Days: 21 | If less than one day: hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation: NONE

11. Industry or business

FATHER: 12. Name Michael Zahner
13. Birthplace Balto.

MOTHER: 14. Maiden Name Catherine Helmick
15. Birthplace BALTO. MD.

16 (a) Informant: MICHAEL ZAHNER (FATHER)
(b) Address: 4119 MARX. AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Dec. 30-43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem
Location German Hill Road

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) DEC 28 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/27 1943 at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/27 1943 to 12/27 1943, and that I last saw him alive on 12/27 1943.

Immediate cause of death: Respiratory Failure
Due to Lobar Pneumonia
Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robt. Brooks M. D.
Address Mercy Hosp Date signed 12/27/43

G 12007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1318

Registered No. G 12007

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 522 Hoffman St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 522 Hoffman St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Williams

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DBV

8. AGE: Years 51 | Months | Days | If less than one day hr. min.

9. Birthplace Goochlands Co Va
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business —

FATHER
12. Name Louis Alexander
13. Birthplace Goochland Co Va

MOTHER
14. Maiden Name Cockrum
15. Birthplace

16 (a) Informant Susan Johnson
(b) Address 522 Hoffman St

17 (a) Burial (b) Date thereof 12/30/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 1320 Druid Hill Ave

19 (a) DEC 28 1943 (b)
(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/27/43 19 54 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/24/43 to 12/27/43
and that I last saw him alive on 12/27/43

Immediate cause of death Coma
Nephritis
Due to Cerebral Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

Duration
1

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. C. Ellis M.D.
Address 1320 Mosher Date signed 12/29/43

G 12008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12008 Registered No. 120B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 565 Orchard St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Warren Clark.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: B | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 57 | Months | Days | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mary Clark
(b) Address 565 Orchard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Date rec'd by registrar) DEC 28 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/25 1943 at 2^00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/20 1943 to 12/25 1943 and that I last saw him alive on 12/25 1943

Immediate cause of death: Generalized Peritonitis

Due to: Multiple perforations or perforating ulcers of small bowel

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 12/20/43

Major findings of operation: Perforating ulcers: Peritonitis - generalized

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hooker M. D.
Address University Hosp Date signed 12/28/43

VS 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

G 12009

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 180

G 12009
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Md.
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3 S. Schroeder Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LILLIAN JONES

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1905

8. AGE: Years	Months	Days	If less than one day
38			hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Lee
13. Birthplace Va.

MOTHER
14. Maiden Name Bessie Robinson
15. Birthplace Va.

16 (a) Informant Bessie Lee
(b) Address 216 Lexington St.

17 (a) Burial (b) Date thereof 12/30/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 2180 Reid Hill Ave

19 (a) DEC 28 1943 (b)
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1943, at 2 35 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Burns 2nd & 3rd degree
entire body
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-25-43 at 2 P. M.
(b) Where did injury occur? home address
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work?
(d) Means of injury home apartment

23. Signature H. L. Wallenmeyer M.D.
Acting Medical Examiner.
Date signed 12-27-43

G 12010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 12010 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Genl Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 Broadway Ed (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Coley Walker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Unknown
(b) Address Unknown

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL DEC 23 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 DEC 28 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

0592

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1943, at 3:00 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerosis

Cardio vascular - renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert W. Foster M.D. Medical Examiner.
Date signed December 13, 1943

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

C 12011

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Adam Dyenbens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day
86			hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Martin
13. Birthplace Lithuania

MOTHER
14. Maiden Name Katherine Pungenchas
15. Birthplace Lithuania

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30, 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Weidefeld
(b) Address 914 Greenmount Ave

19 DEC 28 1943 (Date rec'd by registrar) (b) Hunting for Williams, M.D.

VS 150

MEDICAL CERTIFICATION 11 a.m.

20. DATE OF DEATH Dec. 25 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1- 1943, to Dec 25 1943, and that I last saw her alive on Dec 24- 1943.

Immediate cause of death	Duration
Edema of Lungs	1 day
Due to Chronic Myocarditis	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E. North Ave. Date signed Dec 27 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

C 12012 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Peter
13. Birthplace Ireland

MOTHER
14. Maiden Name Julia Hagen
15. Birthplace Ireland

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31, 1943 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Rita Weidefeld
(b) Address 914 Greenmount Ave

19 (a) (Date rec'd by registrar) (b) Registrar
DEC 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1943, at 4 p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1943, to Dec 28 1943, and that I last saw h[illegible] alive on Dec 27 – 1943

Immediate cause of death: Edema Lungs — Duration: 10 day
Due to: Chronic Bronchitis — 2 weeks
Due to: Diabetes Mellitus — 5 yrs
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Ave Date signed Dec 28-43

G 12013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1600

Registered No. G 12013

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun + Fayette Sts.,
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3731 St. Margaret Ave.,
Brooklyn (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Baby Moyer (girl)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-20-43

8. AGE: Years	Months	Days	If less than one day
		5	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Harvey
13. Birthplace

MOTHER 14. Maiden Name Goodyear
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 28 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) DEC 28 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-25- 1943, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20 1943 to 12-25 1943, and that I last saw her alive on 12-25 1943

Immediate cause of death	Duration
Intra-cranial Hemorrhage	
Due to Transverse Crest	
Due to Sev Freeps Delivery	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isadore Engel M. D.
Address 2307 Eutaw Pl Date signed

VS 3

0593

G 12014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

G 12014 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 112 Asquith St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 112 Asquith St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Holland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col.	Married

6 (b) Name of husband or wife Estella Holland

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
88			hr. min.

9. Birthplace Hopewell Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William Holland
13. Birthplace Hopewell Md.

MOTHER
14. Maiden Name Sophia Waters
15. Birthplace Hopewell Md

16 (a) Informant William H Holland
(b) Address 417 St. Matthews St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem.
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 250
DEC 28 10 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1943, at 5P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1943 to Dec 22 1943 and that I last saw h[illegible] alive on Dec 22 1943

Immediate cause of death Influenzal Pneumonia — Duration 2 dys

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John L Henry M. D.
Address 628 Cathedral St Date signed 12/27

G 12015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 12015

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1423 W. Mulberry St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1423 W. Mulberry St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie Kenny

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	Married

6 (b) Name of husband or wife Alcides Kenny
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1890

8. AGE: Years	Months	Days	If less than one day: hr.	min.
53	8			

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name Aaron Belfort
13. Birthplace Va.
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Alcides Kenny
(b) Address 1423 W. Mulberry St.

17 (a) Burial (b) Date thereof Dec. 28-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem.
Location

18 (a) Funeral director Wm. Hafer & Williams
(b) Address 322 N. Betrosier St.

19 (a) (b)
(Date rec'd by registrar) Registrar

DEC 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22-43 19 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 20, 1943 to Dec. 22, 1943
and that I last saw him alive on Dec. 20, 1943
Immediate cause of death

	Duration
Due to Pneumonia	1 week
Due to	
Other Conditions	

Date of operation
Major findings of operation
of autopsy

22. If death was due to external causes, fill in also the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur during work, at home, industrial place, farm, public place?
(e) Manner of injury
(f) Nature of injury

23. Signature of Physician
Address 526 N. Carey St.

PHYSICIAN
Underline the name to which mail should be directed and correct errors

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1061 Argyle Ave. W.

Length of residence in city or town where death occurred 15 yrs 10 mos

2. FULL NAME Anna Matilda Cook

(a) Residence: No. 1061 Argyle Ave. W.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col.
5. Single, Married, Widowed or Divorced (write the word): Married

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of George E. Cook

6. DATE OF BIRTH (month, day, year): Feb. 27, 1904

7. AGE: Years 37 | Months 9 | Days 25 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Frederick Md.

FATHER

13. NAME: Robert Jacklyn
14. BIRTHPLACE (city or town) (State or country): Frederick Md.

MOTHER

15. MAIDEN NAME: Elizabeth Coxtley
16. BIRTHPLACE (city or town) (State or country): Mt Pleasant Md.

17. INFORMANT (Address): Viola Bond Walkersville Md

18. BURIAL, CREMATION, OR REMOVAL
Place: Frederick Md. Date: Dec 29 1942

19. UNDERTAKER: Wm Kates P. Williams
(Address): 320 N. Schroeder St

20. FILED: DEC 28 1942 Registrar.

Hunting for Ancestors

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 22.

I hereby certify, That I attended deceased from 12-22- 19.. to 12-22- 19.. I last saw deceased alive on 12-22- 19.. to have occurred on the date stated above, at 11:57 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral accident

Contributory causes: Essential Hypertension Duration 15 yrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, when?

(Signed) C R Campbell, M. D.

(Address) 718 Dolphin St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 12017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12017 Registered No. 1318

PLEASE WRITE PLAINLY. WITH UNFADING INK. Items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23 are required by law. Any false statements, omissions or concealment of facts called for should be carefully supplied. Information should be furnished by those best qualified to know the facts. Physicians are required to report cause of death promptly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2633 Park Heights Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2633 Park Heights Ter
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JACOB N. ZEMIL

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Ida
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1868
8. AGE: Years 75 Months Days If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business
12. Name Abraham Joseph
13. Birthplace Lithuania
14. Maiden Name Rose
15. Birthplace Russia
16. (a) Informant Mrs. J. Hellerman
(b) Address 2401 Eutaw Place
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-43 (month) (day) (year)
(c) Cemetery or crematory Garfield
Location Phila Rd & Hamilton Ave
18. (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Balto. St.
19. (a) 1017 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28/43 19 , at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan - 1943 to Dec 28 1943, and that I last saw h. was alive on Dec 28 1943.

Immediate cause of death Myocardial insufficiency — Duration, interval 5 yrs

Due to Chronic asthma & bronchitis — Duration, interval about 15 yrs

Due to

Other Conditions Chronic nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herman Seidel, M. D.
Address 2404 Eutaw Pl Date signed 12-28-43

12018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 12018
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 75. Fulton (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DANATO ~~Donatos~~ Pedone

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Marguerette O'Keefe
6 (c) If alive, give age 68 years
7. Birth date of deceased (mo., day, yr.) Dec 2. 1874
8. AGE: Years ~~69~~ 68 | Months | Days 25 | If less than one day ..... hr. ..... min.
9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Ladies Tailor
11. Industry or business tailoring

FATHER
12. Name Peter Pedone
13. Birthplace Italy

MOTHER
14. Maiden Name Gertrude.
15. Birthplace Italy

16 (a) Informant Mrs. M. Pedone
(b) Address 7. S. Fulton ave

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12/30/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick ave

18 (a) Funeral director Thos F Kenny
(b) Address Hollins & Baltimore

(c) DEC 28 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 161

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/27 1943, at 4:55 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardio - vascular disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 12/27/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12019 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 444 N. Conway St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Alberta Banks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Wade Banks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1918

8. AGE: Years	Months	Days	If less than one day
25			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Lovin Banks
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Slacum
15. Birthplace Md

16 (a) Informant Margaret Slacum
(b) Address Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30, 1943 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location East New Market Md

18 (a) Funeral director F. B. Willoughby
(b) Address Hurlock Md

19 DEC 28 1943 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/27/43 at 8:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/26 1943 to 12/27 1943 and that I last saw h alive on 12/25 1943

Immediate cause of death Peripheral vascular collapse
Due to Toxic Uraemia
Due to Lobar pneumonia, R.M.L. & R.U.L.
Other Conditions Rheumatic structural affection
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Francis P. Reynolds Jr. M. D.
Address University Hosp. Date signed 12/28/43

G 12020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 12020 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Cheto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 300 Oldham Ste
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Urdea

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mary (Nora)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March-9-1897

8. AGE: Years 46 | Months 9 | Days 18 | If less than one day hr. min.

9. Birthplace Roumania
(Town, county, and state)

10. Usual Occupation Store keeper

11. Industry or business Clerk

FATHER
12. Name Daniel Urdea
13. Birthplace Roumania

MOTHER
14. Maiden Name Mary ?
15. Birthplace Roumania

16 (a) Informant Wife
(b) Address 300 S. Oldham Ste

17 (a) Burial (b) Date thereof Dec. 30-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director John J. Connelly
(b) Address 418 Eastern Blvd

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 28 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/27 1943, at 9:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/19 1943, to 12/27 1943, and that I last saw him alive on 12/27 1943.

Immediate cause of death

Cerebro vascular accident — Duration

Due to

Hypertension

Due to

Other Conditions

Possibly nephritis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Josephine E. Renahan M. D.
Address Univ. Hosp. Date signed 12/27/43

G 12021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 12021

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if known or obtainable. The correct age is especially important. Physicians: please write the causes of death clearly and supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1740 E. 25th. Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1740 E. 25th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Scavone

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 27, 1860

8. AGE: Years	Months	Days	If less than one day
83	4	29	hr. min.

9. Birthplace Villarosa, Italy
(Town, County, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Giacomo Scavone
13. Birthplace Italy

MOTHER
14. Maiden Name Anna Restivo
15. Birthplace Italy

16 (a) Informant Giacomino Scavone
(b) Address 1740 E. 25th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 29-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Frank Della Rosa
(b) Address 52 N. Wesley Ave

19 DEC 28 1943 (Date rec'd by registrar) Huntington Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26-1943, at 5:45 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 12-27-43

G 12022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12022

131 B

Registered No. 3698

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1142 N. Gilmor St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1142 Gilmor St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Annie Paiff Paige

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Nathan Paiff
6 (c) If alive, give age 47 years
7. Birth date of deceased (mo., day, yr.) Jan 6 1894.
8. AGE: Years 49 | Months 11 | Days 20 | If less than one day ____ hr. ____ min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Home work
11. Industry or business Own home

FATHER
12. Name James Hale
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace Virginia

16 (a) Informant Nathan Paiff
(b) Address 1142 Gilmor St.

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 12-28-43 (month) (day) (year)
(c) Cemetery or crematory Portsmouth, Va.,
Location Portsmouth, Va.

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna. Ave

19 (a) (Date received by registrar) (b) Registrar

DEC 28 1943

VS 15

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26-1943 at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-14 1943, to 12-26 1943 and that I last saw her alive on 12-25-1943.

Immediate cause of death: Nephritis — Duration: Unknown

Due to: Unknown

Due to:

Other Conditions: Bronchopneumonia — Duration: 2 weeks

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank A Saunders M. D.
Address 1129 N. Stricker St. Date signed 12-28-43

G-12023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12023 Registered No. 14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15 N. Amity St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Holloway

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1934

8. AGE: Years	Months	Days	If less than one day
9	4 3		hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Alexander Holloway
13. Birthplace Smithfield Va.

MOTHER
14. Maiden Name Effie Holmes
15. Birthplace Virginia

16 (a) Informant Alexander Holloway
(b) Address 118 East Lee Street Baltimore

17 (a) Shipped (b) Date thereof 12-29-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Wunder
Location Smithfield Va.

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna Ave

19 (a) (b)
(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1943, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/24 1943, to 10/25 1943, and that I last saw h alive on 19

Immediate cause of death
Tuberculous Meningitis
(Basilar Meningitis)
Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:

of autopsy:

Duration
2 weeks.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. D. Julian M. D.
Address Date signed

G 12024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43D

G 12024 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. (See correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Bond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Oliver

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10-1861

8. AGE: Years 82 | Months 4 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph Queen
13. Birthplace

MOTHER
14. Maiden Name Hannah Kager
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1201 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md.

18 (a) Funeral director Chas. L. Corpew
(b) Address 517 Carrollton Ave

19 (a) DEC 28 1943 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1943, at 9.9 m M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1- 1943 to Dec 24 1943 and that I last saw her alive on Dec 23- 1943

Immediate cause of death: Edema Lungs — Duration: 1 day

Due to: Chronic Myocarditis — Duration: 5 yrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Ave. Date signed Dec 28-43

G 12025

G 12025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 128

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 211 Ashland Ave (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Father Joseph Frock

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single.

6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-15-95

8. AGE: Years	Months	Days	If less than one day
48	9	13	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation.....
11. Industry or business

FATHER
12. Name John Frock
13. Birthplace Prague.

MOTHER
14. Maiden Name Mary Beneach
15. Birthplace Prague

16 (a) Informant Rezida.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12-31-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Hurle Groaldson
(b) Address 900 N. Chester St

DEC 28 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1943, at 8 15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 27 1943, to Dec 28 1943, and that I last saw him alive on Dec. 28 1943.

Immediate cause of death Shock — Duration 24 hrs.
Due to Acute Pancreatitis
Due to.....
Other Conditions.....
(Include pregnancy within 3 months of death)
Date of operation 12/27/43
Major findings of operation: Fat necrosis
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....at.....M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....
23. Signature Wm V. Saunders M.D.
Address Johns Hopkins Hosp. Date signed 12/28/43

G 12026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1801

G 12026

Registered No. ...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1019 N. Washington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ...
(e) Length of stay in Baltimore (yrs., mos., or days) ...

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ...
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 N. Washington St (If rural give location)
(e) Citizen of foreign country? ... (Yes or No)
If yes, name country ...

3 (a) FULL NAME Fred Schmeizel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Isabelle

6 (c) If alive, give age. ... years

7. Birth date of deceased (mo., day, yr.) Mar. 5, 1890

8. AGE: Years	Months	Days	If less than one day
53	9	22	... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Jacob Schmeizel
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Pfeffel
15. Birthplace Germany

16 (a) Informant Anna Robinson
(b) Address 1019 N. Washington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md

18 (a) Funeral director Franz, Grocholski & Son
(b) Address 1002 N. Chester St

19 (a) 12 28 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

DEC 29 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1943, at 5 20 P M

21. I certify that I took charge of the remains described above, held an Inquiry Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic encephalitis

Due to ...

Other Conditions ...
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ... at ... M.
(b) Where did injury occur? ...
(c) Did injury occur at home, on farm, industrial place, in public place? ... While at work? ...
(d) Means of injury ...

23. Signature Robert L. Graham M.D.
Medical Examiner.
Date signed Dec 28 1943

G 12027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 12027 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: 843 West Fairmount ave 18
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 843 West Fairmount ave
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Hurk Hall

3 (b) If veteran, name war: World war I
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 3, 1891

8. AGE: Years	Months	Days	If less than one day
52	3	23	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James A. Hall
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Alice Bulbrer
15. Birthplace Baltimore Maryland

16 (a) Informant James A. Hall Jr.
(b) Address 1073 West Lexington st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31. 1943 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Baltimore city

18 (a) Funeral director Joseph A. Linly
(b) Address 409 N Mount st

DEC 28 1943 (b).....
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/26 1943, at 2.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/26 1943 to 12/26 1943, and that I last saw h. alive on Dec 25 1943

Immediate cause of death	Duration
(a) Lobar Pneumonia	2 Days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation.....
Major findings of operation:.....
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....at.....M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?.....While at work?.....
(Specify type of place)
(e) Means of injury.....
23. Signature B. F. Hatcher
Address 175 Pine Ave Date signed 12/27/43

Huntington Williams, M.D.

G 12028 WWJGIC G 12028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 107

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 731 S. Ann St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 731 S. Ann St (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Adam Wujek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Albina Jaguinska

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1884

8. AGE: Years 54 | Months | Days | If less than one day hr. min.

9. Birthplace: Poland (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER
12. Name: Frank Wujek
13. Birthplace: Poland

MOTHER
14. Maiden Name: Eva Hyndala
15. Birthplace: Poland

16 (a) Informant: Mrs. Albina Wujek Wife
(b) Address: 731 S. Ann Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 29/43 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary Cem
Location: Baltimore County

18 (a) Funeral director: John M. Weber
(b) Address: 401 S. Chester Street

19 (a) Huntington Williams Registrar (Date filed by registrar) DEC 28 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 26 1943, at 2 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1943 to Dec 26 1943, and that I last saw h[illegible] alive on Dec 25 1943.

Immediate cause of death: (a) Acute Pulmonary Edema
Due to: acute Cord
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration: (a) 10 days from Onset
(b) 4 yrs from Onset
(c)
(d)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature: Isaac J. Terry M.D.
Address: 700 E. Pratt Date signed 12/27/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12029

Registered No. 122a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sanai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 27 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 308 S. Regester St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Emanuel Steinert (Steinert)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Stanislawa Daniel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 48 | Months | Days | If less than one day hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Auto Repair and Body works

11. Industry or business self

FATHER
12. Name Emanuel Steinert
13. Birthplace Poland

MOTHER
14. Maiden Name Jadwiga Milinska
15. Birthplace Poland

16 (a) Informant Mrs Stella Steinert Wife
(b) Address 308 S. Regester St

17 (a) Burial (b) Date thereof Dec 29/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baseland Memorial
Location Baltimore City

18 (a) Funeral director John M. Welsh
(b) Address 401 S. Chester Street

19 (a) DEC 28 1943 (b) Baltimore, Md.
(Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/27/43 at 2:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/16/43 to 12/27/43 and that I last saw h[illegible] alive on 12/27/43

Immediate cause of death Peritonitis

Due to Perforation of gut

Due to

Other Conditions Emphysema, Hypertension C.V.D., Hypothyroidism

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Perforation, Rupt. Gut

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Raymond B. Hellberg M.D.

Address Date signed 12/28/43

G 12030 G 12030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Balto. Md
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 618 N. Calvert St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** LINDSAY D. MULLINS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Minnie Freeman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
41			hr. min.

9. Birthplace Letcher Co., Ky.
(Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Merchant ship

FATHER
12. Name Lockett Mullins
13. Birthplace Ky.

MOTHER
14. Maiden Name Ollie V. Lewis
15. Birthplace Ky

16 (a) Informant Lockett Mullins
(b) Address Wise, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28th 1943 (month) (day) (year)
(c) Cemetery or crematory Bolling Cem.
Location Pound, Va.

18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N. Patterson Park Ave

19 (a) 12-28-1943 (b) [illegible] Williams M.D.
(Date received by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1943, at 8:15 P.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pneumococcus meningitis

Due to Pneumonia bilateral

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 12-27-43

(over)

G 12031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12031 Registered No. 107

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution Maryland University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll.
(c) City or town Westminster R.F.D. #1
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 3-1943

8. AGE: Years	Months	Days	If less than one day
0	4	24	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Infant.
11. Industry or business Infant.

FATHER
12. Name George Miller
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Ethel Brumgard
15. Birthplace Adams Co. Pa.

16 (a) Informant Mrs. Ethel Miller
(b) Address Westminster, Md. R.F.D. #1

17 Removal for Burial Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Methodist Cemetery
Location Union Mills Md.

18 (a) Funeral director J. W. Little & Son
(b) Address Littlestown, Pa.

19 (d) DEC 28 1943 for Williams, M.D. Registrar
(Date rec'd by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-24 1943 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21 1943 to 12-24 1943 and that I last saw h[illegible] alive on 12-24 1943

Immediate cause of death Bronchial Pneumonia-18 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of autopsy: Autopsy requested Heart & Kidneys Negative

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 12-27-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

109

Registered No. G 12032

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Women's Hosp. 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. R F D 4
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Aldri Haifley Reaver

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Wm. Reaver
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Aug 24, 1874

8. AGE: Years 69 | Months 4 | Days 4 | If less than one day hr. min.

9. Birthplace Westminster, Md.
(Town, county, and state)

10. Usual Occupation HW

11. Industry or business

FATHER 12. Name ? James W Haifley
13. Birthplace Md.

MOTHER 14. Maiden Name Sarah C. Stephens ?
15. Birthplace Md.

16 (a) Informant Admission Blank
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30 44 (month) (day) (year)
(c) Cemetery or crematory Westminster
Location Westminster Md Baptist Cem.

18 (a) Funeral director H Bankard Jr
(b) Address Undertaker Westminster Md.

19 (a) 12-29-1943 (Date rec'd by Local Reg.) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28 1943, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/25 1943, to 12/28 1943 and that I last saw h[illegible] alive on 12/28 1943.

Immediate cause of death Pneumonia — Duration 10 days

Due to Pneumonia

and

Due to Kidney failure probably from sulfa medication — Duration 2 wks

Other Conditions from admission to Hospital

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Franklin E Leslie

Address Womans Hosp. Date signed 12/28/43

12033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 12033

Registered No. 108

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Since 12/13/43
(e) Length of stay in Baltimore (yrs., mos., or days) Since 12/13/43

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Philadelphia
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2251 S. 22nd Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MATTHEW SKALAMERA

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Wid.

6 (b) Name of husband or wife Margaret ?
Deceased
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/2/87

8. AGE: Years	Months	Days	If less than one day
56	1	24	hr. min.

9. Birthplace ? Austria
(Town, county, and state)
10. Usual Occupation Master
11. Industry or business Merchant Marine

FATHER
12. Name Antone Skalamera
13. Birthplace ? Austria

MOTHER
14. Maiden Name Antonio ?
15. Birthplace Austria

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/43 (month) (day) (year)
(c) Cemetery or crematory
Location Philadelphia, Pa.

18 (a) Funeral director E. Leroy Stallo, Inc.
(b) Address 5005 Park Heights Ave

19 DEC 29 1943 Washington Williams M.D.
(Date received by registrar) (Registrar)

MEDICAL CERTIFICATION P.

20. DATE OF DEATH Dec. 26, 1943, at 6:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 13, 1943, to Dec. 26, 1943, and that I last saw him alive on Dec. 26, 1943

Immediate cause of death Pneumonia, bilateral — Duration Terminal

Due to

Due to

Other Conditions Decompensation, heart. — Unk.
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address Baltimore, Md. Date signed 12/27/43 M. D.

VS 150

MS-49784

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G 12034

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 722 S Charles St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 722 S. Charles St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie Palmer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Henry Palmer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 76 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Essex Co. Va.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Willis Holmes
13. Birthplace Essex Co. Va.

MOTHER
14. Maiden Name Ellen Jackson
15. Birthplace Essex Co. Va.

16 (a) Informant Maggie Jarrett
(b) Address 1125 17th N.W. Wash. D. C.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 12 31 48 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location Balto.

18 (a) Funeral director Walter R. Speer
(b) Address 1500 W. Hamburg St.

DEC 29 1943

(Date rec'd by registrar) Huntington Williamsport, W. Va.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28 1943 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/19 1943 to 12/28 1943, and that I last saw h. alive on 12/27 1943

Immediate cause of death Acute Bronchopneumonia — Duration 10 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Francisco M. D.

Address 1111 Lee Date signed 12/28/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 12035

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2045 E. 31st St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2045 E. 31st St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Senora L. Daffin

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: F. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Chas. H. Daffin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan 4, 1882

8. AGE: Years: 61 | Months: 11 | Days: 24 | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: None

11. Industry or business:

FATHER
12. Name: Theo. Wharton
13. Birthplace: Balto

MOTHER
14. Maiden Name: Mary C. Gordon
15. Birthplace: Balto.

16 (a) Informant: Mrs. Wortman
(b) Address: 2045 E. 31st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/29/43 (month) (day) (year)
(c) Cemetery or crematory: Loraine Cem
Location: Woodlawn Md.

18 (a) Funeral director: Lippmann & Son
(b) Address: 32 S. Broadway.

19 (c) DEC 29 1943 (Date rec'd by registrar) Hunter for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/24 1942 to 12/26 1943 and that I last saw her alive on 12/21 1943.

Immediate cause of death: Diabetic Mellitus — Duration: 3 yrs

Due to:

Due to:

Other Conditions: Hypertensive Degenerative Heart — 2 mos

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Daniel Miller, M.D.
Address: 150 N Broadway Date signed: 12/28/43

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

jo #84920
12036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12036
Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 7 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 318 S. Exeter St.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME John McManus

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1868

8. AGE: Years	Months	Days	If less than one day
75	6	10	hr. 1 min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Patrick R. McManus
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Ann Handley
15. Birthplace Ireland

16 (a) Informant Records, Balto. City Hosp.
(b) Address 4940 Eastern Avenue.

17 (a) Burial (b) Date thereof 12/30/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director L. Heemann and Son
(b) Address 32 S. Broadway

19 (a) DEC 29 1943 (b) Hunting for Williams, Reg'n
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24, 1943, at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/17 1943. to 12/24 1943. and that I last saw h alive on 12/24 1943.

Immediate cause of death: Pneumonia Lobular

Duration
1 wk.

Due to

Due to

Other Conditions ASCVD; Senility
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Seigman M. D.
Address BCH Date signed 12/29

G 12037 ✓ G 12037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4613 Pk. Hgts. Ave
(c) Hospital or institution: Mt. Sinai Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4613 Pk. Hgts. Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dora Paul

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Michael Melamed
13. Birthplace Russia

MOTHER
14. Maiden Name –
15. Birthplace Russia

16 (a) Informant Herman Snyder
(b) Address 3903 Dolfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-43 (month) (day) (year)
(c) Cemetery or crematory Pikesdale
Location Frankln Ave. Phila Rd
18 (a) Funeral director Sacks Levin Inc
(b) Address 1439 E Balto St

19 (a) (Date rec'd by registrar) DEC 29 1943 (b) Registrar Huntington Millard M.D.

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-28-43 19 , at 3:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1943, to 12/28/43 19 43, and that I last saw her alive on 12/28/43 19 43.

Immediate cause of death Acute Cardiac failure — Duration

Due to Ch Myocarditis

Due to Ch Coronary Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. L. Hometown M. D.
Address 733 Asquith St Date signed 12/29/43

G 12038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 87

G 12038 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 401 No Strucker St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-1
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No 401 No Strucker St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Hyman J Rice

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	Married

6 (b) Name of husband or wife Rose
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
43	0		hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation tailor
11. Industry or business

MOTHER / FATHER
12. Name Jacob
13. Birthplace Russia
14. Maiden Name Rose
15. Birthplace Russia

16 (a) Informant Sure Rice
(b) Address 401 N. Strucker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-43 (month) (day) (year)
(c) Cemetery or crematory Pikesville
Location

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St

19 (a) DEC 29 1943 (Date filed by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1943, at 4-15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1943 to Dec 28 1943 and that I last saw him alive on 12-28 1943

Immediate cause of death	Duration
Bronchio-pneumonia	6 days
Due to	
Due to	
Other Conditions Multiple sclerosis	2½ yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jack Cohen M.D.
Address 1804 Eutaw Place Date signed 12/28/43

G 12039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

113

G 12039 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1932 W. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-4
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1932 W. North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Wilner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Abraham Wilner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years: 68 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia Poltz (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Lazer Wolpe
13. Birthplace Poltz

MOTHER
14. Maiden Name
15. Birthplace Poltz

16 (a) Informant Mrs. A. Wilner

(b) Address 3386 Mondawmin Ave

17 (a) Burial (Burial) cremation, or removal (b) Date thereof 12-24-43 (month) (day) (year)

(c) Cemetery or crematory Hebrew Mem. Park Assn.

Location Washington Blvd.

18 (a) Funeral director Jacob Weiss Inc

(b) Address 1439 E. Balto. St

19 (a) DEC 29 (Date rec'd by registrar) (b) 1943 Thurlow for Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-28-43 19 , at 12 Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 25 1943, to Dec 28 1943, and that I last saw her alive on Dec 28 1943.

Immediate cause of death: Cardiac failure — Duration: 3 days

Due to: Hypertension — years

Due to:

Other Conditions: Emphysema

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Evelyn J. Finkelstein M. D.

Address 7246 North Ave Date signed 12/28/43

G 12040 ✓ G 12040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1033 Sarah Ann St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1033 Sarah Ann St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ARIETHA LEACH

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife Judson Leach
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1897

8. AGE: Years	Months	Days	If less than one day
46	5	15	hr. min.

9. Birthplace Tenn
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr. McClain Luther
(b) Address 1039 Harlem Ave.

17 (a) Burial (b) Date thereof 12-30-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (b) Registrar
(Date rec'd by registrar) DEC 29 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25, '43 19 ; at 6:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1943, to Dec 25 1943, and that I last saw h[illegible] alive on 12/25/ 1943

Immediate cause of death Hemeplegia with Terebral Hemorrhage — Duration 2 hrs
Due to Hypertension — 3 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. T. Gunn M. D.
Address 526 N. Arlington Ave. signed 12/25/43

G 12041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 12041

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 430 Roberto street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 430 Roberto Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Gonzales

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Negro

6 (a) Single, married, widowed, or divorced. Divorced Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 68 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Canada Havana Cuba,
(Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name Frank Gonzales
13. Birthplace Canada

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Marie Curtis
(b) Address 1122 S hields Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) DEC 30 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26-1943, at 11 A M

21. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Lobar Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Wheeler M.D.
Medical Examiner.
Date signed 12/27/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12042 ✓ G 12042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1216 Etting St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1216 Etting St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Lockett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Eliza Lockett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1879

8. AGE: Years	Months	Days	If less than one day
64	5	22	hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Edward Lockett
13. Birthplace N. C.

MOTHER
14. Maiden Name Lucy Neal
15. Birthplace N. C.

16 (a) Informant Mrs Eliza Lockett
(b) Address 1216 Etting St

17 (a) Burial (b) Date thereof 12-29-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt: Auburn Cem
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) DEC 29 1943 (b)
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1943, at M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic
Cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert L. Graham M.D.
Medical Examiner.
Date signed Dec. 27, 1943

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

C 12043 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1913 Pennsylvania Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 11, 1924

8. AGE: Years	Months	Days	If less than one day
19	3	16	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Joseph Jackson
13. Birthplace Md.

MOTHER
14. Maiden Name Fannie Tyler
15. Birthplace Va.

16 (a) Informant Mrs Fannie Jackson
(b) Address 1917 Penna. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery Cem
Location A. A. Co., Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) DEC 30 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27, 1943, at 6:45 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bullet wound of chest

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-25-43 at 1 55 A.M.
(b) Where did injury occur? Madison Ave at McMechen
(c) Did injury occur at home, on farm, industrial place, in public place? Street While at work? No
(d) Means of injury Shot

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec 28 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 13044 ✓ G 13044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

810 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp. 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 615 Lenox st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Eunice Cisternas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Ludovico

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 11. 1896

8. AGE: Years 47 | Months 4 | Days 16 | If less than one day hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Luis Cisternas
(b) Address 615 Lenox st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director Sol Levinson & Bro
(b) Address 1124-26 W. North ave

19 (a) (Date rec'd by registrar) (b) Registrar's No.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 1943, at 10.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 22 1943, to Dec. 27 1943, and that I last saw her alive on Dec. 27 1943

Immediate cause of death Acute Encephalitis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Frosting M. D.
Address St. Joseph's Hosp Date signed 12-27-43

G 1-045 G 12045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvedere & Greenspring Aves
(c) Hospital or institution:
Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 months
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere & Greenspring Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Abraham Keimer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Late Fannie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Harry Keimer
(b) Address 3736 Eastern ave

17 (a) Burial (b) Date thereof Dec 29/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Rondale Cem
Location Hamilton ave

18 (a) Funeral director Sol Lippman & Bro.
(b) Address 1124-26 W North ave

19 (a) (Date rec'd by registrar) (b) Registrar

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1943, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1943, to Dec 27 1943, and that I last saw him alive on Dec 27 1943.

Immediate cause of death	Duration
Chr. cerebral vascular disease	
Arteriosclerosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Edmund Levin, M.D.
Address Levindale Date signed Dec 28/43

DEC 29 1943 Huntington Williams, M.D.

G 12046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92D

Registered No. G 12046

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2018 N. Bentalou
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2018 N Bentalou St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Nelson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Louis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name Auser Schulman
13. Birthplace Russia

MOTHER
14. Maiden Name Ida F. Zinkelowitz
15. Birthplace Russia

16 (a) Informant Myer J Schulman
(b) Address 2018 N Bentalou

17 (a) Burial (b) Date thereof Dec, 29, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Sinai Israel Cong
Location Southern Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150 DEC 29 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28 1943, at 6a M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1 1941, to 12/28 1943, and that I last saw h[illegible] alive on 12/27 1943

Immediate cause of death Coronary Thrombosis

Duration

Due to Chronic Endocarditis + Myocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Strauber M. D.
Address 1124 Lee N Date signed 12/28/43

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 334 G 12047

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 E Barney St St., 45 Ward)

Length of residence in city or town where death occurred 20 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Raymond M. Hannsteiger

If U. S. Veteran specify WAR _____

(a) Residence: No. 208 E Barney St St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of Christina Hannsteiger

6. DATE OF BIRTH (month, day, year): July 13 - 1892

7. AGE: Years 51 | Months 4 5 | Days 12 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Boat Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: John Hannsteiger

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. Christina Hannsteiger

(Address) 208 E Barney St

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: 12/29/43

19. UNDERTAKER: Geo. L. Berry Sr

(Address) 1612 McElderry St

20. FILED _____, 19___ _____ Registrar.

DEC 29 1943

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 25, 1943

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1943 to Dec 25, 1943

I last saw alive on Dec 25, 1943 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart	2 M.
Other contributory causes of importance	
Lo Grippe	Dec.

Was an operation performed? No Date of _____

For what disease or injury? No

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify _____

12/29/43 (Signed) R. L. Campbell M. D.

(Address) 1644 Hanover St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 12048 ✓ G 12048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2014 N. Calvert st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2014 N. Calvert st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James J. Gavin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Alice P. Gavin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2

8. AGE: Years	Months	Days	If less than one day
About 72			hr. min.

9. Birthplace Texas Md.
(Town, county, and state)
10. Usual Occupation Stone Mason
11. Industry or business W. B. A. R. R.

FATHER
12. Name Patrick J. Gavin
13. Birthplace Md.

MOTHER
14. Maiden Name Bridget (Unknown)
15. Birthplace Ireland

16 (a) Informant Frank J. Gavin
(b) Address 1154 Gorsuch Ave

17 (a) Burial (b) Date thereof 12/29/43
(Burial, cremation, ~~or removal~~) (month) (day) (year)
(c) Cemetery or crematory St. Joseph
Location Texas Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul st

19 (a) (b)
(Date rec'd by registrar) Registrar

VS DEC 29 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24-43 at 9 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 1943, to Dec. 24 1943, and that I last saw ~~him~~ alive on Dec. 24 1943.

Immediate cause of death Chronic Myocarditis & Myocardial degeneration.
Due to
Due to Passive congestion of Liver & Lungs.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry A. Kelly M. D.
Address 2504 St Paul St. Date signed 12/26/43.

C 2049 ✓ C 12049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1007 De Soto Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days) Since 1862

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 De Soto Rd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CATHERINE BECKER

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Frederick William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1849

8. AGE: Years	Months	Days	If less than one day
94	1	26	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Frederick Koch
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Baerinfingher
15. Birthplace Germany

16 (a) Informant Miss Dora Becker
(b) Address 1007 De Soto Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 29 1943 (Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28/43 19 , at 8 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1943 to Dec 26 1943, and that I last saw h alive on Dec 26 1943.

Immediate cause of death	Duration
Myocarditis Arteriosclerosis	
Cardiac dialatation	
Due to	
Due to	
Other Conditions Edema of lower extremities	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin Kadin M. D.
Address 2306 Eutaw Pl Date signed 12-29-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~C 12050~~ ✓ C 12050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

1. PLACE OF DEATH:
Baltimore City, Maryland
(b) Street address 4702 Harford Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2403 Ailsa Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CATHERINE W. WATSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Chas. E. Watson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1858

8. AGE: Years	Months	Days	If less than one day
85	6	25	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name -- Waters
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name -- Brown
15. Birthplace Balto., Md.

16 (a) Informant Mr. Roland Watson
(b) Address 2403 Ailsa Ave.

17 (a) Burial (b) Date thereof 12/30/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 29 1943 Registrar.
(Date rec'd by registrar)

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28, 1943, at 8:00 am M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1943, to Dec 27 1943, and that I last saw h-er alive on Dec 27 1943

Immediate cause of death	Duration
Chronic myocarditis	15 years
Due to Hypertensive cardio vascular renal disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. V. Harbold M.D.
Address 4706 Harford Road Date signed 12/28/43
M. D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

G 12051 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1018 N. Carey
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 N. Carey (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years: 41 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Unk
13. Birthplace Unk

MOTHER
14. Maiden Name Unk
15. Birthplace Unk

16 (a) Informant Thomas H. Lee
(b) Address 1808 N. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30-43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director James A. Hayes
(b) Address 142 N. Steel St

19 (a) Dec 29 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1943, at 6 31 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/5/1943 to 12/27/1943, and that I last saw H alive on 12/27/1943.

Immediate cause of death — Duration

Intermd Hemorrhage — 1 day

Due to Carcinoma of Liver — 3 mos.

Other Conditions Pernicious Anemia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Bowley M. D.

Address 579 N. Carrollton Ave Date signed Dec 29 1943

12052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 939

G 12052 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Dyer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Patrick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James M. Dermott
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 DEC 29 1943 (Date rec'd by Registrar) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1943, at 10.4 m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1943 to Dec 28 1943, and that I last saw h.. alive on Dec 27 1943

Immediate cause of death: Edema of Lungs — Duration: 1 day
Due to: Chronic Myocarditis — Duration: 6 yrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury E. Gill H
23. Signature E. Gill Hall
Address 1621 E North Ave Date signed Dec 28 43 M. D.

G 48053

Dr Laforest 822 N. Bond St

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 48053

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 936 Mc Donough St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 936 Mc Donough St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Walter Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ethel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/7/1893

8. AGE: Years 50 | Months 7 | Days 18 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Robert Coleman
13. Birthplace Va

MOTHER
14. Maiden Name Anna Fox
15. Birthplace Va

16 (a) Informant Ethel Coleman
(b) Address 936 Mc Donough St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. S. C.

18 (a) Funeral director Rayner Sanders
(b) Address 1462 E. Preston St

19 (a) 12-30-1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1943 at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1943, to 19..., and that I last saw h[illegible] alive on 19...

Immediate cause of death: Bronchopneumonia — Duration: 1 week

Due to: Myocardial Degeneration

Other Conditions: Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert L. Laforest M. D.

Address 822 N. Bond St Date signed 12/29/43

12054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 12054

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6000 Bellona Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME May Cochran

3 (b) If veteran, name war — 3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 25th 1886

8. AGE: Years 57 | Months 0 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER — 12. Name William A. Cochran
13. Birthplace Md.

MOTHER — 14. Maiden Name Annie C. Parker
15. Birthplace Md.

16 (a) Informant Mrs Philip Tinley
(b) Address 624 Cator Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12/29/43 (month) (day) (year)
(c) Cemetery ~~Faith~~ Presbyterian Church
Location Broadway & Gay St

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St.

DEC 29 1943 (Date received by Registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26th 1943, at 5:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from May, 1941, to Dec. 23, 1943, and that I last saw her alive on Dec. 23, 1943.

	Duration
Immediate cause of death: Probably coronary occlusion.	
Due to: Generalized arterio-sclerosis.	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation None.
Major findings of operation:
of autopsy: None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John E. Boyer Jr M. D.
Address 1014 St. Paul Street Date signed 12/28/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the correct age is especially important. Write the causes of death clearly and legibly.

C 12055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92

Registered No. C 12055

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: City Morgue

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4

(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 634 W. Lombard St
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Mary A Myers

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Elmer Myers

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) June 1st 1910

8. AGE: Years	Months	Days	If less than one day
33	6	27	.....hr. .....min.

9. Birthplace Westminster Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name George C. Yingling
13. Birthplace Westminster Md

MOTHER
14. Maiden Name Geneva Knadler
15. Birthplace Kardysville Md.

16 (a) Informant Elmer Myers
(b) Address 634 W. Lombard St.

17 (a) Burial (b) Date thereof 12/31/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 E. Paul St

19 (a) DEC 29 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1943, at 1:45 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic endocarditis

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury.....at.....M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?.....While at work?.....
(d) Means of injury.....

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec 28 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The name of informant should be carefully supplied. The

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12656 — BALTIMORE CITY HEALTH DEPARTMENT — 1226 Registered No. G 12656

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2922 Brighton st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 63 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2922 Brighton st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Laura F. Merle

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband ~~or wife~~: Henry Merle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10th 1860
8. AGE: Years 83 | Months 6 | Days 18 | If less than one day hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name (Unknown) Lange
13. Birthplace Germany

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Andrew W. Merle
(b) Address 401 Oakhill Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director William Cook Inc
(b) Address 1317 St. Paul st

19 (a) DEC 29 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28th 1943, at 6 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1941, to Dec. 28 1943, and that I last saw her alive on Dec. 28 1943.

	Duration
Immediate cause of death: Intestinal Intussusception	36 hrs.
Due to: Arteriosclerosis	?
Due to: Hypertension	many years
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. E. Schmidt M. D.
Address 2924 Brighton Date signed 12/28/43

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12057 C 12057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43 d Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 329 S. Macon St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William C. FRYE

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: none
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Sarah Frye
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Mar 10th 1868
8. AGE: Years 75 | Months 9 | Days 18 | If less than one day hr. min.
9. Birthplace: St. Marys Co. Md.
(Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business: Carpenter

FATHER
12. Name: William Frye
13. Birthplace: Md.

MOTHER
14. Maiden Name: Amelia C.
15. Birthplace: Md.

16 (a) Informant: Mrs Sarah Frye
(b) Address: 329 S. Macon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/43 (month) (day) (year)
(c) Cemetery: Oak Lawn
Location: Eastern Ave - Extended

18 (a) Funeral director: William Cook Inc
(b) Address: 1217 St. Paul St

19 (a) DEC 29 1943 (Date rec'd by registrar) Interred for William Cook Inc Undertaker

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28, 1943 at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1943 to Dec 28 1943, and that I last saw him alive on Dec 27, 1943

Immediate cause of death: CORONARY OCCLUSION — Duration:

Due to: ARTERIOSCLEROTIC CVD

Due to:

Other Conditions: BILATERAL CATARACTS

(Include pregnancy within 3 months of death)

Date of operation Dec 15, 1943

Major findings of operation: CATARACTS

of autopsy: CORONARY OCCLUSION

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Robert Gantz M. D.
Address Sinai Hospital Date signed 12/29/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BURGIN RECORDS RESERVED FOR BINDING

G 12058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 136

Registered No. G 12058

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3115 Barclay St
(c) Hospital or Institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3116 Barclay St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Edward Norman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 19, 1921

8. AGE: Years	Months	Days	If less than one day
22	1	7	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Melvin Norman
13. Birthplace Va.

MOTHER
14. Maiden Name Edna Childs
15. Birthplace Va.

16 (a) Informant Edna Norman
(b) Address 1315 Barclay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location U. G. County Md.

18 (a) Funeral director Mrs. Robert A. Elliott Dept.
(b) Address 1129 N. Carlton St.

19 (a) (Date certificate received by Registrar) (b) Registrar

DEC 29 1943 VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1943, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1943 to Dec. 26 1943, and that I last saw h[illegible] alive on Dec. 26 1943

Immediate cause of death	Duration
Pulmonary Tuberculosis	
Due to	Todus
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul A. Johnson M.D.
Address 2329 Gerard St Date signed Dec 29 1943.

Huntington Williams, M.D.

G 12059 Boylan ✓ G 12059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1376 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT FOLD OR MUTILATE. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2208 Bank St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Boylan

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 25 1863

8. AGE: Years	Months	Days	If less than one day
80	10		hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Owen Boylan
13. Birthplace Ireland

MOTHER
14. Maiden Name Hanna
15. Birthplace Ireland

16 (a) Informant Helmsmen, Frank
(b) Address 2208 Bank St.

17 (a) Burial (b) Date thereof Dec 31
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 800 E. Oliver St.

19 DEC 29 1943 (b) Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1943, at 6:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1943, to Dec 26 1943, and that I last saw h[illegible] alive on Dec 27 1943.

Immediate cause of death: Uremia — Duration: 7

Due to: Prostatic obstruction — Duration: 2

Due to: — Duration:

Other Conditions: Arteriosclerosis. Heart disease, ? Hypostatic pneumonia — Duration: 7
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Cullen M. D.
Address Church Home + Hosp Date signed 12-26-43

(over)

G 12060 — BALTIMORE CITY HEALTH DEPARTMENT — G 12080

Reg. No. 85864

CERTIFICATE OF DEATH 136

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3038 Boston St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Snyder

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Addison (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20-1880

8. AGE: Years	Months	Days	If less than one day
63	9	7	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Landrum Deets
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Koerber or Korver
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern ave
18 (a) Funeral director Blauvelt & Hoffmann
(b) Address 1639 Broadway

19 (a) DEC 29 1943 (b) Registrar
(Date received by registrar)
Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27 1943, at 4.05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-12 1943, to 12-27 1943 and that I last saw h[illegible] alive on 12/27 1943.

Immediate cause of death	Duration
Broncho pneumonia, terminal	9 Days
Due to Pulmonary TBC	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Paul Metzner M. D.
Address B. C. H. Date signed 12/29/43

G 12061 Gutberlet BALTIMORE CITY HEALTH DEPARTMENT G 12061 Registered No.

CERTIFICATE OF DEATH 94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2508 Eadmans Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2508 Eadmans Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Adolph Gutberlet

3 (b) If veteran, name war /
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Katherine J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-13-1876

8. AGE: Years	Months	Days	If less than one day
67	-	14	hr. min.

9. Birthplace Baltimore. (Town, county, and state)
10. Usual Occupation Lawyer
11. Industry or business

FATHER
12. Name /
13. Birthplace

MOTHER
14. Maiden Name /
15. Birthplace

16 (a) Informant Katherine Gutberlet
(b) Address 2508 Eadmans Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road

DEC 29 1943 (b) (Registered by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27-1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-1-[illegible] to 12-27-1943, and that I last saw h[illegible] alive on 12-27-1943

Immediate cause of death Coronary Thrombosis
Due to Heart Block
Due to Coronary Sclerosis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 1 mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Berkey M. D.
Address 700 N. Calvert St Date signed

Ferrea ✓

G 12062 BALTIMORE CITY HEALTH DEPARTMENT G 12062

CERTIFICATE OF DEATH 186a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 813 W. Barre St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Ferrea ✓

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/26/1867

8. AGE: Years 76 | Months 0 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ferdinand Osendorf
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mr. George Funk
(b) Address 813 W. Barre St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/43 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penn. aves

19 (a) DEC 29 1943 (Date rec'd by Local Registrar) (b) for Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1943, at 3 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bronchial pneumonia

Due to

Other Conditions Fracture of right hip.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Dec. 26 1943 9A M.
(b) Where did injury occur? 813 Barre St
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Fall at home (Slipped on rug)

23. Signature Robert L. Graham Medical Examiner.
Date signed Dec 28 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

G 12063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93a

Registered No. G 12063

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 558 St Mary's Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 558 St Mary's Ave (If rural give location)
(e) Citizen of foreign country? [illegible] (Yes or No)
If yes, name country

3 (a) **FULL NAME** Annie L. Freeman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, ~~married~~, widowed, or ~~divorced~~. Widow

6 (b) Name of husband or wife Jesse Freeman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25 - 91

8. AGE: Years 52 | Months | Days 1 | If less than one day hr. min.

9. Birthplace Snow Hill Md. (town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name John Johnson
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Handy
15. Birthplace Md

16 (a) Informant Walter T. Freeman
(b) Address 558 St Marys Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Sam'l F. Chase & Son
(b) Address 638 N Gilmor St

19 (a) (Date received by registrar) DEC 29 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/26, 1943, at 6.55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1943 to 12/26 1943 and that I last saw her alive on 12/26 1943.

Immediate cause of death: Acute Myocarditis — Duration: 3 days
Due to: Hemiplegia — 2 weeks
Due to: Arteriosclerosis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. T. Guyton M.D.
Address 522 N. Arlington Ave Date signed 12/28/43

G 12064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170c

G 12064 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 Hagers Court. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Conway

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-20-2130

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Inez Conway

6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) March 18th 1912

8. AGE: Years 31 | Months 9 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation Junker

11. Industry or business

FATHER 12. Name unknown

13. Birthplace ?

MOTHER 14. Maiden Name Rita ?

15. Birthplace unknown

16 (a) Informant Inez Conway

(b) Address 1013 Hagers Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 30th 1943 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Balto Md.

18 (a) Funeral director Byron & Francis H. Wright

(b) Address 721 Asquith St

19 (a) Date received by registrar DEC 29 1943 (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1943, at 5:10 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:

(a) Date of injury Dec. 25, 1943 7-4 3:00 A M.

(b) Where did injury occur? Bond St. & Oakland Ave.

(c) Did injury occur at home, on farm, industrial place, in public place? Public Place While at work? No

(d) Means of injury Pedestrian struck by auto

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed Dec 27 1943

C 12065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

946 Registered No. C 12065

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3535 Falls Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3535 Falls Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maria Belt.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Lewis Belt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, 1869

8. AGE: Years 74 | Months 7 | Days 26 | If less than one day hr. min.

9. Birthplace England
(Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Lewis Belt
(b) Address 3535 Falls Rd.

17 (a) Burial (b) Date thereof Dec 28-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Woodlawn Trust

18 (a) Funeral director Edelworth Funeral
(b) Address 2911 Liberty Heights Ave

19 (a) DEC 29 1943 (b) Huntington Williams
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24 1943 10.30 A.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Angina Pectoris

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 12/24/43.

VS 151

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12066

Dr Peak
4308 Harford ave

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 466

Registered No. G 12066

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1004 N. Payson ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 N Payson St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie L. Hardesty

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife James H Hardesty (c) If alive, give age Years

7. Birth date of deceased (mo., day, yr.) June 20 - 1869

8. AGE: Years	Months	Days	If less than one day
74	6	—	hr. min.

9. Birthplace Annapolis Md (Town, county, and state)
10. Usual Occupation
11. Industry or business Home Duties

FATHER
12. Name James F. Brown
13. Birthplace Frederick Md

MOTHER
14. Maiden Name Rebecca Taylor
15. Birthplace Annapolis Md

16 (a) Informant Mr. Lee - Hardesty md
(b) Address 4306 Chase ave Bellevue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23 - 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore

18 (a) Funeral director Frances E Syfer
(b) Address 1600 W North Ave

19 (a) 12-20-1943 (Date rec'd by Registrar) (b) Kenneth V. Williams M.D. (Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1943, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1935 to 12-20 1943 and that I last saw h alive on 11-26 1943

Immediate cause of death Cancer Stomach — Duration 9 Months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. W. Peake M. D.
Address 450 S. Harford Blvd Date signed 12-23-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REMOVED FOR BINDING

CARBON RESERVED

G 12067 ✓ G 12067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47d

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2403 E Lafayette Ave
(c) Hospital or institution: .....
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2403 E Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Goedeke Wardell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 25th 1876

8. AGE: Years 68 | Months 7 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business .....

FATHER
12. Name John Wardell
13. Birthplace Md

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs Wardell
(b) Address 1327 N Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29th 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore Mem
Location E North Ave

18 (a) Funeral director Leo Gilgash
(b) Address 1701-03 N Patterson Park Ave

19 (a) ..... (b) Date rec'd (day) (month) (year) DEC 29 1943 Registrar

Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1943, at 12 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1943, to ..... 19..., and that I last saw h— alive on Dec 26 1943

Immediate cause of death Carcinoma of Left Lung — Duration Dec 1943

Due to — — —

Due to — — —

Other Conditions — —

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: —

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at ..... M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? .....
(Specify type of place)
(e) Means of injury —

23. Signature Thos. H Shiels M. D.
Address 1939 Edmondson Ave Date signed Dec 27-43

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12068 BALTIMORE CITY HEALTH DEPARTMENT ✓ G 12068

CERTIFICATE OF DEATH 49a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospt
(c) Hospital or institution: Redwood & Green Sts
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 861 Hollins St
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Doris M. Bellis

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John Bellis

6 (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) Feby 20th 1921

8. AGE: Years 21 | Months 10 | Days 7 | If less than one day ___ hr. ___ min.

9. Birthplace Philadelphia, Pa.
(Town, county, and state)

10. Usual Occupation House work

11. Industry or business at home

FATHER
12. Name Emory Justis
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Gertrude Justis
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Gertrude Justis
(b) Address 861 Hollins Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/43 (month) (day) (year)

(c) Cemetery or crematory Western Cem.
Location Edmondson Ave

18 (a) Funeral director John F. Conway & Son
(b) Address 2003 Hollins St

19 (a) DEC 29 1943 (Date received by registrar) (b) Huntington White Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27 1943, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-26 1943, to 12-27 1943, and that I last saw her alive on 12-26 1943.

Immediate cause of death	Duration
Respiratory failure	
Due to Multiple metastasis	
Due to hypernephroma of ovary	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alvin H. Hempe M.D.
Address University Hospital Date signed 12/29/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

REPRODUCED FOR BINDING
ALL RIGHTS RESERVED

G 12069 ✓ G 12069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

T.N 85629 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ✓
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1953 Edmondson Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George W. Woodall

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) July 5, 1887

8. AGE: Years 56 | Months 5 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business Acme Steel Engineer Co.

FATHER
12. Name George W. Woodall (D
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah E. Jackson (D
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 12/30/43. (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem.
Location 2930 Frederick Ave

18 (a) Funeral director John J Cowan & Son
(b) Address 901 E 03 Hollins St.

19 (a) DEC 29 1943 (b) Hunter for Williams, M.D.
(Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27 1943, at 6:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-26 1943, to 12-27 1943, and that I last saw him alive on 12-27 1943.

Immediate cause of death Bilateral pneumonia — Duration 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Holtman M. D.
Address B. C. H. Date signed 12-27-43

12070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 12070

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D.O.A. Provident Hospital 17

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 Dennison St (If rural give location) DIVISION ST.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Snowden Fawcett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Ada Fawcett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5, 1896

8. AGE: Years	Months	Days	If less than one day
47	8	16	hr. min.

9. Birthplace Durham, N.C. (Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business Bethlehem Shipyard

FATHER
12. Name Lindsey Fawcett
13. Birthplace N.C.

MOTHER
14. Maiden Name ?
15. Birthplace N.C.

16 (a) Informant Ada Fawcett
(b) Address 1217 E. Preston Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Arbutus, Md.

18 (a) Funeral director Joseph B. Locke
(b) Address 1304 N. Central Ave
(c) (Date rec'd by registrar) DEC 29 1943 Washington Williamson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/21/1943, at 1 30 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McKelvey M.D. Medical Examiner.
Date signed 12/21/43.

VS 161

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

G 12071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33a Registered No. G 12071

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1831 Kavanaugh St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1831 Kavanaugh St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Allen

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Catherine Allen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1900

8. AGE: Years 43 | Months 5 | Days 29 | If less than one day hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name Andrew Allen
13. Birthplace N.C.

MOTHER
14. Maiden Name Celia Taylor
15. Birthplace N.C.

16 (a) Informant Jenny Rodgers
(b) Address 848 Freedman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Wm. H. Kelsey
(b) Address 1393 Freedman St

19 (a) 12-31-1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28/1943, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/11/1943 to 12/28/1943, and that I last saw him alive on 12/27/1943.

Immediate cause of death	Duration
Lobar Pneumonia	4 Days
Due to La Grippe	18 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(g) Means of injury

23. Signature [illegible]
Address 450 W. Biddle St Date signed 12/29/43

VS 180

G 12072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93e

G 12072 Registered No. 3698

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 916 Gilmor St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 Gilmor St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charity McClane

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	widowed

6 (b) Name of husband or wife George McClane
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 15 1879

8. AGE: Years	Months	Days	If less than one day
64	4	12	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Home work
11. Industry or business Own home

FATHER
12. Name Michael Green
13. Birthplace Md

MOTHER
14. Maiden Name Anna Brooks
15. Birthplace Md

16 (a) Informant Anna McClane
(b) Address 916 Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/43 (month) (day) (year)
(c) Cemetery or crematory Aquasco, Md
Location Md

18 (a) Funeral director Geo. H. Kelsay
(b) Address 1303 Pressstman St

19 (a) 12 30 1943 (Date received by registrar) Waiting for Williams M.D. Registrar

V8 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27 1943, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-23 1943, to 12-27 1943, and that I last saw her alive on 12-26 1943.

Immediate cause of death Influenza — Duration 5 days
Due to
Due to
Other Conditions Myocarditis & Hypertension — Duration Unknown
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 1039 N. Stricker St. Date signed 12-28 43

G 12073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G 12073

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1553 Argyle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1553 Argyle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Nelson Edwards.

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Ella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1874

8. AGE: Years 69 | Months 2 | Days | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Robert M. Milford
(b) Address 1553 Argyle Ave

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 12/29/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. M. Kelson
(b) Address 1343 Pressman St

19 (a) 12 29 1943 (Date rec'd by registrar) (b) Registrar

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1943 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1943 to Dec 26 1943 and that I last saw him alive on Dec 24 1943

Immediate cause of death Cardio-Renal

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 14 yrs 16 da

PHYSICIAN
Underline the cause to which death should be charged statistically.

Edwards

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Hatcher

Address 1755 Pa Ave Date signed 12/29/43 HJH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 Registered No. C 12074

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1419 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lee Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	M

6 (b) Name of husband or wife Nellie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1887

8. AGE: Years	Months	Days	If less than one day
56	8		hr. min.

9. Birthplace Belair, Md. (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name Joseph Hall
13. Birthplace Belair Md.

MOTHER
14. Maiden Name Sarah Lee
15. Birthplace Belair, Md.

16 (a) Informant Joseph Hall
(b) Address 404½ Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/43 (month) (day) (year)

(c) Cemetery or crematory
Location Delair, Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1631 Druid Hill Ave.

DEC 29 1943 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1943, at 2 00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 24 1943, to Dec 25 1943, and that I last saw h/xx alive on Dec. 25 1943.

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G H Banfield M. D.
Address Provident Hospital Date signed 12/25/43

G 12075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12075 Registered No. 13B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W Broadway
(c) Hospital or institution: Church Home and Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Rural (Middle River)
(If outside city or town limits, write RURAL and give town)
(d) Street No. Share 5 Beudels Park
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eva B. Clayton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1909

8. AGE: Years	Months	Days	If less than one day: hr.	min.
34				

9. Birthplace Tenn. (Hohenwald)
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Bradley Clayton
13. Birthplace Tenn.

MOTHER
14. Maiden Name Sophia Dabbs
15. Birthplace Tenn.

16 (a) Informant Hospital Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/31/43 (month) (day) (year)
(c) Cemetery or crematory Hohenwald
Location Tenn.

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 St. Paul St

19 (a) (b)
(Signature of local registrar)

DEC 29 1943
Registrar
Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1943, at 9 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 27 1943, to Dec. 28 1943, and that I last saw h.c alive on Dec. 28 1943.

Immediate cause of death Pulmonary Tb. — Duration ?

Due to

Due to

Other Conditions Malnutrition & Anemia — ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. L. Goodberg M. D.
Address Church Home & Hospital Date signed 12/30/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55e

G 12076 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 327 W. 30th Street, City (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME DEWEY LEE MARSTON

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-8141

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife GLADYS MARSTON.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 1899

8. AGE: Years	Months	Days	If less than one day
44	02	17	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Defence
11. Industry or business

PATHER
12. Name John R. Marston
13. Birthplace West Virginia

MOTHER
14. Maiden Name Clara Burns
15. Birthplace Virginia

16 (a) Informant Chart
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30/43 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden

18 (a) Funeral director Chandler & Bonvaur
(b) Address 3615-17 Chestnut Ave

DEC 29 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1943, at 5:10 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28 1943, to Dec 28 1943, and that I last saw him alive on Dec. 28 1943.

Immediate cause of death Cardio-respiratory failure — Duration
Due to Acute Hemorrhage
Due to Previous operation for Cancer
Other Conditions Squamous cell carcinoma - mets to neck
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Hugh Powell Jr. M.D.
Address Union Memorial Date signed 12/29/43

VS 150

12077 G 12077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504 Robert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 504 Robert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha A. Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Isaac R. Matthews

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1, 1872

8. AGE: Years 71 | Months 0 | Days 26 | If less than one day hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Fields
13. Birthplace Va.

MOTHER
14. Maiden Name Martha J. Fields
15. Birthplace Va.

16 (a) Informant Lillian Howard (Daughter)
(b) Address 504 Robert St.

17 (a) Burial (b) Date thereof 12-30-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director John W. Johnson
(b) Address 1700 Druid Hill Ave.

DEC 29 1943 (b) Thaddeus for Williams M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1943 at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 28 1943 to Dec. 27 1943, and that I last saw her alive on Dec 27 1943

Immediate cause of death
(Terminal)
Due to Hypostatic Congestion
Cerebral Apoplexy
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. W. Butler M. D.
Address 1833 Druid Hill Ave Date signed 12/29/43

correct age is especially important. Physicians: please write the

V8 3

12078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 12078 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1908 N. Fulton Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1908 N. Fulton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: EMMA GREENBAUM BERGEN.

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: David Bergen.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1866

8. AGE: Years 77 | Months | Days 3 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: None
11. Industry or business:

FATHER
12. Name: Emanuel Greenbaum.
13. Birthplace: Germany.

MOTHER
14. Maiden Name: Hannah ----------
15. Birthplace: Germany.

16 (a) Informant: Mrs. Manuella Kahn.
(b) Address: 1908 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/43. (month) (day) (year)
(c) Cemetery or crematory: Oheb Shalom
Location: Balto. Md.

18 (a) Funeral director: Harris Levi & Sons
(b) Address: 1902 Eutaw Place

19 (a) DEC 29 1943 (Date received by registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 28th. 19 43 at PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1943. to Dec 28 1943.
and that I last saw h[illegible] alive on Dec 27 19 43

Immediate cause of death: Acute bronchopneumonia & paralysis — Duration: 10 days

Due to: Advanced Arteriosclerosis — Duration: 5

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Harris S. Riblett M. D.
Address: 2220 Garrison Blvd. Date signed

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12079 Fr A. J. Blechman 3505 Fait Ave

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46 E

G 12079 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 317 S. Strieker St.
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1943
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 317 S. Strieker St. (If rural give location)
(e) Citizen of foreign country? No ✓ (Yes or No) If yes, name country ✓

3 (a) **FULL NAME** George Albert Marks.

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Josephine Marks.

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) July 24th 1868

8. AGE: Years 75 | Months 5 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Jessup Md. (Town, county, and state)

10. Usual Occupation Stair Builder

11. Industry or business Retired

FATHER
12. Name Henry Marks
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Bennett
15. Birthplace Md.

16 (a) Informant Mrs. Gertrude Bach
(b) Address 317 S. Strieker St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12 | 31 | 43 (month | day | year)
(c) Cemetery or crematory Mon Cemetery
Location Dorsey Md.

18 (a) Funeral director Jno. Meyer & Son
(b) Address 2503 Edmondson Ave

19 (a) Dec 30 1943 (Date received by registrar) (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28th 1943 at 1100 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 16 1943 to Dec 28 1943, and that I last saw h.m alive on Dec 7 1943.

Immediate cause of death a. Circumduc. Sigmoid — Duration
Due to Anus — 4 4/2
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J. Blechman M. D.
Address 3505 Fait Ave Date signed 12/30/43

G 12080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. G 12080

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 235 S. HIGHLAND AVE.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 235 S. HIGHLAND AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET DORSCH

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: JOHN DORSCH
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): FEB. 10 1865

8. AGE: Years 78 | Months 10 | Days 18 | If less than one day: hr. min.

9. Birthplace: BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation: HOUSE WIFE

11. Industry or business: AT HOME

FATHER
12. Name: FATHER UNKNOWN
13. Birthplace: UNKNOWN

MOTHER
14. Maiden Name: UNKNOWN
15. Birthplace: UNKNOWN

16 (a) Informant: MARGARET DORSCH (DAUGHTER)
(b) Address: 235 S. HIGHLAND AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 30/43 (month) (day) (year)
(c) Cemetery or crematory: BALTIMORE
Location: END OF EAST NORTH AVE.

18 (a) Funeral director: Lilly and Baker INC.
(b) Address: 403 S. WOLFE ST.

DEC 29 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH: DEC. 28 19 43 at 11/30

21. I certify that death occurred on the date above stated; that I attended deceased from JUNE 1941, to DEC 28 1943, and that I last saw her alive on DEC 28 1943

	Duration
Immediate cause of death: ARTERIOSCLEROSIS	5 Yrs
Due to: CHR. INTERSTITIAL NEPH	2 Yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: James A. Kavanagh M.D.
Address: 3328 W. Fredrick St. Date signed 12-29-43 M. D.

G 12081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 12081 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1710 Aliceanna Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 Aliceanna Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME REGINA WASNIEWSKA

3 (b) If veteran, name war -----

3 (c) Social Security Account No. ---------

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Felix

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 76 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace: Poland
(Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name Joseph Wasniewski
13. Birthplace Poland

MOTHER
14. Maiden Name Ludwiga Zembrzuska
15. Birthplace Poland

16 (a) Informant Mrs. Catherine Bialoskurska
(b) Address 1710 Aliceanna Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/43 (month) (day) (year)
(c) Cemetery or crematory Most Holy Redeemer
Location Belair Road

18 (a) Funeral director M. J. Sadowski Sons
(b) Address 1808 Eastern Ave.

19 (a) DEC 29 1943 (Date received by Registrar) (b) Livingston Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1943, at 8:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 21 1943 to Dec 28 1943 and that I last saw h. EK alive on Dec. 27 1943

Immediate cause of death: (a) Myocardial degeneration — Duration: 7
Due to: (b) Arteriosclerosis — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis F. Klein M.D.
Address 2623 E. Monument Date signed 12/29/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ERROR RESERVED FOR BINDING

MONUMENT

12082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133a Registered No. C 12082

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 707 N. Kenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 707 N. Kenwood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country no

3 (a) FULL NAME ELLA ELIZABETH FITCHETT

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Charles Zimmerman Fitchett
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Mar. 7. 1872

8. AGE: Years 71 | Months 9 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Bruscup
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sallie Mitchell
15. Birthplace Dorchester Co. Md.

16 (a) Informant Charles Fitchett (Husband)
(b) Address 707 N. Kenwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 29. 1943 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

DEC 29 1943 (Date received by registrar) Victor Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28. 1943 at 3.55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1943, to Dec 28 1943
and that I last saw h[illegible] alive on Dec 21 1943

Immediate cause of death: Influenza — Duration 5 days
Due to:
Due to: Pneumonia
Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed Dec 29 1943

C 12083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. C 12083

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2609 Shirley Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JAMES L. HARRIS

3 (b) If veteran, name war: --
3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife: Mary E. Harris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1856

8. AGE: Years	Months	Days	If less than one day
87	7	25	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Baldwin G. Harris
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr. Paul L. Harris
(b) Address 2609 Shirley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 29 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28, 1943, at 12.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28, 1943, to Dec. 28 1943, and that I last saw h[illegible] alive on Dec. 28, 1943.

Immediate cause of death Bronchopneumonia — Duration 5 days

Due to

Due to

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Pneumonia, Pulmonary Edema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Brunswick M. D.
Address Sinai Hosp. Date signed 1-4-44

12084 — BALTIMORE CITY HEALTH DEPARTMENT — C 32084

CERTIFICATE OF DEATH

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4104 Bille Ave (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Ella A. Bucher

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: George M Buel

6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 1878

8. AGE: Years 65 | Months 2 | Days 17 | If less than one day: hr. ..... min. .....

9. Birthplace Maryland (Balto) (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own home

FATHER
12. Name Herman Keyser
13. Birthplace Md.

MOTHER
14. Maiden Name Ophelia
15. Birthplace Balto Maryland

16 (a) Informant Husband
(b) Address Same.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 29 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28 19 43, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 25 1943, to Dec 28 1943, and that I last saw her alive on Dec 28 1943

Immediate cause of death: Medullary collapse (?)

Due to Meningitis (meningococcal)

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature R K. Thompson, M. D.
Address University Hospital Date signed 12/29/43

(S) 12085 (S) 12085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95C

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Deaf Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4102 Beuna Vista Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Buena

3 (a) FULL NAME Mrs. Phyllis S. Coale (Phyllis Spooner Coale)

3 (b) If veteran, name war: none
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Stan Coale
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896 (June 26

8. AGE: Years 47 | Months 6 | Days 2 | If less than one day hr. min.

9. Birthplace Norwich Conn.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Wm. B. Spooner
13. Birthplace Mass.

MOTHER
14. Maiden Name Francis DeSilva
15. Birthplace R. I.

16 (a) Informant Mrs. Calvert Michel Haas
(b) Address 4102 Beuna Vista Ave.

17 (a) Burial (b) Date thereof 12/30/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 29 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28/43 19.., at 10:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/29 1943, to 12/28 1943, and that I last saw h.. alive on 12/28 1943.

Immediate cause of death: Cardiac failure
Due to: Cerebral hemorrhage
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: M. D.
Address Md. Deaf Hosp. Date signed 12/28/43

G 12036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G 12036

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 329 W Biddle St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 329 W Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME walter moore

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-2002

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife Bessie Moore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28, 1905

8. AGE: Years	Months	Days	If less than one day
38	8	27	hr. min.

9. Birthplace Howard Co Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Roger Moore

13. Birthplace Md

MOTHER 14. Maiden Name Lottie Hall

15. Birthplace Md.

16 (a) Informant Bessie Moore

(b) Address 1326 W. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-43 (month) (day) (year)

(c) Cemetery or crematory Arbutus

Location Arbutus - Md.

18 (a) Funeral director Mrs Katie R Wellington

(b) Address 922 N. Schroeder St.

19 (a) 12/29/43 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1943, at 2:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1943, to Dec 25 1943 and that I last saw him alive on Dec 25 1943.

Immediate cause of death	Duration
Lobar Pneumonia	3 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. C. Pettigrew M. D.

Address 817 Hamilton Ave Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310a Registered No. 76037

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1031 Summerset St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1031 Sammerset St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William H. Ringgold
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Male
5. Color or race Col.
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Noretta Ringgold
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 8 1878
8. AGE: Years 65 Months 1 Days 17 If less than one day hr. min.
9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business
FATHER 12. Name John Ringgold
13. Birthplace Md.
MOTHER 14. Maiden Name Sallie Cromwell
15. Birthplace Md.
16 (a) Informant Noretta Ringgold
(b) Address 1359 W. Saratoga St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location
18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 922 N. Schroeder St.
19 (a) 12/29/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1943, at 4:30a M
21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1943 to Dec 25 1943 and that I last saw h[illegible] alive on Dec 24 1943

Immediate cause of death
Hypertension Cardio-Renal — Duration 5 Days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature R. H. Halsher
Address 1275 Patterson Date signed 12/29/43 M.D.

VS 180

G 12088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G 12088

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Balto., Md.
(c) Hospital or institution:
Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 110 N. Fulmor Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JENNIE McCOY WILLIAMS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1899

8. AGE: Years 44 | Months 5 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace Ga.
(Town, county, and state)

10. Usual Occupation House work

11. Industry or business

FATHER
12. Name Samuel Williams
13. Birthplace Ga.

MOTHER
14. Maiden Name Hannah Sheppard
15. Birthplace Ga.

16 (a) Informant Annie McIntyre
(b) Address 812 W. Lexington St

17 (a) Burial (b) Date thereof Dec 30, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) 12/29/43 (b)
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26, 1943, at 10 A.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
diabetes mellitus

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. L. Wollenweber M.D.
as Medical Examiner.
Date signed 1-2-44

Correct age is supremely important. Physicians: please write the causes of death clearly and legibly.

G 12089

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 157a

G 12089 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 1411 Division Street
(b) Street address Balto, Md
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 Dawson Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CAROLINE MAKEL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1941

8. AGE: Years 2 | Months 3 | Days 2 | If less than one day hr. min.

9. Birthplace Balto, Md
(Town, county, and state)

10. Usual Occupation -

11. Industry or business

FATHER
12. Name John Alfred Makel
13. Birthplace Balto Md

MOTHER
14. Maiden Name Estelle D. Shirls
15. Birthplace Balto, Md.

16 (a) Informant Mr. John A. Makel
(b) Address 1411 Division St.

17 (a) Burial (b) Date thereof Dec 29, 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Zion Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) 12/29/43 (b)
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25, 1943, at 7:45 P.M.

21. I certify that I took charge of the remains described above, held an enquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hydrocephalus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
a Medical Examiner.

Date signed 12-27-43

the causes of death clearly and legibly. Physicians: please write the c

G 12090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83 W

Registered No. G 12090

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1909 N MONROE ST
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1909 N. MONROE ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY. C GREEN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEM	WHITE	SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APRIL-26 1882

8. AGE: Years	Months	Days	If less than one day
61	8	2	hr. min.

9. Birthplace BALTIMORE
(Town, county, and state)

10. Usual Occupation HOUSE WORK

11. Industry or business AT HOME

FATHER
12. Name LEWIS GREEN
13. Birthplace BALTIMORE MD

MOTHER
14. Maiden Name CATHERINE SCHISLER
15. Birthplace BALTIMORE MD

16 (a) Informant MARY E GREEN
(b) Address 1909 N MONROE ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 30-43 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location BALTO MD.

18 (a) Funeral director or undertaker Chas. G. Rohde
(b) Address 2327 EDMONDSON AVE.

DEC 29 1943 (b) Huntington Will Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: DEC 28 1943, at 1 15 P M

21. I certify that death occurred on the date above stated, at the hour stated.
ed deceased from 12/26/43 12/28/43
and that I last saw h alive on 12/28 19 43

Immediate cause of death
Cerebral Hemorrhage
Due to Arterial Sclerosis (?)
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

Duration
Days
Hours
Minutes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Manner of injury
23. Signature
Address Date signed 12/29/43

12091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. C 12091

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1321 Mosher Street
(c) Hospital or institution: 16

(d) Length of stay in hospital or inst. (yrs., mos., or days) died

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1321 Mosher Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HATTIE HUNTER

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1873

8. AGE: Years	Months	Days	If less than one day
70	8	29	hr. min.

9. Birthplace Charles Co. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Caroline Tyler
(b) Address 1320 N. Mosher St.

17 (a) Burial (b) Date thereof 12-29-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Wm. Gaw A. Holland
(b) Address 1631 Druid Hill Ave

19 (a) DEC 29 1943 (b) Hunter for Williams M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION 10 A.

20. DATE OF DEATH December 23, 1943, at M

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic cardiovascular disease.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed December 23, 1943

Please write the causes of death clearly and legibly. Especially important. Physicians: please write plainly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

442605 G 12092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

139a

G 12092 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5010 ERDMAN AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY MAIORANA

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: FRANK

6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) 8-29-21

8. AGE: Years 22 | Months 5 | Days 28 | If less than one day ... hr. ... min.

9. Birthplace MD
(Town, county, and state)

10. Usual Occupation HouseWife

11. Industry or business

FATHER
12. Name NUNZIO PETRALIA
13. Birthplace Italy

MOTHER
14. Maiden Name ANNA GRASSO
15. Birthplace Italy

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 12-31-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Hanley Av

19 (d) DEC 29 1943
(Date rec'd by registrar)

Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1943, at 10:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 9 1943, to Dec 27 1943, and that I last saw her alive on Dec 27 1943

Immediate cause of death	Duration
Idiopathic Thrombocytopenia purpura	2½ mo.
Due to	
Due to	
Other Conditions Pelvic inflammation disease	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy: Refused

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J E Lehman Jr
Address JHH Date signed 12-29-43

G 12033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G 12033

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4212 Pennington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dongie - Donald - LAWSON.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-14-3742

4. Sex m. | 5. Color or race w. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1923

8. AGE: Years 20 | Months | Days | If less than one day hr. min.

9. Birthplace Elkins W Va (Town, county, and state)

10. Usual Occupation Welder

11. Industry or business

FATHER
12. Name Alfred Lawson
13. Birthplace W. Va.

MOTHER
14. Maiden Name Minnie Cole
15. Birthplace W. Va

16 (a) Informant Alvin Jones
(b) Address 1814 Hanover Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30 (month) (day) (year)
Cemetery or crematory Hinton W Va
Location B & O R.R.

18 (a) Funeral director Edward Lawson
(b) Address 2309 Wash Blvd

19 DEC 29 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1943, at 10:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/26 1943, to 12/27 1943, and that I last saw h[illegible] alive on 12/27 1943.

Immediate cause of death	Duration
Lobar pneumonia	
left upper + lower lobe	
Due to with pleural	
empyema, left.	1 week
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh R. MacDonald M. D.
Address 1813 Light St Date signed 12-29-43

correct age is especially important. Physicians: please write the

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

Registered No. G 12094

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St.
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 dys
(e) Length of stay in Baltimore (yrs., mos., or days) 27 dys

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Cardiff
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr George Earl Preston

3 (b) If veteran, name war	3 (c) Social Security Account No.
?	?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife ?
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1887

8. AGE: Years	Months	Days	If less than one day
56		12	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name Walter Preston
13. Birthplace Maryland

MOTHER
14. Maiden Name Ada V. Beard
15. Birthplace Maryland

16 (a) Informant Mrs Eloise Earl Preston
(b) Address Cardiff, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 1, 1944 (month) (day) (year)
(c) Cemetery or crematory Lisbon Ridge
Location Fallston Md

18 (a) Funeral director Gilbert R Williams
(b) Address Fallston Md

19 (a) (Date received) (b) Huntington Williams, M.D.
DEC 29 1943
VS-42e

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1943, at 4.55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2 1943, to Dec 29 1943, and that I last saw h. alive on Dec. 29 1943.

Immediate cause of death	Duration
Cardio-Resp. failure	
Due to Cerebro-Vascular accident	12 hrs
Due to Carcinoma of ascending Colon	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Dec. 15th 1943
Major findings of operation: Carcinoma of ascending Colon
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Herbst Jr. M. D.
Address Union Memorial Hosp. Date signed 12-29-43

C 12095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 12095 Registered No. 932

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2306 E. Federal St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2306 E. Federal St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Barbara Ann Edelman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Wh	Widowed

6 (b) Name of husband or wife Joseph A. Edelman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17, 1853

8. AGE: Years	Months	Days	If less than one day
90	4	11	hr. min.

9. Birthplace Shrewsbury, Penna.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At home

FATHER
12. Name Sebastian Zellers
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Anna Koch
15. Birthplace Germany

16 (a) Informant Mrs. William Downs
(b) Address 5401 Grindon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/43 (month) (day) (year)
(c) Cemetery or crematory Morland Mem Cem
Location
18 (a) Funeral director John C. Miller Inc
(b) Address 2415 E. Oliver St
DEC 29 1943
19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-28- 1943, at 8.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-11- 1943, to 12-28- 1943, and that I last saw her alive on 12-28- 1943.

Immediate cause of death	Duration
Cardiac insufficiency	½ hr.
I.- Chronic Myo-carditis	Many yrs.
2.- Arteriosclerosis	Many yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Wilkinson, M. D.
Address 5713 Bel Air Rd. Date signed 12-29-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12096 C 12096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1617 N. Milton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 N. Milton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles M. Wartman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ella F. Wartman

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) April 14 1855

8. AGE: Years 87 | Months 8 | Days 13 | If less than one day hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business Retired

FATHER
12. Name Abraham Wartman
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Ella F. Wartman
(b) Address 1617 N. Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave.

18 (a) Funeral director John J. Miller Inc
(b) Address 2435 E. Oliver St

DEC 30 1943 (Date rec'd by registrar) Huntington Williams St.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/23 1943 to 12/27 1943, and that I last saw h alive on 12-26 1943.

Immediate cause of death Bronchopneumonia — Duration: 1 day

Due to

Due to

Other Conditions Fracture of humerus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Dec 23 1943 at 7:00 M
(c) Where did injury occur? 1617 Milton Ave Baltimore Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? At home (Specify type of place) While at work? No
(e) Means of injury Slipped and fell on bathroom floor

23. Signature Mary Bauer

Address 1501 N. Milton Ave Date signed 12-30-43 M. D.

VS 150

Approved: Robert Lee Graham MD 1/4/44

G 12097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 12097 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1128 Washington Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ?
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 1128 Washington Blvd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Comella

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color of race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Frank F. Comella
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) April 21, 1887

8. AGE: Years	Months	Days	If less than one day
56	8	7	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation house work.
11. Industry or business at home

FATHER
12. Name Thomas Carey
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Keeter
15. Birthplace Ireland

16 (a) Informant Mr. Frank F. Comella
(b) Address 1128 Washington Blvd

17 (a) burial (b) Date thereof 12/31/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Olivet Cem.
Location 4300 Old Frederick Rd

18 (a) Funeral director John J. Cowan & Son
(b) Address 901-03 Gilmor St.

19 (a) Dec 29 1943 (b) Huntington Williams M.D.
(Signature of local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28, 1943 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 43 to 12/28/1943 and that I last saw h alive on 12/27 1943.

Immediate cause of death	Duration
Hypertensive cardio vascular renal disease	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Leitch M. D.
Address 1226 Hanover St. Date signed 12/29/1943.

WARNING: Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

C 12098 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1735 N. Caroline St.
(c) Hospital or institution:

8-16

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1735 N. Caroline St.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Scherer

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Venie M. Scherer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1879

8. AGE: Years	Months	Days	If less than one day
64	6	27	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Street Installation Inspector
11. Industry or business Baltimore City

FATHER
12. Name Henry Scherer
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Louise Dautrich
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Raymond Scherer
(b) Address 1735 N. Caroline St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 30, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave. Balto. Md.

18 (a) Funeral director H. Howard Strong
(b) Address 3207 W. North Ave.,

19 (a) (Date rec'd by registrar) (b) Huntington White, Registrar

DEC 29 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27, 1943, at 11.30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1941, to Dec 27 1943, and that I last saw deceased alive on Dec. 26 1943.

Immediate cause of death: Chronic Myocarditis — Duration 3 yrs.
Due to: Arteriosclerotic Cardiovascular Renal Disease — 3 yrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward B. Wolfe M. D.
Address 1331 E. North Ave. Date signed 12-28-43

G 12099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 12099 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: [redacted] HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 824 N Dallas (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-3440

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-15-05

8. AGE: Years 38 | Months 7 | Days 13 | If less than one day hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER
12. Name Robert Richardson
13. Birthplace N.C.
MOTHER
14. Maiden Name Lucy Jarrell
15. Birthplace N.C.

16 (a) Informant Records
(b) Address [redacted] HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30-43 (month) (day) (year)
(c) Cemetery or crematory Nashville
Location North Carolina

18 (a) Funeral director Robert Williams
(b) Address Mc Kenzie

19 (a) DEC 29 1943 (Date rec'd by registrar) (b) Huntington

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1943, at 2.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1943 to Dec 28 1943, and that I last saw him alive on Dec 28 1943.

Immediate cause of death Lobar pneumonia, pneumococcus type III — Duration 3d

Due to Pneumococcus type III

Due to

Other Conditions Chronic alcoholism

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I P Schwartz M. D.
Address B.H.H. Date signed 12/28/43

C 12100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

C 12100

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. O. A.
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1800 E. Biddle St. (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Benjamin Lee

3 (b) If veteran, name war .....

3 (c) Social Security Account No. 212-05-8513

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 1891

8. AGE: Years 52 | Months 6 | Days | If less than one day ..... hr. ..... min.

9. Birthplace Cresswell N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business .....

FATHER — 12. Name Zachariah Lee

13. Birthplace N. C.

MOTHER — 14. Maiden Name Clara Reade

15. Birthplace N. C.

16 (a) Informant Grand Wilson

(b) Address 1945 East Eager St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Anne Arundel County

18 (a) Funeral director Robert E. Williams

(b) Address 1515 McElderry St.

19 (a) DEC 30 1943 (Date rec'd by registrar) (b) Wilson T. Williams Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1943, at 6:15 P. M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic Myocardial degeneration

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury ..... at ..... M.

(b) Where did injury occur? .....

(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....

(d) Means of injury .....

23. Signature Robert Lee Graham M.D. (Medical Examiner.)

Date signed Dec. 28, 1943

Please write the causes of death clearly and legibly. Please state age as carefully and correctly as possible. Physicians, please write plainly.

G 12101

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 166

G 12104 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 721 School St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dorothy Pannell (Purnell)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Blanche Pannell.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1921

8. AGE: Years 22 | Months | Days | If less than one day hr. min.

9. Birthplace NC. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name John Rodgers
13. Birthplace Belton N. C.

MOTHER
14. Maiden Name Lizzie Hayman
15. Birthplace N. C.

16 (a) Informant Mable Rodgers
(b) Address 610 E. Hoffman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. J. Co. Md

18 (a) Funeral director Chas H. Alexander
(b) Address 927 N. Mount St

19 (a) DEC 30 1943 (Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1943, at 6 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bullet wound of Abdomen

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Dec. 25 1943 5 A M.
(b) Where did injury occur? Calhoun & Laurens Sts
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? No
(d) Means of injury Shot

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec. 28 1943.

Huntington Williams M.D.

G 12102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12102 Registered No. 1334

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Baltimore Md
(a) Baltimore City, Maryland
(b) Street address Gaurand + Green sts
(c) Hospital or institution:
University Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1730 W. Lanvale st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Dunlop

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Baby.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1943

8. AGE: Years | Months: 11 | Days | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Ralph Kelly
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Dunlop
15. Birthplace Baltimore Md.

16 (a) Informant Mable Dunn
(b) Address 1730 W. Lanvale st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. Co. Md.

18 (a) Funeral director Chas. Alexander
(b) Address 927 N. Mount st.

19 (a) DEC 29 1943 Wm. Williams, M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-28 1943 at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-26 1943, to 12-28 1943, and that I last saw LCA alive on 12-28 1943.

Immediate cause of death Pneumonia — Duration

Due to — Duration

Due to — Duration over

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Williamson M. D.
Address Univ. Hospitals Date signed 12-28-43

G 12103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 12103 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 225 E. Montgomery St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 9 Mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 225 E. Montgomery Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME W. Frances Usilton

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Geo. T. Usilton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 8, 1876

8. AGE: Years	Months	Days	If less than one day
67 76	4	19	hr. min.

9. Birthplace Church Hill, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John Powell
13. Birthplace Church Hill, Md.

MOTHER
14. Maiden Name Mary Powell
15. Birthplace Church Hill, Md.

16 (a) Informant Mrs Arthur A. Brucksch
(b) Address 225 E. Montgomery St.

17 (a) Burial (b) Date thereof 12, 30, 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Church Hill, Md.
Location Church Hill, Md.

18 (a) Funeral director Flynn and Fleming
(b) Address 1426 Light Street

19 (a) (Date rec'd by local reg.) (b) Huntington Williamsport Md.

DEC 29 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12, 27, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1/1943 to 12/27/1943.
and that I last saw h[illegible] alive on 12/25/1943.

Immediate cause of death Congestive Heart failure — Duration

Due to Hypertensive Cardio-vascular renal disease

Due to

Other Conditions Cerebral hemorrhage
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 407 Fulton Ave. Date signed 12/29/43

12104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 12104
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 201 Lawn St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Negro

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Shipper

11. Industry or business

FATHER
12. Name Benson Jackson
13. Birthplace Maryland

MOTHER
14. Maiden Name Lemmie Long
15. Birthplace Maryland.

16 (a) Informant Elmira Price
(b) Address 201 Lawn St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL DEC 28 1943

18 (a) Funeral director Commissioner of Health
(Address)

19 (a) DEC 29 1943 (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1943, at 5-37 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 6 1943, to Dec 16 1943, and that I last saw h/ alive on Dec 16 1943.

Immediate cause of death	Duration
Bronchopneumonia	
Due to	
Due to	
Other Conditions Myocarditis + Hypertension	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lyell Bousfield M. D.
Address Provident Hospital Date signed 12/29/43

0600

G 12105

AB-74964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 12105

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Yr-6 days

(e) Length of stay in Baltimore (yrs., mos., or days) ? (1yr-6days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1414 Eutaw Place (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Goronea

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?-?- 61?

8. AGE: Years	Months	Days	If less than one day
61 ?	?	?	hr. min.

9. Birthplace Greece (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name ?

13. Birthplace Greece

MOTHER

14. Maiden Name Florence ?

15. Birthplace Greece

16 (a) Informant BALTIMORE CITY HOSPITALS

(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/43 (month) (day) (year)

(c) Cemetery or crematory Loyola Knott

Location Dunmanway Rd.

18 (a) Funeral director J. J. Foley Sons

(b) Address 1311 Light St.

19 (a) DEC 29 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/26 1943, at 2:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1/42 19 , to 12/26 1943 and that I last saw h[illegible] alive on 12/26 1943.

Immediate cause of death Bronchopneumonia — Duration 10 d.

Due to

Due to

Other Conditions HCVD i Gen. arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no post

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature E. L. Sergmon M.D.

Address BCH Date signed 12/29

Jo #85444

G 12106

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 55c

G 12106

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Lamont Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Dougherty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Laundry

11. Industry or business

FATHER
12. Name Edell A. Joseph (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Edell (d)
15. Birthplace Maryland

16 (a) Informant Records, Bal to. City Hosp.
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/43 (month) (day) (year)
(c) Cemetery or crematory Levindale
Location Lemmon Hill Rd

18 (a) Funeral director J. J. Fisher Sons
(b) Address Eight St.

19 (a) DEC 29 1943 (Registered by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19, 1943, at 2:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-16 1943 to 12-19 1943, and that I last saw him alive on 12-19 1943.

Immediate cause of death	Duration
Uremia	2 days
Due to Hypertensive C.V.D.	10 days
Due to Carcinoma of Thyroid	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 12-16-43

Major findings of operation Laryngeal obstruction - Ca Thyroid

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M.D.
Address Bal. City Hosp. Date signed 12-26-43

VS 150

C 12107 C 12107

445455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 110a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 42. W. West St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter A. Jones.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male. | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Sara R.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-7-07

8. AGE: Years 36. | Months 5 | Days 19 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name William Jones.
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah E.
15. Birthplace Md

16 (a) Informant Rennda.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 12/29/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley Ave

19 (a) (b)
(Date rec'd by registrar) Huntington Hill Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1943 at 12:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1943 to Dec 26 1943, and that I last saw h[illegible] alive on Dec 26 1943.

Immediate cause of death: Gas Gangrene Emphysema — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Rib resection

Major findings of operation: Empyema

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Stanley L. Blumenthal

Address Johns Hopkins Hospital Date signed 12/29/43

241023 G 12108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 15
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. Silas Pt. Road
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No) ✓
If yes, name country .....

3 (a) FULL NAME Annie Justice

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex: female | 5. Color or race: black | 6 (a) Single, married, widowed, or divorced. .....

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 9-27-85

8. AGE: Years 57 | Months 2 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation .....

11. Industry or business .....

FATHER
12. Name Stanford ?
13. Birthplace Md

MOTHER
14. Maiden Name Hennie Balls
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 12/29/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location .....

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley ave

19 (a) ..... (b) ..... Registrar
(Date rec'd by registrar) DEC 29 1943 Livingston Hillsville, Md.

VS-100

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1943 at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 25 1943 to Dec 25 1943, and that I last saw her alive on Dec 25 1943.

Immediate cause of death	Duration
Respiratory failure	
Due to Lobular pneumonia	
Due to Confluent Streptococcus	
Other Conditions Pericarditis	

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: Lobular Pneumonia, Pericarditis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Stanley F. Blumenthal
Address Johns Hopkins Hospital Date signed 12/29/43

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 12109 G 12109

CERTIFICATE OF DEATH 330

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1736 Orleans St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie J. Hemphill — If U. S. Veteran specify WAR

(a) Residence: No. 1736 Orlean St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ezekiel D Hemphill

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52 1891	Dec. 0	9 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Fifty

12. BIRTHPLACE (city or town) (State or country) Chester S. C.

FATHER

13. NAME William G. Jeter

14. BIRTHPLACE (city or town) (State or country) Chester S. C.

MOTHER

15. MAIDEN NAME Deliah Adams

16. BIRTHPLACE (city or town) (State or country) Chester S. C.

17. INFORMANT Ezekiel Hemphill
(Address) 1736 Orleans St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Chester S. C. Date 12/29/19 4

19. UNDERTAKER Elroy O. Wilson
(Address) 1000 Eutaw Place

20. FILED 19 Registrar.

DEC 29 1943

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-25, 1943

22. I HEREBY CERTIFY, That I attended deceased from Dec-22, 1943, to Dec 24, 1943

I last saw her alive on Dec 24, 1943 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: La Grippe	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Medical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. Walker M. D.

(Address) 2124 N Fulton Ave.

Huntington Williams, M.D.

G 12110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 12110

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 928 Gorsuch Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 yr 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 928 Gorsuch Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Madora Hollands

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	married

6 (b) Name of husband or wife Albert J. Holland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1882

8. AGE: Years	Months	Days	If less than one day
61	1	22	hr. min.

9. Birthplace Frederick Co., Md.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name John E. Smathers
13. Birthplace Md.

MOTHER
14. Maiden Name Julia Howard
15. Birthplace Md.

16 (a) Informant Lucy Smathers
(b) Address 758 Dolphin st.

17 (a) Burial (b) Date thereof 12/31/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Brunswick, Md.

18 (a) Funeral director Elroy Wilson
(b) Address 1[illegible] Brantley Ave

19 (d) DEC 29 1943 (b) Huntington Wilson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 '43 1943, at M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Occlusion
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Williamson M.D.
Medical Examiner.
Date signed 12-29-43

VS 151

G 12111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12111 / 107

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTIMORE
(c) City or town Baltimore MIDDLE RIVER
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rural 170 Site 3
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Dennis Presley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1942

8. AGE: Years 1 | Months | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Md., Montgomery County
(Town, county, and state)

10. Usual Occupation .....

11. Industry or business .....

FATHER
12. Name Mack L. Presley
13. Birthplace Virginia

MOTHER
14. Maiden Name Ruby J. Minor
15. Birthplace Virginia

16 (a) Informant Coretta
(b) Address Middle River Md.

17 (a) Transportation (b) Date thereof 12-29-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory .....
Location Bristol, Virginia

18 (a) Funeral director John F. Connelly
(b) Address 418 Cateton Ave. Essex

19 (a) 12-29-1943 (b) Hunter Williams, M.D.
(Date received by registrar) Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28, 1943, at 4:30 P.M.

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH .....
Pneumonia lobular, Primary.

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury ..... at ..... M.

(b) Where did injury occur? .....

(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....

(d) Means of injury .....

23. Signature Henry L. Wollenweber, M.D.
Medical Examiner.

Date signed 12-29-43

For O. W. L. Wollenweber, by Howard J. Masters M.D.

G 12112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3201

G 12112

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1105 W. Lombard St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 W. Lombard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Palmisano

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Joseph Palmisano
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2nd, 1857.

8. AGE: Years	Months	Days	If less than one day
86	1	24	hr. min.

9. Birthplace Italy
(Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name Francisco Catalana
13. Birthplace Italy

MOTHER
14. Maiden Name Antonina Culotta
15. Birthplace Italy

16 (a) Informant Antoni Palmisano
(b) Address 1423 W. Lombard St.

17 (a) Burial (b) Date thereof 12-30-43.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Frederick J. Gee
(b) Address 1105 W. Lombard St.

19 (a) 12/28/43 Hunter Williams M.D.
(Date received by registrar) Registrar

V8 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26, 1943, at 6:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 20 1943, to Dec. 26 1943, and that I last saw her alive on Dec. 25 1943.

Immediate cause of death Bronchopneumonia. — Duration 4 days

Due to

Due to

Other Conditions Influenza. — 6 days.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hunter Williams M.D.
Address 1105 W. Lombard St. Date signed 12/29/43
M. D.

G 12113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 12113

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves
(c) Hospital or institution: St. Agnes Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County St. Mary's
(c) City or town Leonardtown (If outside city or town limits, write RURAL and give town)
(d) Street No. Leonard Hall (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Brother Urban

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10 - 1870

8. AGE: Years 73 | Months 11 | Days 19 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Religious

11. Industry or business

FATHER
12. Name Daniel Kelly
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Sullivan
15. Birthplace Ireland

16 (a) Informant Brother Victoria
(b) Address Mt. St. Joseph's, Baltimore, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31 - 1943. (month) (day) (year)
(c) Cemetery or crematory new Cathedral
Location Balto, Md.

18 (a) Funeral director H. C. Mattingly Sons
(b) Address Leonardtown, Md.

19 (a) DEC 29 1943 (Date rec'd by registrar) (b) Lexington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1943, at 11:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/24 1943 to 12/29 1943, and that I last saw him alive on 12/28 1943.

Immediate cause of death Lobar pneumonia — Duration

Due to

Due to

Other Conditions Arteriosclerotic C-V-D

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Brother Teresa Loretta, S.D.
Address St. Agnes Hosp. Date signed 12/29/43

G 12114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 12114

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1320 Light St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 Light St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellsworth S. Hultz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 5, 1897

8. AGE: Years	Months	Days	If less than one day
46	8	23	____ hr. ____ min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Rigger - Shipyard
11. Industry or business B.F. Bunge & Co., Rigging

FATHER
12. Name Edw. L. Hultz
13. Birthplace Md.

MOTHER
14. Maiden Name Georgia Anna Percell
15. Birthplace Va.

16 (a) Informant Edgar Hultz (Brother)
(b) Address 803 S. Ponca St.

17 (a) Burial (b) Date thereof Dec 31 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Glen Haven Cem.
Location A. G. Co., Md.

18 (a) Funeral director A. J. Bayard Evans
(b) Address 1400 S. Charles St.

19 (a) DEC 29 1943 (Date rec'd by registrar) (b) Huntington Hines Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28, 1943 at 6:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1943 to Dec 28 1943 and that I last saw h[illegible] alive on Dec 28 1943

Immediate cause of death Bronchopneumonia — Duration Several days

Due to Acute Bronchitis — Duration 12 16 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Edward Norris, M.D.
Address 1017 East Lexington St.
Dec. 28, 1943

12115 C 12115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4204 Elrods Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4204 Elrods Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothea Becker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband Edward F. Becker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25th 1868

8. AGE: Years 75 | Months 7 | Days 3 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name (Unknown) Hufeldt
13. Birthplace Germany

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Henry E. Becker Sr
(b) Address 1005 Riverside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A.A. Co. Md.

18 (a) Funeral director Wm Cook Inc
(b) Address 127 St. Paul St

19 (a) (Local Registrar) (b) Huntington Williams, M.D. Registrar

DEC 30 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28th 1943 at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 6 1943 to Dec 28 1943 and that I last saw her alive on Dec 28 1943.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration: 5 months

Due to: Generalized arteriosclerosis — Duration: Indefinite

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugo Lauzer M.D.
Address 4808 Harford Rd Date signed 12/29/43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 12116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3710 Clifton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3710 Clifton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard H. Cone

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or~~ divorced. Married

6 (b) Name of ~~husband or~~ wife Martha M. Cone

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1st 1886

8. AGE: Years 57 | Months 5 | Days 26 | If less than one day hr. min.

9. Birthplace Savannah Ga.
(Town, county, and state)

10. Usual Occupation Insurance

11. Industry or business J. Ramsey Barry

FATHER
12. Name Jay Cone
13. Birthplace Unknown

MOTHER
14. Maiden Name Pauline
15. Birthplace "

16 (a) Informant Martha M. Cone
(b) Address 3710 Clifton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 W. St. Paul St

DEC 30 1943 (Date received by local registrar)

(b) Herbert L. Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27th 1943, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/21 1941 to 12/27 1943, and that I last saw him alive on 12/22 1943.

Immediate cause of death	Duration
Myocardial insufficiency	6 mo.
Due to Coronary occlusion	2½ yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Reite M. D.
Address 3408 Windsor Ave Date signed 12/29/43

VS 150

12117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 12117

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 745 Carroll St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 745 Carroll St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna D. Krauss

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband: William H. Krauss Sr

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 4th 1869

8. AGE: Years 74 | Months 9 | Days 23 | If less than one day ... hr. ... min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name (Not Known) Salf Theis
13. Birthplace Germany

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Geo. M. Krauss
(b) Address 745 Carroll St

17 (a) Burial (b) Date thereof 12/30/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Western
Location Balto, Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 (a) DEC 30 1943 (Signature of Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27th 1943, 6:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1943, to Dec 27 1943, and that I last saw her alive on Dec 27 1943.

Immediate cause of death	Duration
Bronchopneumonia	6 days
Due to Cardiac dilatation	
Due to	
Other Conditions Myocarditis	1

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Morley Hoag M. D.

Address 729 Wash. Blvd. Date signed Dec. 29

~~12118~~ BALTIMORE CITY HEALTH DEPARTMENT ✓ C 12118

CERTIFICATE OF DEATH 1579

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18d
(e) Length of stay in Baltimore (yrs., mos., or days) Ever

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 3335 Lyndale Ave (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Gloria Mae Heater

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex F | 5. Color or race W | 6 (a) Single, ~~married, widowed, or divorced~~. Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 11, 1943

8. AGE: Years ..... Months ..... Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation .....
11. Industry or business .....

FATHER
12. Name Charles Heater
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mon Hayden
15. Birthplace Balto. Md.

16 (a) Informant Charles L. Heater
(b) Address 3335 Lyndale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location " Md

18 (a) Funeral director William Cook Inc
(b) Address 219 St. Paul St

19 (a) Huntington for Williams, M.D. (Signature of Registrar) Registrar

DEC 30 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-28 1943, at 1 00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20 1943 to 12-28 1943, and that I last saw her alive on 12-25 1943

Immediate cause of death	Duration
Malnutrition + Dehydration	
Due to Congenital Intestinal Obstruction	Life
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 12-27-43
Major findings of operation: No Anatomical evidence of obstruction
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature R. Heater M. D.
Address Mercy Hospital Date signed 12-28-43

G 12119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163H

Registered No. G 12119

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Balto., Maryland
(c) Hospital or institution: Baltimore City Hospitals.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3171 Elliott Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EDMOND S. REARDON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife Irene

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12th 1879

8. AGE: Years 64 | Months 7 | Days 16 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Helper on Tank

11. Industry or business Globe Brewery

FATHER 12. Name (Unknown) Reardon

13. Birthplace Balto Md.

MOTHER 14. Maiden Name Clara (Unknown)

15. Birthplace " "

16 (a) Informant Irene Reardon

(b) Address 3141 Elliott St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12/30/43 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt Carmel

Location Balto Md

18 (a) Funeral director William Cook Inc

(b) Address 857 St. Paul St

19 (a) DEC 30 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26, 1943, at 6:30 A.M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Carbon monoxide poisoning

Due to homicide

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 12-26-43 6 a M.

(b) Where did injury occur? 3141 Elliott Street

(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No.

(d) Means of injury Hot gas stove - illuminating

23. Signature H. W. Williams M.D.

Date signed 12-26-43 Medical Examiner.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. 6 12120

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1400 W. Lexington St

(c) Hospital or institution: Aged Woman's Aged Mens Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1400 W. Lexington St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME August Morsinger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Male	White	Widowed

6 (b) Name of husband or wife August Morsinger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 30 1854

8. AGE: Years	Months	Days	If less than one day
89	10	28	hr. min.

9. Birthplace Cincinnati Ohio (Town, county, and state)

10. Usual Occupation Inmate

11. Industry or business Home for Aged

FATHER 12. Name John Philip Morsinger

13. Birthplace Unknown

MOTHER 14. Maiden Name Catherine Stitchel

15. Birthplace Unknown

16 (a) Informant Records

(b) Address Home for Aged

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/43 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Loudon Park

Location Balto. Md.

18 (a) Funeral director William Cook Inc

(b) Address 127 St. Paul St

DEC 30 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1943, at 2 PM. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/14/1939, to 12/28/ 1943, and that I last saw him alive on 12/27/ 1943.

Immediate cause of death Hypertensive cardio-vascular-renal disease. — Duration 7 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Edwin B. Jarrell.

Address 11 E. Chase St. Balto. Date signed 12/28/43

12321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 12321 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 West University Parkway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MR. IRA J. POOL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Mrs Ira J. Poole
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1892

8. AGE: Years	Months	Days	If less than one day
51	2	13	hr. min.

9. Birthplace Minnesota (Town, county, and state)
10. Usual Occupation Service Engineer
11. Industry or business National Tube Co.

FATHER
12. Name Leonard Pool
13. Birthplace Iowa

MOTHER
14. Maiden Name Emma Ludford
15. Birthplace England

16 (a) Informant Mrs M. Pool
(b) Address 104 W. University Pkwy

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12/31/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St.

DEC 30 1943 (Date rec'd by registrar)
(c) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29 1943, at 2.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-28 1943, to 12-29 1943, and that I last saw h.i.m. alive on 12-29 1943.

Immediate cause of death	Duration
Coronary Occlusion	1 day
Due to Coronary arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Hackett, Jr. M. D.
Address Union Memorial Hosp. Date signed 12-29-43

G 12122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 G

Registered No. G 12122

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1813 Chelton St
(c) Hospital or institution:
9-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1813 Chelton St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Sehick

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 14, 1867
8. AGE: Years 76 Months 1 Days 13 If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name John Sehick
13. Birthplace Germany

MOTHER
14. Maiden Name Appolonia Dannenfelser
15. Birthplace Germany

16 (a) Informant Mrs F Fritz
(b) Address 1813 Chelton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/43 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location Balto, Md.
18 (a) Funeral director C. D Fanning & Son
(b) Address 1438 E. Lafayette Ave.

DEC 30 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1943, at 1.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1943 to Dec 27 1943 and that I last saw h.e alive on Dec 27 1943

Immediate cause of death — Duration
Bronchopneumonia — 1d.
Due to Mitral Regurgitation Decompensated — 70.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation No
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature I S a Stevens
Address 2818 Harford Rd Date signed 12/29/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G 12123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 12123 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 905 Bayard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 905 Bayard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Earl P. Richmond

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary E. Richmond

6 (c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.) June 13, 1902

8. AGE: Years 41 | Months 6 | Days 14 | If less than one day: hr. min. 15

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual Occupation: Proof reader

11. Industry or business: U.S. Government.

FATHER
12. Name: Charles B. Richmond
13. Birthplace: Baltimore Md.

MOTHER
14. Maiden Name: Nora L. Bass
15. Birthplace: Baltimore Md.

16 (a) Informant: Nora L. Richmond
(b) Address: 905 Bayard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 31. 1943 (month) (day) (year)
(c) Cemetery or crematory: Western
Location: City

18 (a) Funeral director: Mrs. Mrs. John W. Teufel Son
(b) Address: 801 W. Lafayette St. Huntington Williams Mgr.

19 (a) Date received by registrar: DEC 30 1943

Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1943, at 2 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4 1943 to Dec 28 1943, and that I last saw him alive on Dec 27 1943.

Immediate cause of death: Chronic Myocarditis — Duration:

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Albert Scagnetti M. D.

Address: 1724 W Lombard Date signed: 12/28/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~QG 12124~~ G 12124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G 12124

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3917 Liberty Heights Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3917 Liberty Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie M. Kothe

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: William F. Kothe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 17. 1861

8. AGE: Years 82 | Months 1 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name John Kratz
13. Birthplace Germany.

MOTHER
14. Maiden Name Margaret D. Vogelsang
15. Birthplace Baltimore Md.

16 (a) Informant Marguerite T. Kothe
(b) Address 3917 Liberty Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31. 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Bal

18 (a) Funeral director Mrs. Mrs. John W. Teufel & Son
(b) Address 801 W. Lafayette Ave

19 (a) (Date received by local registrar) (b) Registrar

DEC 30 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1943 at 12 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1943, to Dec. 28 1943, and that I last saw h[illegible] alive on Dec. 25 1943.

Immediate cause of death	Duration
1) Cysteric Sclerosis	5 yrs.
Heart Disease	1 mo.
Due to: Acute Bronchitis	
Due to	
Other Conditions Pregnancy	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation:
of autopsy: No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ford L. Chamberlain M. D.
Address 4108 Liberty Hts. Date signed 12/28/43

Homicide

G 12125 ✓ G 12125

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 13B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1612 W. Baltimore
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 W. Baltimore St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie B Hammesola

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1862

8. AGE: Years	Months	Days	If less than one day
81	7	22	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph A. Hammesola
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Decker
15. Birthplace Md.

16 (a) Informant Wennie Mitchell
(b) Address 1612 W Baltimore St

17 (a) Burial (b) Date thereof 12-30-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director H. H. Wetzler
(b) Address 4101 Edmondson Ave

19 (a) (b)
(Date received by registrar) Registrar

DEC 30 1943
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1943, at 2:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 13 1942, to Dec 27 1943, and that I last saw her alive on Dec 27 1943.

Immediate cause of death	Duration
Chr. Mitral Insuff	?
Due to Pulmonary Tuberculosis	?
Due to	
Other Conditions Arteriosclerosis	?

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Earl A Rowling M. D.
Address 1116 W Lombard St Date signed Dec 29/43

G 12126 ✓ G 12126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S. Athol Ave
(c) Hospital or institution:
General German Age Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Athol Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Holiday Hicks Spicer ✓ AM 1040

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: late Harriett V Holiday

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 1 - 1861

8. AGE: Years 82 | Months 8 | Days 27 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Coffee & tea merchant

11. Industry or business

FATHER
12. Name James A. Spicer
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth S. Lee
15. Birthplace Md.

16 (a) Informant German Aged Home
(b) Address 22 S. Athol Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12- -43 (month) (day) (year)
(c) Cemetery or crematory Friendship M. E.
Location Fallston Md.

18 (a) Funeral director Harry H. Witzke
(b) Address 4101 Edmondson Ave.

19 (a) (Signature of Registrar) (b) Registrar

DEC 30 1943
VS 186

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28/43 at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 8/ 1943 to Dec 28/1943 and that I last saw him alive on Dec 28/1943.

Immediate cause of death 28/43 Duration
Influenza 5 days
Due to
Due to
Other Conditions Multiple Sclerosis
(Includes pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Hedrickson M. D.
Address 933 Hanover Date signed Dec 29/43.

3001 Eager Falls Pkwy
8/25/1987

V G 12127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1104 Haverhill Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 Haverhill Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William A. Milke

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	widow.

6 (b) Name of husband or wife late Emilie C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1853

8. AGE: Years	Months	Days	If less than one day
90	6	23	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Blacksmith

FATHER
12. Name Albert Milke
13. Birthplace Germany

MOTHER
14. Maiden Name — Lutens.
15. Birthplace Germany

16 (a) Informant Mrs. Charles Milke
(b) Address 1104 Haverhill Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave & Longwood St.

18 (a) Funeral director Harry A. Wilke
(b) Address 4016 Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1943, at Nite P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1942 to Dec 27 1943, and that I last saw h.l alive on Dec 27 19 43

Immediate cause of death: Arterio-sclerotic heart disease — Duration 7 yrs
Due to
Due to
Other Conditions: Benign hypertrophy - 1½ yrs.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. McCollins M. D.
Address 332 Frederick Ave Date signed

Huntington Williams, M.D.
12-29-43

12128 V-G 12128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

42D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto.
(b) Street address 707 Milton ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 Milton ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Susan Snavely Kaufman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married.

6 (b) Name of husband or wife Charles W. Kaufman
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1883

8. AGE: Years	Months	Days	If less than one day
60	10	11	hr. min.

9. Birthplace Union bridge - Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Snavely
13. Birthplace Union bridge Md

MOTHER
14. Maiden Name Lizzie Bowers
15. Birthplace Maryland

16 (a) Informant Charles W. Kaufman
(b) Address 707 Milton ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31. 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md

18 (a) Funeral director George A. Kuhlmann
(b) Address 4200 Old Frederick Rd.

19 (a) (Date rec'd by registrar) (b) Filed Dec 31 1943 Wilmer H. Fritz, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1943 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1943 to Dec 28 1943, and that I last saw h[illegible] alive on Dec 27 1943

Immediate cause of death Pulmonary thrombosis

Due to Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
2D
4 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos F Geary M. D.
Address 622 W North Ave Date signed Dec 29/43

G 12129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 12129 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Md.
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1702 Lorman Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Blake

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Agnes Blake

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1878

8. AGE: Years 65 | Months 3 | Days | If less than one day ... hr. ... min.

9. Birthplace md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business —

FATHER
12. Name unobt.
13. Birthplace unable

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Agnes Blake
(b) Address 1702 Lorman St.

17 (a) Burial (b) Date thereof 12/31/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Peters
Location Balto. Md

18 (a) Funeral director Mrs. C. Kelson
(b) Address 1303 Pressstmans Huntington Ave

19 (a) ... (b) ... Registrar
(Date rec'd by registrar)

DEC 30 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1943, at 10 P. M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pneumonia lobar, right.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ... at ... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

Signature H. L. Wallammeher M.D.
Medical Examiner.
Date signed 12-29-43.

G 12130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 12130 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1461 Parrish Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Jackson

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-09-8504

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name mobtamable
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mary Williams
(b) Address 1461 N. Parrish St

17 (a) Burial (b) Date thereof 12/31/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md.

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) DEC 29 1943 (b) 0
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27-1943, at 1 P. M

21. I certify that I took charge of the remains described above, held an Inspection + Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Lobar Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard I. Nelson M.D.
Medical Examiner.
Date signed 12-27-43

VS 151

C 12131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 132

✓ C 12131 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Dr. & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2615 East Madison Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME RALPH RICCIUTI

3 (b) If veteran, name war	3 (c) Social Security Account No.
World's War	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Mar.

6 (b) Name of husband or wife Mary Louise Pillier
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1889

8. AGE: Years	Months	Days	If less than one day
54	2	23	hr. min.

9. Birthplace NH Italy
(Town, county, and state)
10. Usual Occupation Cummings - 2 mos. ago
11. Industry or business

FATHER
12. Name Justin Ricciuti
13. Birthplace Italy

MOTHER
14. Maiden Name ? DiNardo
15. Birthplace Italy

16 (a) Informant Records, U. S. Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (b) Date thereof 12/30/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Rd.

18 (a) Funeral director Charles B. Schmeisig
(b) Address 2601-03 E. Madison, St.

19 (a) (b) Register Williams M.D.
(Date rec'd by registrar)

DEC 30 1943

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH Dec. 26, 1943, at 3:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 23, 1943, to Dec. 26, 1943, and that I last saw him alive on Dec. 26, 1943.

Immediate cause of death	Duration
Hypertension and uremia	Unk.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature
Address Baltimore, Md. Date signed 12/29/43

Va-14175

G 12132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a G 12132 Registered No. 2100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 712 N. Belnord Ave.
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 712 N Belnord Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Baby Kusky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12 14 43

8. AGE: Years | Months | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Andrew Kusky
13. Birthplace Greensborough, Penna.

MOTHER
14. Maiden Name Hamel
15. Birthplace Baltimore, Md.

16 (a) Informant Parents
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

DEC 30 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/29/43 19 , at 10:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/15 1943, to 12/29 1943, and that I last saw h[illegible] alive on 12/29 19 43

Immediate cause of death: Epidemic Diarrhea of Newborn — Duration: 15 dy days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nathan E Rhode M. D.
Address 20 Joseph's Hospital Date signed 12-29-43

12133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 12133
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1108 Baylis St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine Schlick

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Robert Schlick
6 (c) If alive, give age: dead years
7. Birth date of deceased (mo., day, yr.): Sept. 6, 1866
8. AGE: Years 77 | Months 3 | Days 23 | If less than one day: hr. min.
9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden Name: Unknown
15. Birthplace

16 (a) Informant: Wm. D. Elbin
(b) Address 2101 W. Cold Spring Lane
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/43 (month) (day) (year)
(c) Cemetery or crematory: Mt. Carmel
Location: O'Donnell St.
18 (a) Funeral director: Howard N. Bright, Jr.
(b) Address: 4914 Belair Road
19 (a) DEC 30 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 29 1943, at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16 1941, to Dec 29 1943, and that I last saw her alive on Dec. 29 1943.

Immediate cause of death: chronic myocarditis — Duration:

Due to:

Due to:

Other Conditions: diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: M. N. Patterman, M. D.
Address 2324 Reisterstown Rd Date signed 12/29/43

G 12134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

G 12134 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1717 W. Lafayette Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 67
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 W. Lafayette Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE M. TRIPP

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ? Green
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant Mrs Annie M. Monroe
(b) Address 1717 W. Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 30 1943 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27, '43 19 , at 1P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1942 to Dec. 26 1943.
and that I last saw [illegible] alive on Dec 26 19 43

Immediate cause of death Organic Heart Disease

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature R. Garland Connelly M.D.
Address 1534 Druid Hill Ave Date signed Dec 28 1943

G 12135 ✓ G 12135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 1514 Division St
(b) Street address ~~423 Lan~~
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (~~yrs.~~, or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
Street No. 423 Lawrence St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James McNeill

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	married

6 (b) Name of husband or wife Mamie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1 1904

8. AGE: Years	Months	Days	If less than one day
39	4	29	hr. min.

9. Birthplace Edgecombe, N.C.
(Town, county, and state)
10. Usual Occupation Heater
11. Industry or business Ship Yard.

FATHER
12. Name Gus McNeil
13. Birthplace N.C.

MOTHER
14. Maiden Name Mamie Connie
15. Birthplace N.C.

16 (a) Informant Mrs Mamie McNeil
(b) Address 423 Lawrence St

17 (a) Removal (b) Date thereof 12/30/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Tarboro N.C.

18 (a) Funeral director Mrs Frances A. Heyndley
(b) Address 518 W. Biddle St.

19 (a) [illegible] (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29- 1943 at 2 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15- 1943 to 12-29 1943 and that I last saw h[illegible] alive on 12-25-1943

Immediate cause of death
(a) Bronchopneumonia — Duration 4 days
Due to influenza — 7 wks
Due to
Other Conditions Myasthenia Gravis — 10 yrs.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James D. Carr, M. D.
Address 515 Marley St Date signed 12-30-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

G 12136

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83a

Registered No. G 12136

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th St.
(c) Hospital or institution: Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 yrs 14 ds
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W 40th St. Home for Incurables (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wm. Thos. Baylies

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1877

8. AGE: Years 66 | Months 5 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Mill Inspector

11. Industry or business

FATHER
12. Name Wm. Thos. Baylies
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Josephine Tilden Grant
15. Birthplace New York, N.Y.

16 (a) Informant Home for Incurable Records
(b) Address 700 W 40th St | M.Fld

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec/30/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md

18 (a) Funeral director Steuart & Brown Company
(b) Address 108 W North Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28, 1943, at 11 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/12 1942 to 12/28 1943, and that I last saw [illegible] alive on 12/28 1943.

Immediate cause of death: Cerebral Vascular accident — Duration: 36 Hrs.

Due to Arteriosclerosis (Chron) — 5 years

Due to Cerebral Vascular Accident Z Hemi-paresis (left) — 1 year

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Grafton Hensperger, M.D.
Address 214 Medical Arts Bldg. Date signed 1-7-44

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B - 88636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 12137

1. PLACE OF DEATH:
Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
5 - 12
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1226 McCulloh St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Noah Smith

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife Martha (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1860

8. AGE: Years	Months	Days	If less than one day
83	2	15	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Old Age Pension
11. Industry or business

FATHER
12. Name Samuel Smith
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Jackson
15. Birthplace Md

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto Md

18 (a) Funeral director Mrs Geo A Oehler
(b) Address 1021 Druid Hill Ave

19 (a) Dec 30 1943 (b) (Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/27 1943 at 10:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/15 1943 to 12/27 1943. and that I last saw him alive on 12/27 1943.

Immediate cause of death: Bronchopneumonia — Duration 8 d.
Due to
Due to
Other Conditions A.S. C.V.D. — ?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature E. L. Sergeman M.
Address B C H Date signed 12/27

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 12138

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1205 Madison Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 Madison Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roscoe A. Crawford

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bertha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 1907

8. AGE: Years: 36 | Months: 5 | Days: 5 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name John Crawford
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Bertha Crawford
(b) Address 1205 Madison Ave

17 (a) Burial (b) Date thereof 12-31-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem. Co.
Location Balto. Co. Md.

18 (a) Funeral director Geo. A. Hollan
(b) Address 1631 Druid Hill Ave

19 (a) (Date received by Registrar) DEC 3 (1943) Hunter Williams M.D. Registrar

V8 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27, 1943, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 24 1943, to Dec. 27 1943, and that I last saw him alive on Dec. 27, 1943.

Immediate cause of death Respiratory Paralysis

Due to Lobar Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 5 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lyman E. Harman M. D.
Address 2340 Madison Ave. Date signed 12-30-43

HARMAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. 12139

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Peterson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1871

8. AGE: Years 72 | Months 8 | Days 14 | If less than one day ... hr. ... min.

9. Birthplace Lithuania
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Peterson (D
13. Birthplace Russia

MOTHER
14. Maiden Name Salumine Kolinski
15. Birthplace Russia

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/43 (month) (day) (year)
(c) Cemetery or crematory Forest Hill
Location Lexington Hwy Rd

18 (a) Funeral director J. J. Fahey Sons
(b) Address 1218 Light St.

19 (a) DEC 30 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/25 1943 at 1:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943 to 12/25 1943 and that I last saw him alive on 12/25 1943.

Immediate cause of death Carbon Pneumonia — Duration 7

Due to

Due to

Other Conditions ASCVD

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No Post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Sergman M. D.

Address BCH Date signed 12/29

G 12140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 12140

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Md.
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 762 W. Saratoga St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** VERONICA J. SPRIGGS

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-26-43

8. AGE: Years	Months	Days	If less than one day
0	1 0	29	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Spriggs
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Dorothy Jackson
15. Birthplace Balto. Md.

16 (a) Informant
(b) Address

17 (a) Burial (b) Date thereof Dec. 30, 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory W. Arlington Cem.
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 822 W. Lakeside Ave.

19 (a) DEC 30 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 19 43 at 2 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Pneumonia, lobular
primary
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. J. Williams M.D.
Attending Medical Examiner.
Date signed 12-27-43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G 12141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1123 Eutaw St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 5-yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 Eutaw St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Hunt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1889

8. AGE: Years 54 56 | Months 11 | Days 25 | If less than one day hr. min.

9. Birthplace Laurens Co S C (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Abe Barksdale
13. Birthplace Laurens Co S C

MOTHER
14. Maiden Name Elizabeth Boldin
15. Birthplace Laurens Co S C

16 (a) Informant Sue Pfaltschgill
(b) Address 1123 Eutaw St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) DEC 30 1943 (Date rec'd by registrar) (b) Hunter for Williams U.P. Registrar

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26 1943 at 4:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-28 1943, to 12-26 1943 and that I last saw h[illegible] alive on 12-25 1943

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Arteriosclerosis — 1 yr

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Atwell Jones M. D.

Address 5-5-4 Dolphin St Date signed 12-27-43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. 12143

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Morgue
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County 4-2
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 625 Forney Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Neal

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Mort

11. Industry or business

FATHER
12. Name Louis Neal
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Williams
15. Birthplace Md.

16 (a) Informant Lola Henry
(b) Address 2513 Huron St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Wm Peter R Williams
(b) Address 222 N. Lakewood Ave.

19 Dec 30 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24/1943, at 1.30 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to Natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. Mackall M.D. (Medical Examiner)
Date signed 12/29/43.

VS 151

G 12143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G 12143

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2224 Madison Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2224 Madison Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alvin Mc Daniels

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Widower

6 (b) Name of husband or wife Mary Mc Daniels
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2, 1878

8. AGE: Years	Months	Days	If less than one day
65	3	26	hr. min.

9. Birthplace Lawrence S.C.
(town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Samuel Mc Daniels
13. Birthplace Lawrence S.C.

MOTHER
14. Maiden Name Eliza
15. Birthplace Lawrence S.C.

16 (a) Informant Lucius Mc Daniels
(b) Address 1029 Madison Ave

17 (a) Burial (b) Date thereof Dec. 30-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenville S.C.
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N. Schroeder St.

19 DEC 30 1943 (b) Huntington Williams M.D.
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1943 at 4:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/22 1943 to 12/28 1943 and that I last saw h— alive on 12/28 1943

Immediate cause of death Broncho-Pneumonia — Duration

Due to — 6 Days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. N. Williams M.D.
Address 1775 Pa Ave Date signed 12/30/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 12144

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2814 Berwick Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2814 Berwick Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDWIN GULICK

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sallie E. Gulick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1860

8. AGE: Years	Months	Days	If less than one day
83	4	10	hr. min.

9. Birthplace Augusta, Ga.
(Town, county, and state)
10. Usual Occupation Floorman
11. Industry or business Union Trust Co.,

FATHER
12. Name Joseph Gulick
13. Birthplace Scranton, Pa.

MOTHER
14. Maiden Name Jane Dagnall
15. Birthplace Augusta, Ga.

16 (a) Informant Mr. Harry W. Schuh
(b) Address 2814 Berwick Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/43 (month) (day) (year)
(c) Cemetery or crematory Asbury Cem.
Location A. A. Co.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 DEC 30 1943 (Date received by registrar) Hunter for Williams, M.D. Registrar

VS 186

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH Dec. 28, 1943, at 9:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1943 to Dec 28 1943 and that I last saw her alive on Dec 28 1943

Immediate cause of death. Cardiac Decompensation — Duration Dec 27 1943

Due to

Due to

Other Conditions Chronic Myocarditis — a Number 17 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Morris B. Green M. D.
Address 3009 Evergreen Ave Date signed 12/30/43
Baltimore 14 - Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 12145

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33 rd & Calvert Sts.

(c) Hospital or institution:

Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2931 N. Charles St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JANE MARRIAN KUETHE

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex F

5. Color or race white

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Mr. Louis Kuethe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1870

8. AGE: Years 73 | Months 10 | Days 13 | If less than one day ... hr. ... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name James A. Marrian
13. Birthplace Birmingham, Eng.

MOTHER
14. Maiden Name Sarah Ann Miles
15. Birthplace Oklahoma

16 (a) Informant Mr. Fred W. Kuethe
(b) Address Glen Burnie, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/1/44 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) [illegible] (b) Evington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29 1943, at 1.05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-23 1943 to 12-29 1943, and that I last saw h[illegible] alive on 12-29 1943

Immediate cause of death

Lobar pneumonia — Duration 1 wk

Due to

Due to

Other Conditions Arteriosclerotic cardiovascular disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature John A. Neuhoff, M.D.

Address Union Memorial Hosp. Date signed 12-29-43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 12146

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 S. Chapel Gate Lane
(c) Hospital or institution:
Pine Crest Sanitarium
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A. A. Co.
(c) City or town Ferndale
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES EDWARD ENERSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1885

8. AGE: Years	Months	Days	If less than one day
58	5	2	hr. min.

9. Birthplace Cedar Rapids, Nebraska
(Town, county, and state)
10. Usual Occupation Building Contractor
11. Industry or business Self

FATHER
12. Name -- Henry Enerson
13. Birthplace Norway

MOTHER
14. Maiden Name Gertrude Ritzdorf
15. Birthplace Germany

16 (a) Informant Mr. Joseph Enerson
(b) Address Omaha, Neb.

17 (a) Burial (b) Date thereof 12/31/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

DEC 30 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26, 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 21 1943, to Dec 26 1943; and that I last saw h-- alive on Dec 26 1943.

Immediate cause of death Cardio-Vascular Disease — Duration 10 days.
Due to
Due to
Other Conditions Alcoholism — 1 yr.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas. L. Bagley Jr. M.D.
Address Linthicum Date signed Dec. 27-43
M. D.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G 12147

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1654 N. Monroe St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1654 N. Monroe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY RIEDEMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John Henry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1867

8. AGE: Years	Months	Days	If less than one day
76	8	6	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Herman Zuckschwerdt
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Reuther
15. Birthplace Md.

16 (a) Informant Mr. John Riedeman
(b) Address 1654 N. Monroe St.

17 (a) Burial (b) Date thereof 1/1/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 30 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/20 1943, to 12/28 1943, and that I last saw h alive on 19

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular renal disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sigmund Blum, M.D.
Address 1206 E. Preston St. Date signed 12/29/43

G 12148 ✓ G 12148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164c

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Ga. Hospital 255
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 729 Patapsco Ave; Brooklyn (City)
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Earle Gunther (Earle William Gunther)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Grace P. Gunther
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1893

8. AGE: Years	Months	Days	If less than one day
50	7	28	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Tank Tester
11. Industry or business Bethlehem Fairfield Co.

FATHER
12. Name William Gunther
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Corbett
15. Birthplace Loudon Co., Va.

16 (a) Informant Mrs. Grace Gunther
(b) Address 729 Patapsco Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/1943 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 30 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29- 1943, at 12 15 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Gunshot of Brain

Due to

Other Conditions Deafness

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-29-43 at 11.30 A M.
(b) Where did injury occur? Tavern - 606 Federal Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Self inflicted bullet wound.

23. Signature Howard A Mueller M.D.
Medical Examiner.
Date signed 12-29-43

C 33149 ✓ C 33149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Harper
(c) Hospital or institution W. Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2301 Annapolis Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry T. Adams ✓

3 (b) If veteran, name war: None
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: M
6 (b) Name of husband or wife: Mary E. Adams
6 (c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.) Feb. 11-1884
8. AGE: Years 59 Months 10 Days 17 If less than one day hr. min.
9. Birthplace Balto - Md (Town, county, and state)
10. Usual Occupation Boiler Maker
11. Industry or business B & O. R.R. Co.

FATHER
12. Name Agustav Adams.
13. Birthplace Unknown.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Mary E. Adams
(b) Address 2301 Annapolis Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31-43. (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Baltimore - Md

18 (a) Funeral director Charles J. Schwab.
(b) Address 505 N. Monroe St.

19 (a) DEC 30 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1943, at 12:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 19 43 to Dec 28 19 43 and that I last saw him alive on Dec 26 19 43

Immediate cause of death Bronchopneumonia
Due to Lobar
Due to
Other Conditions Arteriosclerosis
heart failure
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O N Friedman
Address West Balt. Gen. Hosp. Date signed M. 12 D. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D 12150 ✓ D 12150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 943

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 601 E 32nd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 weeks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penn (b) County —
(c) City or town Carlisle
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Blanche L. Zimmerman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife James D.
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) April 1877

8. AGE: Years 66 | Months 8 | Days | If less than one day hr. min.

9. Birthplace Penn
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm. Kleffner
13. Birthplace Penn

MOTHER
14. Maiden Name Alice Lindhurst
15. Birthplace Penn

16 (a) Informant James D. Zimmerman
(b) Address Carlisle Penn

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/30/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Churchtown Penn

18 (a) Funeral director John G. Glover
(b) Address 3002 E. Baltimore

19 (a) DEC 30 1943 (b) Hunting for Whitmore, Md
(Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 1943, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1943, to Dec 28 1943, and that I last saw h[illegible] alive on Dec 28 1943.

Immediate cause of death Angina Pectoris — Duration 6 weeks
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature H. Steckbeck M.D.
Address 632 Forrest ave. Date signed Dec 30/43

2151 — BALTIMORE CITY HEALTH DEPARTMENT — C 12151

CERTIFICATE OF DEATH

84530 — Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos-2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1327 E. Lanvale (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Willie Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Separated

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29-1910

8. AGE: Years	Months	Days	If less than one day
33	7	29	hr. min.

9. Birthplace S.C. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER — 12. Name Robert Frasier(D)
13. Birthplace S.C.

MOTHER — 14. Maiden Name Curley McMillian
15. Birthplace S.C.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 12 31 43 (month) (day) (year)
(c) Cemetery or crematory Clinton Cemetry
Location Lancaster, S.C.

18 (a) Funeral director Williams & Jackson
(b) Address 916 Pennsylvania ave

19 (a) (Signature and title) (b) (Registrar)

DEC 30 1943

VS-12b

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-28 1943, at 1:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-26 1943, to 12/28 1943, and that I last saw h[illegible] alive on 12/28 1943.

Immediate cause of death Tuberculosis Laryngitis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: No autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Hall M. D.
Address B.C.H. Date signed 4/28/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 12152

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Timonium
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes T. Fidler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife William H. Fidler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1881

8. AGE: Years 62 Months 9 Days 25 If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Joseph Hannan
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth McGrath
15. Birthplace Md.

16 (a) Informant William H. Fidler Jr.
(b) Address Timonium, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/43 (month) (day) (year)

(c) Cemetery or crematory Morelaud Park
Location Parkville Md.

18 (a) Funeral director John Bowman Logue
(b) Address Towson, Md.

19 (a) DEC 30 1943 (Date rec'd by registrar) (b) Inserting for William H.F.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1943 at 5A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 12-27 19 43

Immediate cause of death Cardiac failure

Due to hypertensive Cardio vascular

Due to disease

Other Conditions Uremia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. H. Swarbrick M. D.

Address Sinai Hosp Date signed 12-28

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. C 12153

~~12153~~

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12 S. Callington ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12 S. Callington ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bronislawa Sliwinski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife John Sliwinski
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Damian Lis
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Leonard Sliwinski
(b) Address 224 E. Chester Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31 / 43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director Mrs. John M. Welsh
(b) Address 401 E. Chester St

DEC 30 1943 (Date rec'd by registrar) (b) Huntington Ave. Baptist

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1943, at 2 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1943 to Dec 28 1943 and that I last saw h Er alive on Dec 28 1943

Immediate cause of death: Bronchopneumonia — Duration: 2 days

Due to:

Due to: 1- Arteriosclerotic Hypertensive Cardio-Vascular Disease — 7?
Other Conditions 2- Cerebral Hemorrhage — 1941
3 - Diabetes Mellitus ..... ? — 32

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph F. Drenga

Address 249 E. Chester St. Date signed M. 12 D. 29/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

C 12154 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 219 S. Castle Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 219 S. Castle Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) V
If yes, name country

3 (a) FULL NAME Julian Kabylski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Agatha Buzgiewska
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Andrew Kabylski
13. Birthplace Poland

MOTHER
14. Maiden Name Henrietta Laiske
15. Birthplace Poland

16 (a) Informant Kabylski Son
(b) Address 219 S. Castle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31 '43 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus Cem
Location Baltimore Cath

18 (a) Funeral director John M. Welch
(b) Address 401 S. Chester St

DEC 30 1943 (b) Huntington Williams, Registrar
(Not to be filled in by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1943, at 1 31 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1943 to Dec 28 1943; that I last saw h[illegible] alive on Dec 28 1943

Immediate cause of death	Duration
Lobar Pneumonia	12/18/43
Due to	
Due to Acut Cardiac Dilat.	12/27/43
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Gaines M. D.
Address 801 [illegible] Date signed Dec 29 43

12155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 12155 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2414 E. Federal Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert F. Schaefer

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Dorothy Schaefer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1911

8. AGE: Years	Months	Days	If less than one day
32	7	19	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Plasterer
11. Industry or business McCormick Asbestos

FATHER
12. Name Frank P. Schaefer
13. Birthplace Germany

MOTHER
14. Maiden Name Sally A. Champion
15. Birthplace Va

16 (a) Informant Dorothy Schaefer
(b) Address 2414 E. Federal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 1, 1944 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Benjamin B. Donovan
(b) Address 3615-17 Sebastian Ave

19 (a) DEC 30 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29- 1943, at 10.30 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic Rheumatic Condition

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature B. Hugh McNally M.D.
Medical Examiner. For H.J.M.
Date signed 12-30-43

By Howard T. Mallein, M.D.

12156 C 12156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 D. 4 H.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2431 Fremont Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EARLE BANGE

3 (b) If veteran, name war: ?

3 (c) Social Security Account No.: ?

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: ?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years 45 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual Occupation

11. Industry or business Gas & Electric Co.

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown.
15. Birthplace

16 (a) Informant Charles Nellen.
(b) Address Manchester, Md.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Dec 31/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Jacob Wink & Sons
(b) Address Manchester, Md.

19 (a) DEC 30 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28, 1943, at 4:30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pneumonia, lobar, bilateral

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
and Medical Examiner.
Date signed 1-2-44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

0 12157 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 W. 28th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr Leroy David Sullivan

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-07-3206

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Mrs Dorothy Sullivan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17 1896

8. AGE: Years	Months	Days	If less than one day
47	8	12	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James E. Sullivan.
13. Birthplace Maryland

MOTHER
14. Maiden Name Laura E. Wood
15. Birthplace Maryland

16 (a) Informant Dorothy M. Sullivan.
(b) Address 405 W 28th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 1 1944 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampden

18 (a) Funeral director Chenowith & Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

DEC 30 1943

VS 16a

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29 1943, at 12.42 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-25 1943 to 12-29 1943, and that I last saw him alive on 12-29 1943

Immediate cause of death	Duration
Epistaxis	1 day
Due to Hypertensive Cardiovascular Disease	yrs.
Due to	
Other Conditions Asthma	yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A Hewitt, Jr. M. D.
Address Union Memorial Hospital Date signed 12-29-43

12158 G 12158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 Orkney Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 505 Orkney Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LENNIE MAY BOUNDS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) ~~Single, married, widowed~~, or divorced. Divorced

6 (b) Name of husband ~~or wife~~ No Record

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5 1897

8. AGE: Years 46 | Months 4 | Days 23 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation At home

11. Industry or business Self

FATHER
12. Name Unknown
13. Birthplace Virginia

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Ralph W. Martin
(b) Address 3102 Clifton Ave.

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 12/31/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville; Md.

18 (a) Funeral director Williams Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) DEC 30 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29, 1943, at 11:45 P M

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 12-29-43.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47D

Registered No. G 12159

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2720 E. Chase St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2720 E. Chase St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph B. Adams

3 (b) If veteran, name war	3 (c) Social Security Account No. 212-05-8447

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Pearl Adams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26th 1887

8. AGE: Years	Months	Days	If less than one day
56	3	1	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Mechanic
11. Industry or business Baugh Chemical Co

FATHER
12. Name John Adams
13. Birthplace Md.

MOTHER
14. Maiden Name Eleanor Board
15. Birthplace Md.

16 (a) Informant Mrs Pearl Adams
(b) Address 2720 E. Chase St

17 (a) Burial (b) Date thereof 12/31/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md.

18 (a) Funeral director Wetherall Cook Inc
(b) Address 1217 St. Paul St

19 (a) DEC 30 1943 (b) Signature for Williams W.P.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27th 1943, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1943 to Dec 27 1943 and that I last saw him alive on Dec. 27 1943

Immediate cause of death Broncho-pneumonia — Duration 2 days.

Due to Primary Carcinoma of Lungs — Duration 1 yr.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Schneider
Address 1101 N. Milton Ave Date signed M. 12 D. 29-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 107 G 12150

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Street
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Daniel (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME RUTH FLORINE MOWBRAY

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-14-43

8. AGE: Years | Months 6 | Days 17 16 | If less than one day hr. min.

9. Birthplace Daniel, Maryland (town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Jesse Mowbray
13. Birthplace Maryland

MOTHER
14. Maiden Name Dudley Shuffler
15. Birthplace Maryland

16 (a) Informant Jesse Mowbray
(b) Address Daniel, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-43 (month) (day) (year)
(c) Cemetery or crematory Dr Johns
Location Berryville, Md

18 (a) Funeral director Chesnutt
(b) Address Edmondson Ave

19 (a) (Date rec'd by registrar) (b) Huntington Hilltop, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/30/1943, at 8:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/28/1943 to 12/30/1943 and that I last saw h.[illegible] alive on 12/30/1943

Immediate cause of death Cardio Respiratory Failure — Duration 3 days

Due to Bronchopneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John R. Davis Jr M. D.
Address Mercy Hospital Date signed 12/30/43

C 12161 C 12164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 C

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address balto, Md
(c) Hospital or institution:
Johns Hopkins Hospital 6

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 N. Durham St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES BROWN

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1905

8. AGE: Years	Months	Days	If less than one day
38	4	13	hr. min.

9. Birthplace Lancaster, Va.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Lawrence Vasques
(b) Address 211 N. Durham St

17 (a) Burial (b) Date thereof 12/30/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Ebay Wilson
(b) Address 1000 Bfandley Ave

19 (a) 1943 (b) Huntington Williams, Registrar
(Date received by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1943, at 6 AM

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Peritonitis, generalized

Due to Rupture of Jejunum

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 6-4

(a) Date of injury 12-25-43 at 11:25 P.M.
(b) Where did injury occur? Ann St & Orleans St
(c) Did injury occur at home, on farm, industrial place, in public place? Jail While at work? No
(d) Means of injury Pedestrian struck by auto

23. Signature T. L. Wollenweber M.D.
City Medical Examiner.
Date signed 12-27-43

12162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 G 10668 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 N. Temple Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Elizabeth Hazel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1915

8. AGE: Years	Months	Days	If less than one day
28	4	7	hr. min.

9. Birthplace S. C. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Lucinda Surgeon
(b) Address 719 Augusta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Ebony Wilson
(b) Address 1000 Brantley Ave

19 (a) 12-31-43 (Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 1943, at 2:15 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Bronchopneumonia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur in home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec. 27, 1943

C 12163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

C 12163

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 134 N. Bond Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Williams

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	M.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Baltimore Co. Md
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Isabelle Washington
(b) Address 1341 N. Bond st

17 (a) Burial (b) Date thereof 12/30/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Bryant Ave

19 (a) DEC 30 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26-1943, at 3:20 P.M.

21. I certify that I took charge of the remains described above, held an Partial autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Lobar Pneumonia
Due to
Other Conditions Chronic myocardial degeneration
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 12-27-43

G 12364 — G 12464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52 B

Registered No.

Every item of information should be carefully supplied. PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Since Oct. 18, 1943 5:00 P.M.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 409 S. Carolina Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HARRISON WILLIAM KELLEY

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: --
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3/4/1890
8. AGE: Years 53 | Months 9 | Days 23 | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Laborer-Const.Co. 8 mos.ago
11. Industry or business "

FATHER
12. Name Perry Kelley
13. Birthplace St. Michaels, Md.

MOTHER
14. Maiden Name Lillie Jones
15. Birthplace St. Michaels, Md.

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location

18 (a) Funeral director Ebon Wilson
(b) Address 1500 Brantley and C

19 (a) (Date rec'd by registrar) Langston Williams, M.D. Registrar

MEDICAL CERTIFICATION A.

20. DATE OF DEATH Dec. 27, 1943, at 2:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 18, 1943 to Dec. 27, 1943, and that I last saw him alive on Dec. 27, 1943.

Immediate cause of death: Squamous cell carcinoma of bladder — Duration: First noticed in Aug. 1943. Had external urethrotomy 7 yrs. ago.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 10/25-Cystoscopy; Suprapubic cystotomy & implantation of gold radon tube in bladder

Findings Squamous cell carcinoma of the bladder.

Date of autopsy none done.

PHYSICIAN — Underline the name to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. William M. D.
Address Baltimore, Md. Date signed 12/27/4

VS 150

Va-13863

G 12165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 12165 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument H
(c) Hospital or institution: Sinai Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 N. Appleton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Levy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Divorced

6 (b) Name of husband or wife Maurice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Velvel
13. Birthplace Russia

MOTHER
14. Maiden Name Chanzy
15. Birthplace Russia

16 (a) Informant Hospt Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philad Rd & Hamilton Ave

18 (a) Funeral director Jack Feinstein
(b) Address 1439 E. Balto St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/30 1943 at 9:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/26 1943 to 12/30 1943, and that I last saw h alive on 12/30 1943.

Immediate cause of death	Duration
Respiratory failure	
Due to Cerebral Vascular accident	
Due to Hypertension a V D	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mark R. Gerstenfeld M. D.
Address Sinai Hospital Date signed 12/30/43

VS 150

G 12166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 12166

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Dukeland & Payson

(c) Hospital or institution West Balto Gen Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 d

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1911 Greenmount Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lena Tannebaum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Herman Tannebaum

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name —

13. Birthplace Russia

MOTHER

14. Maiden Name —

15. Birthplace Russia

16 (a) Informant David Tannebaum

(b) Address 1911 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-43 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location

18 (a) Funeral director Jack Davis Inc

(b) Address 1439 E. Biddle St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 1943, at 2:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 10 1943, to Dec 29 1943 and that I last saw her alive on Dec 29 1943

Immediate cause of death Pneumonia — Duration

Due to Bilat. Bronchopneumonia

Due to Emphysema

Other Conditions Congenital Heart failure

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Gordon Harris MD

Address Union Bank Bldg Date signed 12/30/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12167 — BALTIMORE CITY HEALTH DEPARTMENT — G 12167

CERTIFICATE OF DEATH 1937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eastern + Wilkins Ave
(c) Hospital or institution: St. Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore Pikesville
(c) City or town 122 Slade Ave.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Emma J. Fick (Emma J. Fick)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John L. Fick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1872

8. AGE: Years	Months	Days	If less than one day
71 ~~72~~	9	13	hr. min.

9. Birthplace Carroll County, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Jesse Leese dec'd
13. Birthplace Pennsylvania

MOTHER
14. Maiden name Louisa Baum dec'd
15. Birthplace Pennsylvania

16 (a) Informant Mr. Louis Fick
(b) Address 122 Slade Ave., Pikesville

17 (a) Burial (b) Date thereof Dec. 31, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.

18 (a) Funeral director E. Willis Hammond
(b) Address 4510 Liberty Heights Ave.

19 DEC 30 1943 Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29 1943 at 8:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-23 1943 to 12-29 1943 and that I last saw her alive on 12-29 1943

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions Arteriosclerosis C-V disease

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard W. Steele M. D.
Address St Agnes Hosp Date signed 12-30-43

G 12168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12168 Registered No. 1860

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Md.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 621 S. Bethel St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ALEX WILLIAM ZALEWSKI

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna Zalewski
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business

FATHER
12. Name John Zalewski
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Ostas
15. Birthplace Poland

16 (a) Informant Anna Zalewski
(b) Address 621 S. Bethel St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary. Location Baltimore
18 (a) Funeral director Stanley W. Orzechowski
(b) Address 1980 Eastern Ave.
19 (a) DEC 30 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29, 1943, at 8:30 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 10:30 P.M. Dec. 27, 1943
(b) Where did injury occur? Bond and Monument Sts.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no
(d) Means of injury? fell to ground

23. Signature H. L. Wolkenstein M.D. Medical Examiner.
Date signed 12-29-43

Huntington Williams M.D.

VS 151

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

C 12169 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 23 & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2873 Pelham Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME MRS. WILLIAM G COSTER (Mabel Frances Coster)

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Mr. William Coster
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) April 26, 1895

8. AGE: Years	Months	Days	If less than one day
48	8	3	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John E. Armstrong
13. Birthplace Maryland

MOTHER
14. Maiden Name Lillian Smith
15. Birthplace Maryland

16 (a) Informant William G. Coster (Husband)
(b) Address 2873 Pelham Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3, 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Balto. Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

(By) Huntington Williams, M.D.

DEC 30 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29 1943, at 4.10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-25 1943, to 12-29 1943, and that I last saw h.s.r. alive on 12-29 1943.

Immediate cause of death	Duration
Cardiorespiratory failure	
Due to Diabetic Acidosis	3 days
Due to Diabetes Mellitus	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Hewitt, Jr. M. D.
Address Union Memorial Hospital Date signed 12-29-43

G 22170 G 22170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 216 N. WASHINGTON ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 216 N. WASHINGTON ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME MORRIS MILLER

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife ESTHER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace RUSSIA (Town, county, and state)

10. Usual Occupation CARPENTER

11. Industry or business

FATHER
12. Name NATHAN
13. Birthplace RUSSIA

MOTHER
14. Maiden Name IDA
15. Birthplace RUSSIA

16 (a) Informant WIFE
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-29-43 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Phila Rd. & Bowley Lane

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Balto St

DEC 30 1943 Huntington Williams, M.D.
(Date rec'd by registrar) (Registrar)

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/29/43 19 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 26 19 43 to Dec. 29 19 43, and that I last saw him alive on Dec 29 19 43

Immediate cause of death Lobar Pneumonia — Duration 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Wolk M. D.

Address 1311 Eastern Ave Date signed Dec 30 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 96

C 12171 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hos
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1327 Hull St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Zygmunt Owsik ZYGMUNT-OWSIK

3 (b) If veteran, name war —

3 (c) Social Security Account No. 705-07-8758

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife Valeria

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years	Months	Days	If less than one day
about 56			hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Car Builder

11. Industry or business B. & O. R. R.

FATHER
12. Name Konstanty Owsik
13. Birthplace Poland

MOTHER
14. Maiden Name Julia Phiefer
15. Birthplace Poland

16 (a) Informant Valeria Owsik
(b) Address 1327 Hull St

17 (a) Burial (b) Date thereof 1-1-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Rd

18 (a) Funeral director W. J. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) (b) Registrar
(Filed by registrar)

DEC 30 1943

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 1943, at 12³⁰ P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-24 1943, to 12-24 1943, and that I last saw him alive on 12-24 1943

Immediate cause of death (a) Pneumonia (Duration 3 hrs)
Due to (b) Congestive arteriosclerosis
Due to (c)
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Necropsy Anemia

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry A Brecht M. D.
Address Univ Hosp Date signed 12-30-43

PHYSICIAN
Underline the cause to which death should be charged statistically.

G 12172 G 12172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 938

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2800 Reese St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2800 Reese St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella C. Cannon

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-28-1873

8. AGE: Years	Months	Days	If less than one day
70	3	29	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Va

MOTHER
14. Maiden Name Clara Evans
15. Birthplace Va

16 (a) Informant Edmond Berry
(b) Address Washington D.C

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 31-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co.

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) DEC 30 1943 (Date rec'd by Registrar) (b) Martin J. Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1943 at 3 50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15, 1943, to Dec. 27 1943, and that I last saw h[illegible] alive on Dec 26 1943.

Immediate cause of death	Duration
Bronchopneumonia	3 da
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mamie Evans M. D.
Address 3112 E 23rd Date signed 12-30-43

AB-80485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

G 12173
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs. 9days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1324 E. Lexington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widower

6 (b) Name of husband or wife Lillie (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10-1880

8. AGE: Years	Months	Days	If less than one day
63	-	10	hr. min.

9. Birthplace Washington, D.C.
(Town, county, and state)
10. Usual Occupation Junking
11. Industry or business

FATHER
12. Name Clinton Green
13. Birthplace Md.

MOTHER
14. Maiden Name Rosie ?
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL DEC 30 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 DEC 30 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-20 1943, at 11 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-11 1941, to 12-20 1943, and that I last saw h[illegible] alive on 12-20 1943.

Immediate cause of death	Duration
Lobar pneumonia	?
Due to Pulmonary Tuber-culosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Mall M. D.
Address B.C.H. Date signed 12/28/43

VS 150

0602

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Jo 704732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 12174
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs. 8 mos. 6 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 Pennsylvania Ave. (If rural give location)
(e) Citizen ~~of foreign country~~ Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Bessick

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife Harry Bessick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
61 ?			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Ed Turner
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Va.

16 (a) Informant Records, Balto. City Hosp.
(b) Address 4940 Eastern Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL DEC 30 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 DEC 30 1943 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/21 1943 at 2:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943, to 12/21 1943, and that I last saw h[illegible] alive on 12/21 1943.

Immediate cause of death: Coronary — Thrombosis accident - prob. Hemorrhage & anemia — Duration 5

Due to: H.C.V.D. — ?

Due to:

Other Conditions: Old left hemiplegia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. L. Seymour M.D.
Address B C H Date signed 1-4-44

0603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 12175

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ?Carroll Weed

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 2, 1869

8. AGE: Years 74 | Months 2 | Days 19 | If less than one day ... hr. ... min.

9. Birthplace Norwich, N. Y
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Bradley Weed
13. Birthplace Va.

MOTHER
14. Maiden Name Anne M. Keller
15. Birthplace Conn.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (" Records

17 (a) ... (b) Date thereof ...
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL DEC 30 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 DEC 30 1943 (b) Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/21 1943, at 11.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-12 1932 to 12/21 1943, and that I last saw h... alive on 12/4 1943

Immediate cause of death Pulmonary TBC — Duration ?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Nash M. D.
Address B.C.H. Date signed 12/29/43

0604

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12176 Registered No. 1226

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green
(c) Hospital or institution: University Hospital 4-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3922 Fait Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) **FULL NAME** Myrtle James

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Howard James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22-1899

8. AGE: Years	Months	Days	If less than one day
44	9	7	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Operator Keyton Electric

FATHER
12. Name John L. Schmaelzle
13. Birthplace Ger.

MOTHER
14. Maiden Name Hemitta Callender
15. Birthplace Balto Md

16 (a) Informant Howard W. James
(b) Address 3922 Fait ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/44. (Month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern ave

18 (a) Funeral director Laurence F. Hoffman
(b) Address 1639 Broadway

19 (a) 12/30/43 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/29 1943, at 1.50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/27 1943 to 12/29 1943, and that I last saw her alive on 12/29 1943

Immediate cause of death	Duration
Intestinal obstruction	
Due to Multiple post-op. adhesions	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 12/27/43

Major findings of operation: Multiple intestinal obstruction

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. E. Ivy Miller M. D.
Address University Hosp. Date signed 12/29/43

VS 150

G 12177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 12177 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St
(c) Hospital or institution: South Balto Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 131 E. [redacted] Ostend St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Howard W. CRAWFORD.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-22-4027

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 17 1887

8. AGE: Years 56 55 | Months 10 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Gen'l Western Electric Co

11. Industry or business

FATHER 12. Name James Crawford
13. Birthplace Md

MOTHER 14. Maiden Name Jennie Groves
15. Birthplace Md

16 (a) Informant Mrs Mary Crawford
(b) Address 121 E Ostend St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 1-44 (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location Edmondson Ave + Longwood St

18 (a) Funeral director William M. Mareck
(b) Address 715 Lexington St

DEC 30 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29, 1943, at 12.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1943 to Dec 29 1943, and that I last saw he alive on Dec 27 1943.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nicholas L. Grayeans M.D. M. D.
Address So. Balto Gen. Hosp Date signed 12/29/43

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

446381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 123

G 12178 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1635 E. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Walker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male.	Black	Sep.

6 (b) Name of husband or wife Amelia Barber.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-17-74

8. AGE: Years	Months	Days	If less than one day
69 64	9	4	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name E. Walker Newton
13. Birthplace Va.

MOTHER
14. Maiden Name Margaret Coates
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL DEC 30 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 DEC 30 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21 1943, at 7 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 1943, to Dec. 21 1943, and that I last saw him alive on Dec. 21 1943.

Immediate cause of death	Duration
Uremia	
Due to arterio-sclerosis & peritonitis	
Due to Prolapse of rectum & small bowel	
Other Conditions Lordotic decomposition	

(Include pregnancy within 3 months of death)

Date of operation 12-19-43
Major findings of operation: as above
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lew W. Chambers M. D.
Address Johns Hopkins Hosp. Date signed 12/21/43

VS 180

0605

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and

12179 G 12179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 158

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway and Fairmount Ave.
(c) Hospital or institution:
Church Home and Hospital 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town ~~Baltimore~~ WHITE MARSH
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Caldwell, Baby Boy

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1943

8. AGE: Years	Months	Days	If less than one day
			1 hr. 20 min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Caldwell, Mader John Steele
13. Birthplace South Carolina

MOTHER
14. Maiden Name Bozarding, Florence Margaret
15. Birthplace Md.

16 (a) Informant Florence M. Bozarding
(b) Address White Marsh, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL DEC 30 1943

18 (a) Funeral director Commissioner of Health
(b) Address

DEC 30 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29, 1943 at 4 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from At Birth 19..., to 19..., and that I last saw h... alive on 19....

Immediate cause of death Pulmonary Atelectasis — Duration
Due to General Malnutrition complicated by Pyloric Stenosis
Due to Cond.
Other Conditions Oligo-hydramnion
(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. G. Mulleda M.D.
Address 6 East Eager St Date signed Dec. 29/43 M. D.

VS 150

0606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1938

Registered No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1202 Riverside Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 4 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1202 Riverside Ave. (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany

3 (a) FULL NAME Elizabeth Müeller

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Joseph L. Mueller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1 - 1847

8. AGE: Years 96 | Months 11 | Days 29 | If less than one day ... hr. ... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name ?
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant Mrs. Rose Patuskey
(b) Address 120 E. Clement St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31-43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A. A. Sec.

18 (a) Funeral director Elizabeth Clarke Fine
(b) Address 115 E. West St.

19 (a) DEC 30 1943 (Date received by registrar) (b) Huntington, Williamsport, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 1943 8:40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1943 to Dec 29 1943 and that I last saw alive on Dec 29 1943.

Immediate cause of death Myocardial Insufficiency — Duration

Due to

Due to

Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature John G. Schaunch M. D.
Address 1307 E. Oriole St. Date signed 12/30/43

G 12181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/61

Registered No. G 12181

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2204 E.Hoffman St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2204 E.Hoffman St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian M.Heiss

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife J.C.C.Heiss

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov.2,1878

8. AGE: Years 65 | Months 1 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John Seifert
13. Birthplace Unknown

MOTHER
14. Maiden Name Annie -----
15. Birthplace Unknown

16 (a) Informant Mr.Raymond Heiss
(b) Address 2204 E.Hoffman St.

17 (a) Burial (b) Date thereof Dec.30/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Baltimore Md.

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St.

DEC 30 1943
(Date filed by registrar)

(b) Huntington Williams, M.D.
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27/43, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1943, to Dec 27 1943, and that I last saw h[er] alive on Dec 24 1943

Immediate cause of death Acute Mitral Coma — Duration 24 hrs

Due to Acute Mitral — Chronic Nephritis — Years

Due to Hyper Tension.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M Bernard Rook M. D.

Address 2200 Garrison Blvd Date signed 12/29/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46D

Registered No. C 12182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1230 E. Hoffman St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Mary Lemaly

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John Lemaly

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 8, 1875

8. AGE: Years 68 | Months | Days 20 | If less than one day hr. min.

9. Birthplace Austria Hungary (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name George Kuzma
13. Birthplace Austria Hungary

MOTHER
14. Maiden Name Not known
15. Birthplace Austria Hungary

16 (a) Informant Mary Lemaly
(b) Address 1230 E. Hoffman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Frank Brachbon
(b) Address 900 N. Chester St

DEC 30 1943 (b) (Date received by registrar)

Huntington Williams Register

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28/43 19 , at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 27 19 43 to Dec. 28 19 43 and that I last saw h. alive on 12/27 19 43

Immediate cause of death Cachexia

Due to Ca of Rectum

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation 12-27-43, 12-9-43

Major findings of operation: Ca of Rectum

Arteriosclerotic changes in heart, kidneys

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymond B. Wheeler M.D.

Address Date signed 12/30/43

GOLDBERG

C 12183 C-12183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1931

Registered No. C-12183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 606 N. Chester
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 606 N Chester
(If outside city or town limits, write RURAL and give town)
(d) Street No. Dalto Md
(If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Neuman (MARY NEUMAN)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4 Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Vaclav Neuman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 12 1857

8. AGE: Years 86 | Months 4 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Austria Czechoslovakia
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Eberdorf Hebicher
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Anna Novy
15. Birthplace Czechoslovakia

16 (a) Informant Chester J. Neuman
(b) Address 410 S Montana Av

17 (a) Burial (b) Date thereof 12-31-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Dalto Md

18 (a) Funeral director Frank Enoch & Son
(b) Address 900 N. Chester St

19 (a) (Date rec'd by registrar) Harrington Williams, Registrar

C 30143

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 1943, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28 1943 to Dec. 29 1943 and that I last saw her alive on Dec. 28 1943.

Immediate cause of death Broncho-pneumonia — Duration 2 days

Due to —

Due to —

Other Conditions Chr. Myocarditis with Passive Congestion of Lungs.
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Vincent H. Cooke M.D.

Address 845 N. Patterson Park Ave Date signed 12/29/43

C 12184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. C 12184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1352 Washington Blvd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HERMAN GERHARD BRANDES

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Albertina
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1853

8. AGE: Years	Months	Days	If less than one day
90	1	14	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Baker
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr. Wm. B. Henkel
(b) Address 4402 Penhurst Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Date received by registrar DEC 30 1943 Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30, 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/24 1943 to 12/30 1943, and that I last saw him alive on 12/30 1943

Immediate cause of death R.L. lobar pneumonia — Duration

Due to

Due to

Other Conditions old age

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Josephine E Renehan M. D.
Address Univ. Hosp. Date signed 12/30

G 12185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12185 Registered No. 83B

AB-85646

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 415 Forrest St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Newhard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 4, 1873

8. AGE: Years 70 | Months 8 | Days 24 | If less than one day hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation Insurance Agent

11. Industry or business Retired

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (b) Date thereof 12/31/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto., Md.

18 (a) Funeral director Wm. J. Tuckner & Son
(b) Address North & Penna. Ave.

19 (a) DEC 30 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28 1943, at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/27 1943, to 12/28 1943, and that I last saw h[illegible] alive on 12/28 1943.

Immediate cause of death Cerebral Thrombosis — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Wattman M. D.
Address B. C. H. Date signed 12/28/43

G 12186 G 12186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 27c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3488 Childs Court
(c) Hospital or institution: -Balto.-26 Md
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md - Zone 26 -
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3488 Childs Court (Fairfield Md
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Johnny L. Reynolds

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
White	Male	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 2 - 1942

8. AGE: Years	Months	Days	If less than one day
		27	— hr. — min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name George Taft Reynolds
13. Birthplace Knoxville Tenn

MOTHER
14. Maiden Name Georgia Lee Walker
15. Birthplace Anderson Co Tenn

16 (a) Informant Mr Geo. Taft Reynolds
(b) Address 3488 Childs Court

17 (a) Burial (b) Date thereof Dec 2-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Red Hill Baptist Church
Location Anderson Ville Tenn

18 (a) Funeral director Mutton Schilling
(b) Address 3914 S. Hanover St

19 (a) 1943 Huntington Williams, M.D.
(Signature of) by registrar Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 19..., at 1110 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1943, to Dec 29 1943, and that I last saw h[illegible] alive on Dec 21 1943.

Immediate cause of death: Infection by rusting — Duration: 2 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip W. Curtis, M.D.
Address 302 Petroleum Ave. Date signed 12/29/43

Please write the causes of death clearly and [illegible] Physicians: please [illegible] is especially important.

12187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33B

✓ G 12187 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 31
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 340 Ballou Ct (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Darlene Burggrof ✓

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5 - 7 - 43

8. AGE: Years | Months 7 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name Richard Burggrof
13. Birthplace Pa

MOTHER
14. Maiden Name Marie Lane
15. Birthplace Pa

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 1/44 (month) (day) (year)
(c) Cemetery or crematory BENSHOFT CEM.
Location JOHNSTOWN PA.

18 (a) Funeral director Lilley and Zeiler INC
(b) Address 403 S. WOLFE ST. Huntingdon Williams, M.D.

19 (a) DEC 31 1943 (Date rec'd by Registrar) Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 1943, at 9.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1943, to Dec 29 1943, and that I last saw he alive on Dec 29 1943

Immediate cause of death (Enter only one cause per line for (a), (b), and (c).) | Duration
(a) Collapse
Due to (b) Influenza Pneumonia
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stanley L. Blumenthal
Address Johns Hopkins Hospital Date signed 12/30/43

AB-16019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 18185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 yrs-2 mos- 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 S. Grundy St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fred Peckham or Fredck W. Peckham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Anna K. (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-2-1870 or 1871

8. AGE: Years 72 or 73 | Months 4 | Days 24 | If less than one day hr. min.

9. Birthplace Kentucky (Town, county, and state)

10. Usual Occupation Cook- Boiler Fireman

11. Industry or business

FATHER
12. Name John W. Peckham
13. Birthplace Ohio

MOTHER
14. Maiden Name Mary Williams or Mary E. Williams
15. Birthplace Kentucky

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director John B Connelly
(b) Address 48 Eastern Ave. East,

DEC 31 1943 (Date received by Reg.) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/26 1943 at 2:46 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943 to 12/26 1943.
and that I last saw h[illegible] alive on 12/26 1943.

Immediate cause of death: Pulmonary embolus, Arteriosclerosis, artery — Duration 16 days

Due to A.S. (VO) — Duration 2 yrs

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Gross chronic multiple emboli of aorta, pulmonary, renal

of autopsy: E. Dana Hussey, M.D.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Surgner M.D.
Address B C H Date signed 12/29

C 12189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. C 12189

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1404 Inverness Ave
(c) Hospital or institution: Morrell Park

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1404 Inverness Ave
(If rural give location) MORRELL PARK
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE F. WECKESSER

3 (b) If veteran, name war None

3 (c) Social Security Account No. 215-09-4768

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1883

8. AGE: Years 60 | Months 1 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Traffic Manager

11. Industry or business Holland Glass Co.

FATHER
12. Name John F. Weckesser
13. Birthplace Md

MOTHER
14. Maiden Name Anna C. Hendfelder
15. Birthplace Md

16 (a) Informant Mrs. Ella Weckesser
(b) Address 1404 Inverness Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3, 1944 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

DEC 31 1943

(Date received by registrar) Wayne Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 1943, at 3 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1943, to Dec 30 1943, and that I last saw him alive on Dec 29 1943.

Immediate cause of death: Myocardial insufficiency — Duration: several years.
Due to: Chronic myocardial disease
Due to: valvular disease
Other Conditions: Chronic encephalitis — Duration: 2 years.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Michel

Address 2901 Edmondson Ave Date signed Dec 30/43 M. D.

G 12190 ✓ G 12150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2725 N. Howard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) V

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2725 N. Howard St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME MARY HELEN HYLAND

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 8, 1859
8. AGE: Years 84 | Months 0 | Days 21 | If less than one day ..... hr. ..... min.
9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name George Hyland
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Sarah A. Miller
15. Birthplace Balto. Md.

16 (a) Informant Elsie N. Woodall
(b) Address 2725 N. Howard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31, 1943 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md.

18 (a) Funeral director William Cook, Inc
(b) Address 1217 St Paul St.

DEC 31 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 1943, at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1943 to Dec 29 1943 and that I last saw h[illegible] alive on Dec 29 1943

Immediate cause of death: Cerebral Haemorrhage — Duration: Sudden
Due to
Due to
Other Conditions: Arterio Sclerosis — Sudden
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address 17 W. 20 St Date signed Dec 30 43

G 12191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160a

G 12191 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 - N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32½ hours
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 421 N. Patterson Park Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BABY BOY INSLEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/29/43

8. AGE: Years	Months	Days	If less than one day
			22 hr. 30 min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Harry Insley
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Betty Jo Runkin
15. Birthplace Lancaster, Pa.

16 (a) Informant Harry Insley
(b) Address 213 S. Bleams

17 (a) Removal (b) Date thereof Dec 31.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Madison Md

18 (a) Funeral director Ullrich Funeral Home
(b) Address 1404 E. Bleams St.

DEC 31 1943
19 (a) (Date rec'd by registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/30 1943, at 11:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/29 1943 to 12/30 1943, and that I last saw him alive on 12/30 1943

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. B. Baldwin M. D.

Address St. Joseph's Hosp. Date signed 12/30/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MG 12192 ✓ G 12192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. 26 14

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 118 N. Haven St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 118 N. Haven St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICK H NICOL

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	213-03-6169

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Maud Nicol
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) December 4, 1878

8. AGE: Years	Months	Days	If less than one day
65	--	24	....hr. ....min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business loading ships

FATHER
12. Name Frederick Nicol
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine Stine
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Maud Nicol
(b) Address 118 N. Haven St.

17 (a) Burial (b) Date thereof 12/31/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oaklawn Cemetery
Location Baltimore County, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway

19 DEC 31 1943 (b) Huntington Williams, M.D.
(Date of this filing) Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1943, at 7.45AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1940 to Dec 28 1943 and that I last saw him alive on Dec 27 1943

Immediate cause of death Chron. Myocarditis — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature N. J. Davidow M. D.
Address 3218 Eastern Ave Date signed 12-30-43

G 12193 G 12193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1733 E. Oliver St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County B - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 E. Oliver St
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL MERRITT McCLASKEY

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Catherine Daly
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1883

8. AGE: Years 60 | Months 10 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Retired 18 yrs

FATHER
12. Name Samuel McClaskey
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sarah Ann Merritt
15. Birthplace Baltimore

16 (a) Informant Catherine Daly McClaskey
(b) Address 1733 E. Oliver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31. 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) Dec 31 1943 (Date received by registrar) (b) Huntington Hitz, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28. 1943 at 8.00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 23 1943 to Dec. 28 1943 and that I last saw him alive on Dec. 23 1943.

Immediate cause of death: Bronchopneumonia — Duration: 5 days

Due to: Myocarditis — 5yrs +

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Schneider M. D.

Address 1101 N. Wheeler Ave. Date signed 12-29-43

SCHNEIDER

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12194 ✓ C 12194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4011 Bellview Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4011 Bellview Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN HENRY CRONHARDT, JR.

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Wilson Cronhardt

6 (c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): December 25, 1864

8. AGE: Years: 79 | Months: -- | Days: 4 | If less than one day: ....hr. ....min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: Traveling

11. Industry or business: Paper Bag Co.

FATHER
12. Name: John Henry Cronhardt
13. Birthplace: Germany

MOTHER
14. Maiden Name: Gertrude Miller
15. Birthplace: Germany

16 (a) Informant: Mrs. Mary W. Cronhardt
(b) Address: 4011 Bellview Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/43 (month) (day) (year)
(c) Cemetery or crematory: Green Mount Cem.
Location: Baltimore, Md.

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: North Ave. & Broadway

19 (a) [illegible] (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1943, at 8.20PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1 1943, to 12/29 1943 and that I last saw h[illegible] alive on 12/29 1943

Immediate cause of death: Cardiac Exhaustion — Duration: 10-29 days

Due to: Bronchitis later influenza, fractures sclerosis

Due to: senile changes.

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury:

23. Signature: Hugo G. Russell M. D.

Address: 3902 Roseanna Rd Date signed: 12/30/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6 ✓

Registered No. C 32105

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Sydenham Hospital 191
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 KLEPER PLACE
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME SHIRLEY ANN PENCE ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife.....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov 1940

8. AGE: Years	Months	Days	If less than one day
3	1		..... hr. ..... min.

9. Birthplace BALTIMORE (Town, county, and state)
10. Usual Occupation child
11. Industry or business

FATHER
12. Name William F. PENCE
13. Birthplace HARRISONBURG, VA.

MOTHER
14. Maiden Name Catharine GREENE
15. Birthplace BALTIMORE, Md.

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3 - 1944 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location City
18 (a) Funeral director Pott & B. M. Walter
(b) Address Pratt & Stricker Sts
19 (a)..... (b)..... (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 1943, at 3 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-29 1943, to 12-30 1943 and that I last saw her alive on 12-30 1943.

Immediate cause of death..... Septicemia — Duration .....
Due to Meningococcus — 2 days
Due to.....
Other Conditions.....
(Include pregnancy within 3 months of death)
Date of operation.....
Major findings of operation:.....
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at.....M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....
23. Signature Margaret H. D. Smith M. D.
Address Sydenham Hosp. Date signed 12-30

196

BALTIMORE CITY HEALTH DEPARTMENT V

CERTIFICATE OF DEATH 92B

C 12196
Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 202 S. Stricker St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 202 S. Stricker St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard A. Monks

3 (b) If veteran, name war Ward War #1
3 (c) Social Security Account No. 705-10-8933

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Carrie B. Monks
6 (c) If alive, give age 61 years
7. Birth date of deceased (mo., day, yr.) Aug 25 1890
8. AGE: Years 53 | Months 4 | Days 3 | If less than one day ____ hr. ____ min.
9. Birthplace Towson Md (Town, county, and state)
10. Usual Occupation Conman
11. Industry or business B & O R.R.

FATHER
12. Name Wm E. Monks
13. Birthplace Md

MOTHER
14. Maiden Name Rhoda M. Flowers
15. Birthplace Md

16 (a) Informant Carrie B. Monks
(b) Address 202 S. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31-1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Roll & B.M. Walter
(b) Address 1424 Stricker St Huntington Williams, M.D.

JAN 6 - 1944 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1943, at 1a M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1941, to Dec 27 1943 and that I last saw him alive on Dec 27 1943

Immediate cause of death Mitral Insufficiency — Duration ?
Due to Bronchial Asthma & Bronchitis — ?
Due to — ?
Other Conditions — ?
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature Carl R. Rothrock
Address 316 W Lombard St Date signed 12/30/43 M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

4455568 G 12197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 12197

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland

(b) Street address.....

(c) Hospital or institution:
JOHNS HOPKINS HOSPITAL 13

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1912 Park Ave
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Alverta C Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife.....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 8-14-65

8. AGE: Years 78 | Months 4 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Chas. Moore
13. Birthplace Ireland

MOTHER
14. Maiden Name Alverta Caughy
15. Birthplace Ireland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/43 (month) (day) (year)

(c) Cemetery or crematory Green Mount
Location Balto. Md.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

(a) 31 1943 (Date received by registrar) (b).....

Registrar

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 1943, at 5 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1943, to Dec 30 1943, and that I last saw her alive on Dec 30 1943.

Immediate cause of death coronary occlusion — Duration .....

Due to arteriosclerosis — Duration .....

Due to ..... — Duration .....

Other Conditions ..... — Duration .....

(Include pregnancy within 3 months of death)

Date of operation 12-3-43; 12-13-43

Major findings of operation: Cataracts

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at..... M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature Roy O. Schaffner M. D.

Address J. Hopkins Hosp. Date signed 12-30

G 12198 BALTIMORE CITY HEALTH DEPARTMENT ✓ G 12198

CERTIFICATE OF DEATH 1710

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3119 Oakford ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Herman Mittleman (Mittman)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Late Leah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 76 | Months | Days | If less than one day hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business: Tailor

FATHER
12. Name: Philip Mittman
13. Birthplace: Russia

MOTHER
14. Maiden Name: Ida Pasternak
15. Birthplace: Russia

16 (a) Informant: Emanuel Wasserman
(b) Address: 8525 Homer Ave

17 (a) Burial (Burial, cremation, or removal); (b) Date thereof Dec. 31, 1943 (month) (day) (year)
(c) Cemetery or crematory: Bnai Israel Cemetery
Location: Southern Ave

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124 1126 W North Ave

19 (a) DEC 31 1943 (Date filed by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-30- 1943, at 11 29 A M

21. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH: Fractured skull

Due to

Other Conditions: Lacerations, bruised brain and contusions (Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: N-T3

(a) Date of injury 12-30-43 at 7.20 A M.
(b) Where did injury occur? Cold Spring Lane & Park Heights Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian, struck by street car

23. Signature Thomas J. Claudeis M.D. Medical Examiner.
Date signed 12-30-43

VS 161

G 12199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12199

Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2217 N Pulaski St
(c) Hospital or institution:

15

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2217 N Pulaski St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie Lasky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec, 9. 1888

8. AGE: Years	Months	Days	If less than one day
55	-	20	hr. min.

9. Birthplace New York City
(Town, county, and state)

10. Usual Occupation

11. Industry or business House Work Frank

FATHER
12. Name Bernard Frank
13. Birthplace New York City

MOTHER
14. Maiden Name Baile ?
15. Birthplace New York City

16 (a) Informant William Lasky
(b) Address 2217 N Pulaski St

17 (a) Burial (b) Date thereof Jan. 2, 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Bnai Israel Cemetery
Location Southern Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) (b)
(Signature of registrar) Registrar

DEC 31 1943

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec., 29., 1943 at 8.25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1st 1943, to Dec 30 1943, and that I last saw he alive on Dec 31 1943.

Immediate cause of death Hypertension
Mesp Uraemia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. Ephraim M. D.

Address 443 E 45 St Date signed 12.30.43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. 12200

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 38 W 25th St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12

(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 38 W 25th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Nettie Morris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: Late Louis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb, 8, 1863

8. AGE: Years	Months	Days	If less than one day
80	10	22	hr. min.

9. Birthplace: New York City
(Town, county, and state)

10. Usual Occupation

11. Industry or business: None

FATHER
12. Name: Henry Falkenstein
13. Birthplace: Germany

MOTHER
14. Maiden Name: Betty Speer
15. Birthplace: Germany

16 (a) Informant: Henry Morris
(b) Address: 38 W 25th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2, 1943 (month) (day) (year)
(c) Cemetery or crematory: Oheb Shalom Cemetery
Location: Odonnel St

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124 1126 W North Ave

19 (a) (Date rec'd by registrar) (b) (Registrar) M.D.

DEC 31 1943 Huntington

MEDICAL CERTIFICATION

12.50

20. DATE OF DEATH: December 30 1943, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from ~ 1940, to Dec 30 1943, and that I last saw h alive on Dec 29 1943.

Immediate cause of death: Pulmonary Oedema — Duration: 2½

Due to: Cerebral Hemorrhage + Hemiplegia

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Chas. F Blake M. D.

Address: 28 E Preston Date signed 12/31/43

12201 C 12201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4400 Bayonne Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4400 Bayonne Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Abner Scheblein (Scheiblein)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wh	M

6 (b) Name of husband or wife Mary Emma Erdman
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) 9/20/1871

8. AGE: Years	Months	Days	If less than one day
72	3	10	hr. min.

9. Birthplace Baltimore County
(Town, county, and state)
10. Usual Occupation Retired 22 yrs.
11. Industry or business

FATHER
12. Name John Scheblein
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sarah Eliz. Parrot
15. Birthplace Easton, Maryland

16 (a) Informant Mrs. Charles Scheblein
(b) Address 4400 Bayonne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/1/1944 (month) (day) (year)
(c) Cemetery or crematory Forrestwood Cem
Location Catonsville, Md

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Rd

19 (a) DEC 31 1943 (Date rec'd by registrar) (b) Wilmington for Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 1943, at 10.05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1943, to Dec 30 1943, and that I last saw him alive on Dec 29th 1943.

Immediate cause of death	Duration
Chronic Nephritis	22 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. L. Wilkinson
A. L. Wilkinson, M. D.
Address 5713 Bel Air Rd Date signed 12-31-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12202 ✓ G 12202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Md.
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore 28 (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1749 Orleans Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barlow Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30 1878

8. AGE: Years	Months	Days	If less than one day
65	7	28	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Landen Richardson
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Edward R. Bell
(b) Address 909 Poplar st

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 31 1943 (month) (day) (year)
(c) Cemetery or crematory Wilmington Delaware
Location New Castle County

18 (a) Funeral director Joseph A. Pirtle
(b) Address 6 West Lane street

DEC 31 1943 (c) Victor Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28, 1943, 6:16 P.M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Chronic nephritis
Arteriosclerotic Uraemia.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature N. Lewellen Wheeler M.D.
Medical Examiner.
Date signed 12-29-43

VS 151

G 12203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83w

Registered No. G 12203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 705 Dolphin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Dolphin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henrietta Dawson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem. | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife James H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/21/1867

8. AGE: Years 76 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Charles Cuples
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Ellen Thompson
15. Birthplace Balto Md

16 (a) Informant Julia Carroll
(b) Address 705 Dolphin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location Balto Co. Md.

18 (a) Funeral director Wm. Lee Holland
(b) Address 163 N. Arlington Ave.

19 (a) 12-31-1943 (b) Arlington Williams, M.D.
(Date received by Registrar) Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/29 1943, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/25 1943 to 12/29 1943 and that I last saw her alive on 12/28 1943.

Immediate cause of death Cerebral Apoplexy
Due to Pneumonia
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ben Roberts M. D.
Address 239 Dundalk Ave. Date signed 12/29/43

G 12204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 12204 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard or Fremont
(c) Hospital or institution:
University 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 421 N. Paca
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Elmer Hawkins

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Unknown
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31st 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore Lyon
Location E North Ave Ext

18 (a) Funeral director Leo G. Crook
(b) Address 1701-03 N Patterson Park Ave.

DEC 31 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25 1943, at 12:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 24 1943, to Dec. 25 1943, and that I last saw him alive on Dec. 25 1943

Immediate cause of death	Duration
Pneumococcic Meningitis type 12	3 days
Due to	
Due to	
Other Conditions Bilateral Bronchopneumonia	7 days

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. K. Parkinson M. D.
Address University Hospital Date signed 12/28/43

12205

Mr. Hood - 2200 Garrison Blvd

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938

G 12205

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5523 Wyman Gable

(c) Hospital or institution: ✓

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓

(e) Length of stay in Baltimore (yrs., mos., or days) ✓

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 5523 Wyman Gable Ave.

(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME John Henry Eberle

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 30th 1855

8. AGE: Years	Months	Days	If less than one day
88	10	29	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Henry Eberle

13. Birthplace Germany

MOTHER 14. Maiden Name Katherine Eberle

15. Birthplace Germany

16 (a) Informant Mrs. Lillian Schneider

(b) Address 1916 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (month) 1 (day) 44 (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn, Md.

18 (a) Funeral director Mrs. Walter Fiser

(b) Address 2503 Edmondson Ave.

JAN 1943 (Date rec'd by registrar) (b) Hunting for Hillcrest, Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29th 1943, at 3.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 4 1943 to Dec 29 1943, and that I last saw him alive on Dec 29 1943

Immediate cause of death

Cardio Vascular Disease

Due to Arteria sclerosis. —

Due to + Cerebral Apoplexy —

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration
4 days
5 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm. Barnard Lord, M. D.

Address 2200 Garrison Blvd Date signed 12/30/43

12206 Fel
2663
Feb 1st

Dr. Limbert ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

G 12206
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2543 Edmondson Ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2543 Edmondson Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Warren Paul Dauberman

3 (b) If veteran, name war: 1st World War 1918
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Ella E. Dauberman (nee Cross)
6 (c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.): July 23 - 1899
8. AGE: Years 44 | Months 5 | Days 7 | If less than one day: hr. min.
9. Birthplace: Allentown Pa.
(Town, county, and state)
10. Usual Occupation: Male Nurse
11. Industry or business:

FATHER
12. Name: Do not know
13. Birthplace: Allentown, Pa.

MOTHER
14. Maiden Name: Do not know
15. Birthplace: Allentown Pa

16 (a) Informant: Mrs. Bessie Tompkins
(b) Address: 2543 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1 (month) | 3 (day) | 44 (year)
(c) Cemetery or crematory: Woodlawn
Location: Woodlawn Md.

18 (a) Funeral director: George Wilson & Son
(b) Address: 2503 Edmondson Ave.

19 (a) DEC 1 1943 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 30th 1943, at 1.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-25-43 19 ... to 12-30 19 43. and that I last saw him alive on 12-29-43

Immediate cause of death: Tuberculosis

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

Duration
Unknown
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Harry S. Limbert M.D.
Address 2235 Edmondson Ave Date signed 12-30-43

G 12207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G 12207

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W. Carlton St.
(c) Hospital or institution:
St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3026 Barclay St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Margaret Conroy

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F. | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife JAMES H. CONROY

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) APRIL 13 - 1867

8. AGE: Years 76 | Months 8 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation AT HOME

11. Industry or business

FATHER
12. Name OWEN ROGERS
13. Birthplace IRELAND

MOTHER
14. Maiden Name MARY FAGAN
15. Birthplace IRELAND

16 (a) Informant JAMES H. CONROY
(b) Address 3026 BARCLAY ST

17 (a) BURIAL (b) Date thereof JAN 3 - 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Pulaski road

18 (a) Funeral director J. J. Gwynn & Son Inc
(b) Address 112 N. Mt Royal Ave

19 (a) DEC 31 1943 Huntington Williams M.D.
Date rec'd by Registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-30 1943, at 7.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20 1943, to 12-30 1943 and that I last saw h alive on 12-30 1943

Immediate cause of death
4
Due to Sclerosis of arteries cerebrum
Due to Fract. of right hip
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 1/2
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Dec. 20 at P.M.
(c) Where did injury occur? 3026 Barclay St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? At home (Specify type of place) While at work? no
(e) Means of injury Fracture of neck of femur
(f) Signature Stanley E. Klyanowicz M.D.
Address St Josephs Hosp. Date signed 12/30/43

VS 150

Approved: Robert Lee Graham M.D. 12/31/43

G 12208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

G 12208 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edwood & Green
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 517 Wyatt St (If rural give location)
610 Jeffery St
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John R Lowman Jr.
3 (b) If veteran, name war
3 (c) Social Security Account No. 218-09-8578
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Bessie A. Lowman
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 6 - 1882
8. AGE: Years 61 | Months 2 | Days 24 | If less than one day hr. min.
9. Birthplace Annapolis Md (town, county, and state)
10. Usual Occupation Plumber
11. Industry or business

FATHER
12. Name Rondelph J. Lowman
13. Birthplace Annapolis Md

MOTHER
14. Maiden Name Annie E. Smith
15. Birthplace Balto. Md

16 (a) Informant Mr Albert Lowman
(b) Address 610 Jeffery St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3-44 (month) (day) (year)
(c) Cemetery or crematory Loudon Hill
Location Ritchie Highway
18 (a) Funeral director Milton Schilling
(b) Address 3914 S. Hanover St.
19 (a) (Date received by Registrar) (b) Registrar

DEC 31 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/30/43 19 , at 2.05 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 12/25 1943, to 12/30 1943, and that I last saw him alive on 12/30 1943.

Immediate cause of death: Respiratory failure
Due to: Uremia
Due to: Burns 1st & 2nd deg. abdomen, thighs & legs, perineum
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
Burned 12/25/43

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 21/2 Hours
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence December 25 at 12:05 M
(c) Where did injury occur? 517 Wyatte St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? At home While at work? No
(Specify type of place) Leaning over stove
(e) Means of injury Clothing caught fire
23. Signature Jas R Lowell M. D.
Address University Hospital Date signed 12/30/43

Approved: Robert A Graham M.D.
12/31/43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 12209

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 W. Hamburg St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Benton.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-27-43

8. AGE: Years | Months | Days | If less than one day 16 hr. — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Harry James Benton
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Rita V. Wegley.
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. H.J. Benton
(b) Address 10 W. Hamburg.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/43 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie Md

18 (a) Funeral director William M. Mareck
(b) Address 715 Light St

19 (a) DEC 31 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27-43 19 , at 7:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-27 1943, to 12-27 1943, and that I last saw him alive on 12-27- 1943.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles B. Donald M.D.
Address 1213 Light St Date signed 12-29-43

VS 3

G 12210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 ✓ Registered No. G 12210

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto 10 W. Hamburg St.
(If outside city or town limits, write RURAL and give town)
(d) Street No. ~~1213~~ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Benton

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/27/43

8. AGE: Years | Months | Days | If less than one day 9 hr. — min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Harry James Benton
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Rita V. Weglein
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. H. T. Benton
(b) Address 10 W Hamburg St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/43 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie

18 (a) Funeral director William M Marack
(b) Address 215 Light St

19 DEC 31 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27 1943, at 11:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-07 1943 to 12-27 1943, and that I last saw her alive on 12-27 1943.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh R. MacDonald M. D.
Address 1213 Light St. Date signed 12-29-43

G 12211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 12211 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1002 Haverhill Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1002 Haverhill Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sadie Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 27, 1870

8. AGE: Years	Months	Days	If less than one day
73	4	3	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Mendel Cohen,
13. Birthplace Germany.

MOTHER
14. Maiden Name Bettie Lowenthal,
15. Birthplace Germany.

16 (a) Informant Mrs. Nellie Cohen,
(b) Address 1002 Haverhill Road.

17 (a) Burial (b) Date thereof 1/ 2/44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director Edward Sonnenmoser
(b) Address 1902 Eutaw Place.

DEC 31 1943
(Date rec'd by registrar)

19 (a) (b) Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30, 1943, at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from November 18 1943 to Dec 30 1943 and that I last saw h.. alive on December 29 1943

Immediate cause of death

Arteriosclerotic Cardio Vascular dis. — Duration 4 yrs.
Heart Failure — 8 wks.
Due to Hypertension — 4 yrs.
Due to
Other Conditions Partial Ankylosis L Knee — 10 yrs.

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations —
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Earl Pasa M. D.
Address 4001 Wilkens Ave Date signed 12-30-43

VS 150

443758 C 12212 C 12212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 B

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Marlborough Apts (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) **FULL NAME** Dr Lee Cohen

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife Lillian R.

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) 12-13-74

8. AGE: Years 69 | Months | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Halifax N.C. (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business .....

FATHER
12. Name Joseph Cohen
13. Birthplace Germany

MOTHER
14. Maiden Name Alice Victoria Erbaum
15. Birthplace Germany.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/44, (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom
Location Balto, Md.

18 (a) Funeral director David Sondheim & Bro.
(b) Address 1911 Eutaw Place

DEC 31 1943

19 (a) ..... (b) ..... (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1943, at 4.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 1943 to Dec 31 1943, and that I last saw him alive on Dec 31 1943

	Duration
Immediate cause of death: Myocardial Failure.	12 hrs.
Emaciation, Marked	1 mo.
Due to Urinary Bladder Tumor	6 mo.
With Metastasis.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Sept 1943

Major findings of operation: Urinary Bladder Tumor

of autopsy: NO

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature J. S. Haines
Address Johns Hopkins Hosp. Path. Date signed 12/31/43

G 12213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12213 Registered No. 1312

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 629 N.Robinson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 629 N.Robinson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Fortmiller

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Sallie Fortmiller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21, 1860

8. AGE: Years	Months	Days	If less than one day
83	6	7	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name John Fortmiller
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Corbett
(b) Address 629 N.Robinson St.

17 (a) Burial (b) Date thereof Dec. 31/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto. Md.

18 (a) Funeral director Philip Lewis Sons
(b) Address 2024 Orleans St.

19 (a) Dec 31 1943 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28/43 19..., at 6:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 43 to 12/28 19 43 and that I last saw h[illegible] alive on 12/28 19 43

Immediate cause of death
Acute pulmonary edema
Pneumonia, Acute Lobar — Duration 2 days
Due to
Due to
Other Conditions Coronary Thrombosis. 1 day

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Allen L. Sikorsky M. D.
Address 2939 W. Pleasant; Date signed 12/30/43

G 12214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 12214 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Homewood Apartments
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Homewood Apartments (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kate EISENBREY Stout

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: F

5. Color or race: W.

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Morton C. Stout

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) abt. June-13-1862

8. AGE: Years abt. 82 | Months 6 | Days 17 | If less than one day hr. min.

9. Birthplace Hatboro, Penna. (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Louis P. Eisenbrey
13. Birthplace Penna.

MOTHER
14. Maiden Name Mary Blake
15. Birthplace Penna.

16 (a) Informant Mrs. Leila S. Woolford(daughter)
(b) Address 109 Longwood Road, Roland Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-1-1944 (month) (day) (year)
(c) Cemetery or crematory Hatboro Baptist Cemetery
Location Hatboro, Penna.

18 (a) Funeral director Stewart & Mowen Company
(b) Address 108 N. North Avenue, City.

19 (a) DEC 31 1943 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1943, at 3 15 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerosis
Cardio vascular disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Gutman M.D. Medical Examiner.
Date signed Dec. 20 1943.

VS 151

G 12215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 12215

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 1622 Miller Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1622 Miller Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Williams (Harry Tebbie Williams)

3 (b) If veteran, name war None

3 (c) Social Security Account No. 213-03-7987

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lorie Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): November 29, 1886

8. AGE: Years 57 | Months - | Days 29 | If less than one day hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: Chauffeur

11. Industry or business: F. A. Duffy Tobacco Co.

FATHER
12. Name: — Williams
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Mary Jane Williams
15. Birthplace: Unknown

16 (a) Informant: Lorie Williams
(b) Address: 1622 Miller St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/31/43 (month) (day) (year)
(c) Cemetery or crematory: Mt. Auburn
Location:

18 (a) Funeral director: Robert L. Young
(b) Address: 804 E. Carlisle St.

19 DEC 31 1943 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 28, 1943, at 10 A. M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to Its death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Coronary thrombosis

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: Robert L. Graham M.D.
Medical Examiner.
Date signed: Dec 28 1943

VS 151

G 12216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92E

Registered No. G 12216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4915 Alhambra ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 7
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Balt (If outside city or town, write RURAL and give town)
(d) Street No. 4916 Alhambra ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rebecca ann mist

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Harry m. mist

6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) April 8 1866

8. AGE: Years	Months	Days	If less than one day
77	8	22+1	hr. min.

9. Birthplace near Albany Ind. (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Alexander adamson
13. Birthplace near albany Ind

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Harry m mist
(b) Address 4915 Alhambra ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 1-1944 (month) (day) (year)
(c) Cemetery or crematory Fairmount Cem
Location near albany Ind

18 (a) Funeral director A Reiley Steele
(b) Address 4907 York Road

19 (a) (Date received by local registrar) Huntington for William Wright

DEC 31 1943

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1943, 11 55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 20 1943 to Dec 29 1943 and that I last saw h.e alive on Dec 29 19 43

Immediate cause of death	Duration
Bronchio-pneumonia	9 days
Due to Endocarditis	10 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earl F. Beeman M.D. M. D.
Address 5111 York Rd Date Dec 31, 1943

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

12217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G 12217 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Baltimore (6) Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 439 White Ave (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany

3 (a) FULL NAME Christian Blenker (BIENKNER)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Unknown - deceased.

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 11, 1863.

8. AGE: Years 80 | Months — | Days 20 | If less than one day — hr. — min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business Retired

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Friend
(b) Address Mercy Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-44 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Edward [illegible]
(b) Address 305 Hollins St.

DEC 31 1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1943, at 3-7 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1943 to Dec 31 1943 and that I last saw him alive on Dec 31 1943.

Immediate cause of death Cardiac Failure. — Duration Uncertain

Due to Myocardial Lesion

Due to Senility

Other Conditions Possible Malignancy ? G-I tract

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Wayne Lee M. D.

Address Mercy Hospital Date signed 12-31-43

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 2218 G 10218 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3202 Gibbons Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3202 Gibbons Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene Strohmeyer Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1871

8. AGE: Years	Months	Days	If less than one day
72	4	14	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation Linotype
11. Industry or business Operator

FATHER
12. Name Eugene Strohmeyer Sr.
13. Birthplace Maryland

MOTHER
14. Maiden Name Rosina Agnita
15. Birthplace Maryland

16 (a) Informant Mrs. Ina E. Pyle
(b) Address 3202 Gibbons Ave.

17 (a) Burial (b) Date thereof 1/1/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md.

18 (a) Funeral director Leonard J. Rusk
(b) Address 5305 Harford Road

19 (a) Filed (b) Registrar Huntington Willis

DEC 31 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 43 19 to 12/29 1943, and that I last saw him alive on 12/29 19 43

Immediate cause of death Hypertensive Cardio-Vascular Disease

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. Colley M. D.
Address 5103 Harford Date signed 1/3/44

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107

C 12219 C 12219

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 Linden Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Susie Toliver

If U. S. Veteran specify WAR

(a) Residence: No. 727 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emanuel Prewitt

6. DATE OF BIRTH (month, day, year) Sept 21, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stonehorn Texas

FATHER

13. NAME Jessie Lolla Toliver

14. BIRTHPLACE (city or town) (State or country) Oklahoma

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Wm Franklin
(Address) 727 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec 31, 1943

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St.

20. FILED 19

Registrar.

DEC 31 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28- , 1943

22. I HEREBY CERTIFY, That I attended deceased from 12-21- , 1943 to 12-28- , 1943

I last saw h[illegible] alive on 12-28-43 , 1943 Death is said to have occurred on the date stated above, at 7.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
	12-21-43

Other contributory causes of importance:

Circulatory failure	2 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Physical Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm Ed J. Compher M. D.

(Address) 639 N. Carey St. Balto

OCCUPATION is very important. See instructions on back of certificate.

Jo #85618 C 12220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

C 12220 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Usual address
(c) Hospital or institution: Baltimore City Hospitals 27-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day 50 min.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1133 Arlington Ave. ? (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Lewis Howard Matthews

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1873

8. AGE: Years	Months	Days	If less than one day
70	10	21	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Balsim (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Isabelle Johnson
15. Birthplace Md.

16 (a) Informant Records, Baltimore City Hosp.
(b) Address 4940 Eastern Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31, 43 (month) (day) (year)
(c) Cemetery or crematory Eastern Star Cem
Location

18 (a) Funeral director Miss Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) Date received by registrar DEC 31 1943 (b) Huntingtown, Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25, 1943, at 9:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-24 1943, to 12-25 1943, and that I last saw him alive on 12-25 1943.

Immediate cause of death: LOBAR PNEUMONIA — Duration: 3 Days
Due to: Cardiac failure — 1 year
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Mallon M. D.
Address B. C. H. Date signed 12/27/43

C 12721 — BALTIMORE CITY HEALTH DEPARTMENT — C 12721

AB-77459

CERTIFICATE OF DEATH

13B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr-2 mos-9days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1527 Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Berkley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Viola

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan-6-1905

8. AGE: Years	Months	Days	If less than one day
38	11	20	hr. min.

9. Birthplace Ky. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Taylor Berkley
13. Birthplace Ky.

MOTHER
14. Maiden Name Mandy Davis
15. Birthplace Ky.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem.
Location
18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St
19 (a) DEC 31 1943 (b) (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26 1943, at 5:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-17 1943, to 12-26 1943, and that I last saw h[illegible] alive on 12-26 1943.

Immediate cause of death: Pulmonary Tuberculosis — Duration 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Mod M. D.
Address B.C.H. Date signed 12/27/43

G 12222 ✓ G 12222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1116 Whatcoat St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. ✓
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 Whatcoat St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Calvin Chapman ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10 1943

8. AGE: Years	Months	Days	If less than one day
	11	19	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Laurence Harding
13. Birthplace Md.

MOTHER
14. Maiden Name Ethel Chapman
15. Birthplace Balto. Md.

16 (a) Informant Mary Chapman
(b) Address 1112 Woodyear St

17 (a) Burial (b) Date thereof Jan 2, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs. Kathryn R. Williams
(b) Address 322 N Schroeder St

19 (a) DEC 29 1942 (b)
(Date recd by registrar) Registrar

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/29 1943 at 4:55 P M ✓

21. I certify that death occurred on the date above stated; that I attended deceased from 12/20 1943 to 12/29 1943
and that I last saw h[illegible] alive on 12/26 1943

Immediate cause of death Bilateral Pneumonia

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration: 3 Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Williams

Address 1115 Pine St Date signed 12/29/43 M. D.

G 12223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1137 Stockton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Cleveland Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years 64 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace S. C (Town, County, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name Henry Johnson
13. Birthplace S.C

MOTHER
14. Maiden Name Alice Glass
15. Birthplace S.C

16 (a) Informant William Johnson
(b) Address Richmond Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) Hunter's (for Williams, M.T.) (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1943, at 11 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1943, to Dec 28 1943, and that I last saw h/m alive on Dec 28 1943.

Immediate cause of death: Bronchopneumonia — Duration

Due to

Due to

Other Conditions: Myocardial Failure

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J J Banfield M. D.
Address Provident Hospital Date signed 12-29-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12224 — BALTIMORE CITY HEALTH DEPARTMENT — 12224

CERTIFICATE OF DEATH

93D — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1227 n Washington st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1227 n Washington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Hewett McCall
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Charles Nelson McCall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27-1882

8. AGE: Years	Months	Days	If less than one day
61	8	2	hr. min.

9. Birthplace Mass
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Walter Hewitt
13. Birthplace Mass

MOTHER
14. Maiden Name Elizabeth J Thayer
15. Birthplace Mass

16 (a) Informant Charles N. McCall
(b) Address 1227 n Washington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Rd.

18 (a) Funeral director Dendell G Humphreys
(b) Address 1501 n Broadway

19 (a) Dec 31 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29- 1943, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4- 1943, to Dec 29- 1943, and that I last saw her alive on Dec 28- 1943

Immediate cause of death	Duration
Acute Dilatation of Heart	1 day
Due to Chronic Myocarditis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Gill Hall M. D.
Address 1631 E North ave Date signed Dec 31-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G 12225

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 5-6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2124 Greenmount Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES FRANK McQUIGAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
World's War	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Wid.

6 (b) Name of husband or wife Mary ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/1/89

8. AGE: Years	Months	Days	If less than one day
54	7	23	hr. min.

9. Birthplace Philadelphia, Pa.
(Town, county, and state)
10. Usual Occupation Janitor work prior to adm.
11. Industry or business Janitor

FATHER
12. Name James F. McQuigan
13. Birthplace Philadelphia, Pa.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Baltimore, Md.

16 (a) Informant Records, U. S. Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-1-44 (month) (day) (year)
(c) Cemetery or crematory Bells National
Location Frederick Rd Ext.

18 (a) Funeral director A. Lee Oder
(b) Address 4604 York Rd.

DEC 31 1943 (Date received by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION P.

20. DATE OF DEATH Dec. 24, 1943, at 6:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 23, 1943, to Dec. 24, 1943, and that I last saw him alive on Dec. 24, 1943.

Immediate cause of death	Duration
Pneumonia, bronchial	Terminal
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address Baltimore, Md. Date signed 12/28/43 M. D.

Va-14173

G 12226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 32926

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W. Lexington St
(c) Hospital or institution: Old Women's Aged Mens Homes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Virginia Lehman Taylor

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Ed. Wright Taylor

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 11/22/1854

8. AGE: Years 89 | Months 1 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Louis Lehman
13. Birthplace Maryland

MOTHER
14. Maiden Name Lucy Durham
15. Birthplace England

16 (a) Informant Aged Women's & Mens Home
(b) Address 1400 W Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Irvington

18 (a) Funeral director F. B. Keppler & Son
(b) Address 300 Eastern Ave

19 (a) ... (Date rec'd by registrar) (b) ... Registrar

DEC 31 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/29/1943, at 1100 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/16/1931 to 12/29/1943 and that I last saw her alive on 12/29/1943

Immediate cause of death Myocarditis, chronic — Duration 1 yrs.

Due to ...

Due to ...

Other Conditions ...

(Include pregnancy within 3 months of death)

Date of operation ...

Major findings of operation: ...

of autopsy: ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury ...

23. Signature Edwin B. Jewell. M.D.
Address 11 E. Chase St., City Date signed 12/30/43

C 12227 ✓ C 12227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5432 Narcissus Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 27

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5432 Narcissus 18
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) **FULL NAME** Frank P. Heckman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Flora A. Heckman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1865

8. AGE: Years	Months	Days	If less than one day
78	6	8	hr. min.

9. Birthplace Wheeling, W. Va.
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business (Retired)

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Frank P. Heckman
(b) Address 5432 Narcissus Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Loring Byers
(b) Address 5005 Park Heights Ave

19 (a) Dec 31 1943 (Date received by registrar) (b) ..... Registrar
VS 180 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28, 1943 at 6P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1943 to Dec 28 1943, and that I last saw h.. alive on Dec 20 1943.

Immediate cause of death ..... Duration
Cerebral Thrombosis
Due to Senility
Due to Nervous breakdown 1 year ago
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....
23. Signature Charles L. Mills
Address 5376 Park Hts Ave Date signed Dec 30 43

G 12228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33B

G 12228 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully completed. The coroner's age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3515 Greenmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 42

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3515 Greenmount Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Franklin Marsh

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 215-10-0106

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Minnie V. Marsh
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) July 14, 1883

8. AGE: Years	Months	Days	If less than one day
60	5	16	hr. min.

9. Birthplace Wye Heights Talbot Co (Town, county, and state)
10. Usual Occupation Maintenance Rivetor
11. Industry or business Brass & Copper Works

FATHER
12. Name John L. Marsh
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Knotts
15. Birthplace Md

16 (a) Informant Minnie V. Marsh
(b) Address 3515 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 1, 1944 (Month) (Day) (Year)
(c) Cemetery or crematory Mt Olivet
Location Balto

18 (a) Funeral director A. Howard Evans
(b) Address 1400 Light St

DEC 31 1943 (Date filed by registrar) (b) Registrar

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30, 1943, at 5 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 24 1943 to Dec 30 1943 and that I last saw h-m alive on Dec 29 1943.

Immediate cause of death	Duration
Cardiac Thrombosis	1 day
Due to Angina	5 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. F. Haukness
Address 1 E Read St Date signed 12/30/43 M. D.

G 12229 G 12229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 61 S. Rossnuth St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2D
(e) Length of stay in Baltimore (yrs., mos., or days) 64

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 61 S. Rossnuth St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Frederick Nafzy

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Agnes A. Nafzy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 23-1897

8. AGE: Years 71 | Months 3 | Days 7 | If less than one day hr. min.

9. Birthplace Denmark (Town, county and state)
10. Usual Occupation Cabinet makes
11. Industry or business Self

FATHER
12. Name Detlef Nafzy
13. Birthplace Denmark

MOTHER
14. Maiden Name Unknown
15. Birthplace Denmark

16 (a) Informant Mrs Agnes A. Nafzy
(b) Address 61 S. Rossnuth St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3 -1944 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director George L. Schwab
(b) Address 4101 Frederick Ave

19 (a) 31 1943 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION 30

20. DATE OF DEATH December 30 1943, at 3 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/4 2 19 to 12/30 1943 and that I last saw him alive on 12/29 1943.

Immediate cause of death Coronary Thrombosis

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H H Counselman M.D.
Address 4709 Hurd Ave Date signed 12/31/43

G 12430 ✓ G 12430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2203 Lake Ave
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2203 Lake Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie J. Ward

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife. Michael E. Ward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26/87

8. AGE: Years	Months	Days	If less than one day
71 yrs	8	3	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Home work
11. Industry or business at Home

FATHER
12. Name James E. Willingham
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Laura Kidd
15. Birthplace Ballinger Md.

16 (a) Informant E. Cranz Ward
(b) Address 2203 Lake Ave

17 (a) Burial (b) Date thereof Jan. 1. 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director Elmer W. Conkling & Son
(b) Address 924 E. Eager St.

19 (a) (b)
Date received DEC 31 1943 Registrar Livingston Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29th, 1943, at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1943, to Dec 29 1943 and that I last saw her alive on Dec. 27 1943

	Duration
Immediate cause of death Pulmonary Edema	1 hr.
Due to chronic myocarditis	5 yrs
Due to Hypertension	5 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature David Schumacher M. D.
Address 1101 N. Calvert Ave Date signed 12-30-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12231

445974

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

XV 56D

G 12231
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State PA (b) County
(c) City or town HUNTINGTON
(If outside city or town limits, write RURAL and give town)
(d) Street No. 413 WASHINGTON ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARIE LIGHTNER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-28-99

8. AGE: Years	Months	Days	If less than one day
44	8	2	hr. min.

9. Birthplace Petersburg, PA
(Town, county, and state)

10. Usual Occupation BOOK BINDING

11. Industry or business

FATHER
12. Name SAMUEL LIGHTNER
13. Birthplace PA

MOTHER
14. Maiden Name LIZZIE BENTON
15. Birthplace PA

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/44 (month) (day) (year)
(c) Cemetery or crematory Huntingdon, Pa
Location

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. aves. Balt. Md.

DEC 31 1943
(Date received by registrar)

(b) Huntingdon Wm. Tickner, M.D.
(Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1943, at 5:25A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1943, to Dec 31 1943, and that I last saw h.e.r alive on Dec 31 1943

Immediate cause of death
Brain Tumor
Pneumonia
Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Dec 11, 1943

Major findings of operation: Brain Tumor Glioma

of autopsy: Not Done

Duration
1½ yrs
1 week

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugo V. Ruzzo M. D.

Address Johns Hopkins Hosp. Date signed 12-31-43

C 12232

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

938 ✓

Registered No. C 12232

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2261 W. North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2261 W. North Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna J. Hudgins

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife Frederick R.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1877

8. AGE: Years	Months	Days	If less than one day
66	1	9	....hr. ....min.

9. Birthplace Sweeden
(Town, county, and state)
10. Usual Occupation Retired Usher
11. Industry or business Maryland Theatre

FATHER
12. Name -- Johnson
13. Birthplace --

MOTHER
14. Maiden Name Lena Anderson
15. Birthplace Sweeden

16 (a) Informant Mr. Frederick R. Hudgins
(b) Address 2661 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/1/44 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Huntington Williams M.D. Registrar
(Date rec'd by Registrar)

DEC 31 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-30-1943, at 7:15 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Chronic Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 12-30-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12233 ✓ C 12233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Genl. Hosp. 154
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3602 Calloway Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Horace Harper

3 (b) If veteran, name war --

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mildred S.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/29/1895

8. AGE: Years 48 | Months 3 | Days 1 | If less than one day hr. min.

9. Birthplace Penn. Chester Co. (Town, county, and state)

10. Usual Occupation Section Head Dairy

11. Industry or business O. P. A.

FATHER
12. Name Lewis G. Harper
13. Birthplace Pa.

MOTHER
14. Maiden Name Elizabeth Roney
15. Birthplace Pa.

16 (a) Informant Mrs. Mildred Harper
(b) Address 3602 Calloway Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/1/44 (month) (day) (year)
(c) Cemetery or crematory Friends Cem.
Location West Chester, Pa.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Signature by registrant) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/30/43 19 at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/28 1943 to 12/30 1943, and that I last saw him alive on 12/30 1943

Immediate cause of death Post operative Shock ?

Due to Hepatectomy

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 12/29/43

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M.D.
Address Md. Genl. Hosp. Date signed 12/30/43

G 12234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 12234 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1314 Sergent St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William T. Lemmon Jr.

3 (b) If veteran, name war --

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-6-02

8. AGE: Years 41 | Months 3 | Days 23 | If less than one day hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business Child's Tea Brand

FATHER
12. Name William Lemmon
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma Schultz
15. Birthplace Maryland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/1/44 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 31 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1943, at 3:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28 1943, to Dec 29 1943, and that I last saw him alive on Dec 29 1943.

Immediate cause of death: Lobar pneumonia — Duration: 4 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul O. Clifford M.D.
Address Johns Hopkins Hosp. Date signed 12/30/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12235 — AB-85396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

109 — Registered No. G 12485

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Price

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Separated

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept-15-1876?

8. AGE: Years	Months	Days	If less than one day
67?	3?	14?	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name William G. Price
13. Birthplace Md.

MOTHER
14. Maiden Name Mina A. Johnson
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/1/44 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location Balto Md.

18 (a) Funeral director Bernard A Frank
(b) Address 3403 Belair Rd

19 (a) (b) (Signature of registrar) Registrar

DEC 31 1943

VS 110

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29 1943, at 6:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/13 1943, to 12/29 1943, and that I last saw h.. alive on 12/29 1943.

Immediate cause of death Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Math M. D.

Address B. C. H. Date signed 12/29/43

G 12236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1571 E

G 12236 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette Sts.
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2916 York Way, Dundalk
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Baby boy Knepp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-28-43

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Rudolph
13. Birthplace Baltimore

MOTHER 14. Maiden Name Lennartz
15. Birthplace Pa

16 (a) Informant Rudolp Knepp
(b) Address 2916 Godfrey Dundalk

17 (a) Removal (b) Date thereof Dec 31/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lewistown Pa
Location

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St

19 (a) DEC 31 1943 (b) Lexington Williams Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-30 1943 at 4 35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-28 1943 to 12-30 1943 and that I last saw him alive on 12-30 1943.

Immediate cause of death	Duration
Congenital heart disease & acute cardiac failure	36 hours
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Israel Rosen M. D.
Address 2413 E Monument St Signed

Write age if especially important. Physicians: please write the causes of death clearly and legibly.

Room - 8 -

G 12257 G 12257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 868 W. Lombard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 868 W. Lombard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE BERNARD KAUFMAN

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife: Anna Marie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 11/5/1855

8. AGE: Years	Months	Days	If less than one day
88	1	24	hr. min.

9. Birthplace: Balto., Md.
(Town, county, and state)
10. Usual Occupation: Retired Iron Moulder
11. Industry or business:

FATHER
12. Name: Frederick A. Kaufman
13. Birthplace: Germany

MOTHER
14. Maiden Name: Ernestine Bodine
15. Birthplace: Germany

16 (a) Informant: Mrs. James Jorden
(b) Address: 868 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/1/44 (month) (day) (year)
(c) Cemetery or crematory: Western Cem.
Location: Balto., Md.

18 (a) Funeral director: Wm. J. Tuckey & Son
(b) Address: Balto., Md.

19 (a) Dec 31 1943 (Date received by registrar) (b) Herring Co. Williams, M.D. Registrar

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29, 1943, at 1:50P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 25 1943 to Dec 29 1943
and that I last saw h alive on 19

Immediate cause of death: Cerebral Hemorrhage — Duration 5 days
Due to Arterio Sclerosis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Glassman M. D.
Address 353 W. Lafayette St. Date signed Dec 31 1943

G 12238 G 12238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1186 W

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Hospital 20

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2202 Pennsylvania ave (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany?

3 (a) FULL NAME Andrew Lubleen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1857

8. AGE: Years	Months	Days	If less than one day
86	7	29	hr. min.

9. Birthplace Germany (town, county, and state)
10. Usual Occupation Retired baker
11. Industry or business

FATHER
12. Name Chrestian Lubleen
13. Birthplace Germany

MOTHER
14. Maiden Name Eva Barbara Saelmer
15. Birthplace Germany

16 (a) Informant Mrs. Anna Bulling
(b) Address 2202 Pennsylvania Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 | 3 | 44 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Balto Md.

19 (a) [illegible] Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 1943, at 11 30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 13 1943, to Dec 30 1943, and that I last saw him alive on Dec 28 1943.

Immediate cause of death	Duration
Uremia	6 days
Due to Nephrosis	8 days
Due to Fracture neck of femur right	18 days
Other Conditions Hypostatic pneumonia	

(Include pregnancy within 3 months of death)

Date of operation 12-18-43
Major findings of operation: Fracture neck of femur right
of autopsy Nephrosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 20/2
(b) Date of occurrence Dec 12 1943 at ? M
(c) Where did injury occur? Baltimore Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall on steps

23. Signature Isabella Harrison M. D.
Address Church Home & Hospital Date signed 12-31-43

Approved Robert Lee Sutton M.D. 12/31/43

JL - 85651 C 12239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122a

Registered No. C 12239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 33yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1644 E. Fort Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie Cole

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Div

6 (b) Name of husband or wife Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1894

8. AGE: Years	Months	Days	If less than one day
49	6	9	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Frank Airey
13. Birthplace Md.

MOTHER
14. Maiden Name Sophia Kenney
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-1-44 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location a. a. co. Md.

18 (a) Funeral director Flynn & Fleming
(b) Address 1426 Light St. Huntington Williams, M.D.

1 31 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29 1943 at 5a M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-27 1943 to 12-29 1943, and that I last saw ~~he~~ alive on 12-29 1943.

Immediate cause of death	Duration
Intestinal Obstruction	3 da
Due to Incarcerated Hernia	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 12-27-43
Major findings of operation: none
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B. Nett M. D.
Address Balto City Hosp Date signed 12-30-43

VS 158

G 12240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 12240 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1446 Light St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days) 65

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1446 Light St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theodore Fangmann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Male

5 Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Josephine Fangmann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1857

8. AGE: Years 86 | Months 5 | Days 22 | If less than one day hr. min.

9. Birthplace germany (Town, county and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Theodore Fangmann
13. Birthplace germany

MOTHER
14. Maiden Name Catherine
15. Birthplace germany

16 (a) Informant Miss Edwina Fangmann
(b) Address 1446

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-44 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore Md

18 (a) Funeral director Flynn & Fleming
(b) Address 1426 Light St

19 (a) DEC 31 1943 (Date rec'd by registrar) (b) Burington for William, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-31- 1943, at 5:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from January 1943 to 12-23- 1943 and that I last saw h[illegible] alive on 12-23- 1943.

Immediate cause of death
Heart failure
Due to Severe Hardening of the arteries
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R Weinberger M. D.
Address 102 E. Fort Ave Date signed 12-31-43

G 12241 G 12241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1930

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 823 S. Curley St.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 823 S. Curley St
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Frank Hasenei

3 (b) If veteran, name war .....

3 (c) Social Security Account No. 220-03-2780

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 18, 1881

8. AGE: Years	Months	Days	If less than one day
62 63	3	12	..... hr. ..... min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER 12. Name Francis Hasenei

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name C. White

15. Birthplace Baltimore Md.

16 (a) Informant John Hasenei

(b) Address 823 S. Curley St

17 (a) Burial (b) Date thereof Jan-4-44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Sacred Heart
Location Gorsuch Hall Rd.

18 (a) Funeral director John Hudson
(b) Address 822 Hudson St

19 (a) DEC 31 1943 (b) Irving Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 1943, at 4 20 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Use death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic myocarditis

Due to Generalized arteriosclerosis

Other Conditions .....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....
(d) Means of injury .....

23. Signature Ernest Lee Faulkner M.D.
Medical Examiner.

Date signed Dec 30 1943

VS 151

please write the causes of death clearly and legibly. Physicians: please ... age is especially important. ... correct

G 12242 — BALTIMORE CITY HEALTH DEPARTMENT — G 12242 — Registered No.

CERTIFICATE OF DEATH

93D

Every item of information should be carefully supplied. Please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Please write the causes of death clearly and legibly. Correct age is especially important. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2918 Hudson St.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2918 Hudson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Ella Winkler

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Harry Winkler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Samuel Sprole
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Kate Tierny
15. Birthplace Baltimore, Md.

16 (a) Informant Sam H. Winkler
(b) Address 2918 Hudson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/44 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4430 Belair Rd.

18 (a) Funeral director John J. Duda
(b) Address 2829 Hudson St.

19 (a) Huntington Williams (Date rec'd by registrar) 1-3-44

VS-100

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 1943, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1943 to Dec 30 1943, and that I last saw h[illegible] alive on Dec 20 1943.

Immediate cause of death	Duration
Arteriosclerotic C V Disease	
Chronic Myocarditis	
Due to Myocardial Failure	12-20-43
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earl Schumacher M. D.
Address 842 S. East Ave Date signed 12-31-43

G 12243 G 12243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 942

Duplicate, white, if information should be carefully supplied. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo. 20 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 N. Eutaw Place
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edward N. Connolly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22, 1887

8. AGE: Years	Months	Days	If less than one day
56	9	9	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name James A. Connolly
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Eleanore Nevin
15. Birthplace Baltimore County, Md.

16 (a) Informant Mount Hope Retreat
(b) Address Baltimore 15, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 1 1944 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rudolph Wredekind
(b) Address 914 Cathedral St.

DEC 31 1943 Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1943, at 7:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11 1937, to Dec. 31 1943, and that I last saw him alive on Dec. 31 1943.

Immediate cause of death Coronary Thrombosis — Duration 1 day

Due to

Due to

Other Conditions Chronic Alcoholism 30 years
Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Damian P. Maguire M. D.
Address 32 W. Madison St. Date signed

G 32244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 32244 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Roche

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Williams
13. Birthplace Ireland

MOTHER 14. Maiden Name Mary O'Meara
15. Birthplace Ireland

16 (a) Informant Little Sisters of the Poor
(b) Address 1201 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3. 1944 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) (Date rec'd by registrar) (b) Livingston Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 1943, at 3 p m M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec-1- 1943, to Dec 30 1943, and that I last saw him alive on Dec 29- 1943

Immediate cause of death	Duration
Edema Lungs-	10 day
Due to Chronic myocarditis	3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Bell Hall M. D.
Address 1631 E North ave Date signed Dec 30-43

G 12245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 12245

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley Street (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Robert Owens

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1870

8. AGE: Years: 73 | Months: - | Days: 5 4 | If less than one day: ..... hr. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business .....

FATHER
12. Name Samuel Owens
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Burns
15. Birthplace Md.

16 (a) Informant Little Sisters of the Poor
(b) Address 1201 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31 1943 (month) (day) (year)
(c) Cemetery or crematory St. Michaels
Location Ridge, Md

18 (a) Funeral director H. C. Mattingly Sons
(b) Address Leonardtown, Md.

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

DEC 31 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1943, at 10 p m M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3- 1943, to Dec 29- 1943, and that I last saw him alive on Dec 29- 1943

	Duration
Immediate cause of death: Edema Lungs	1 day
Due to: Chronic Myocarditis	3 yrs
Due to:	.....
Other Conditions	.....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature E Gill Hall M. D.
Address 1631 E North Ave Date signed Dec 30-43

G 1226 BALTIMORE CITY HEALTH DEPARTMENT G 1226

CERTIFICATE OF DEATH 1937

Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 932d + Calvert Sts
(c) Hospital or institution:
Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Riderwood
(If outside city or town limits, write RURAL and give town)
(d) Street No. Willow Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Morgan Henry Dempsey

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife Mrs. Cora Virginia Dempsey
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Jan 18, 1870

8. AGE: Years	Months	Days	If less than one day
73	11	13	..... hr. ..... min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Truck driver
11. Industry or business L.R. + C.L. Andrew Co.

FATHER
12. Name Mr. Franklin Dempsey
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary
15. Birthplace Maryland

16 (a) Informant Mrs. Cora V. Dempsey
(b) Address Willow Ave., Riderwood, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/44 (month) (day) (year)
(c) Cemetery or crematory Jessop's Cem.
Location Balto. Co., Md.

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Md.

19 Dec 31 1943 Huntington Williams, M.D.
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1943, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-26 1943, to 12-31 1943, and that I last saw h(er) alive on 12-31 19 43.

Immediate cause of death	Duration
Hypostatic pneumonia	2-3 days
Due to Arteriosclerotic cardiovascular disease	?
Due to	
Other Conditions Bilateral Adrenal Tbc	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Nesbitt Jr., M. D.
Address Union Memorial Hosp. Date signed 12-31-43

G 12247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 32a

Registered No. G 12247

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1817 E. Biddle St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. County
(b) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(c) Street No. 1817 E. Biddle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Primus H. Williams

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Lorine Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1917

8. AGE: Years 26 | Months 7 | Days 17 | If less than one day hr. min.

9. Birthplace Warden, N.C. (Town, county, and state)

10. Usual Occupation Classified Laborer
11. Industry or business

FATHER
12. Name Hardy Williams
13. Birthplace N. C.

MOTHER
14. Maiden Name Fanna Bunnett
15. Birthplace N. C.

16 (a) Informant Lorine Williams
(b) Address 1817 E. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/1/44 (month) (day) (year)
(c) Cemetery or crematory
Location Warden, N.C.

18 (a) Funeral director Elroy A. Wilson
(b) Address 1000 Brankley Ave Huntington Woods Mich.

19 (a) JAN 1 1944 (Date rec'd by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28/1943 at 12.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-23 1943 to 12-28 1943, and that I last saw h. alive on 12-28 1943

Immediate cause of death: Pulmonary edema due to myocardial degeneration — Duration: 1 Day
Due to: Lobar Pneumonia — 1 Day
Due to: La Grippe — 5 Days
Other Conditions — 7 Days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. LeRoy Berry M. D.
Address 1420 E. Chase Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished as fully as applied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

Registered No. G 12218

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 929 n Washington st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 929 n Washington
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charlie Bell Wells

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Rosa alma Wells
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 7 1879

8. AGE: Years: 64 | Months: 10 | Days: 24 | If less than one day: 3 hr. min.

9. Birthplace Clinton n C.
(Town, county, and state)

10. Usual Occupation Welder

11. Industry or business

FATHER
12. Name Johnnie Wells
13. Birthplace Clinton n.C.

MOTHER
14. Maiden Name Julia Wells
15. Birthplace Clinton n.C.

16 (a) Informant Ruby Wells
(b) Address 929 N. Washington st

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Rocky mount n.c.

18 (a) Funeral director A Reuben Slade
(b) Address 4907 North Hunting ton Ave Philadelphia pa

19 (a) JAN 1 1944 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1943, at 11 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1943, to Dec 30 1943, and that I last saw h m alive on Dec 30 1943

Immediate cause of death: Cerebral Hemmoraghe — Duration: 1 day
Due to: Arterio-Sclerotic Hypertension — 4 yrs
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Leidler M. D.
Address 1715 E. Fayette St Date signed 12/31/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VE 150

C 12249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6233 B

Registered No. C 12249

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Lexington St
(c) Hospital or institution: Aged Men's & Mt Women's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 N Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia B Pentz

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 21, 1865

8. AGE: Years 78 | Months — | Days 10 | If less than one day: hr. min

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER — 12. Name Wilhem Pentz
13. Birthplace Md

MOTHER — 14. Maiden Name Virginia Wilson
15. Birthplace Md

16 (a) Informant Mrs Epp
(b) Address 1400 N Lexington St

17. Burial (b) Date thereof 1/2/1944 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Wilhem Bros & Sons
(b) Address 1217 E Fort Ave

19 (a) (b) Date received by registrar JAN 1 1944 Huntington Wilkinson M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1943, at 2:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/29/1935 19, to 12/31/1943, and that I last saw her alive on 12/30/1943.

Immediate cause of death: Flu followed by probable meningitis — Duration: 5 days.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilhem Bros & Sons.

Address 11 E. Chase St., Balto. Date signed 12/31/43 M. D.

G 12250 G 12250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be careful correct age is especially important. Physicians: please

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2616 Greenmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2616 Greenmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Emma Foster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, ~~widowed~~, or divorced. Married

6 (b) Name of husband ~~or wife~~ Charles Edw Foster

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 5th 1868

8. AGE: Years 75 | Months 3 | Days 26 | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Housework
11. Industry or business At Home

FATHER 12. Name W. Wilson
13. Birthplace unknown

MOTHER 14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Chas Edward Foster
(b) Address 2616 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/44 (month) (day) (year)
(c) Cemetery or crematory St Marys
Location Hyattsville

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul St

19 (a) JAN 1 1944 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31st 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 31, 1943, to Dec. 31, 1943, and that I last saw her alive on Dec. 31, 1943

Immediate cause of death Myocardial Failure — Duration 1 hour.
Due to Chronic Myocarditis — Unknown
Due to Hypertension & Arteriosclerosis. — Unknown
Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Francis M. Ogden M. D.
Address 2701 Woodlawn Date signed 1-25-44

G 12251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92c

Registered No. G 12251

PLACE OF DEATH:
(a) Baltimore City, Maryland 2808 W. Lanvale St
(b) Hospital or institution: ~~Provident~~ 1000 Eutaw St.
(c) ~~Hospital or institution:~~
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2808 W. Lanvale St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Evelyn I. Zero

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-9765

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband John Zero

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 6 1890

8. AGE: Years	Months	Days	If less than one day
53	10	25	hr. min.

9. Birthplace N. Y. City
(Town, county, and state)

10. Usual Occupation Operator

11. Industry or business Monroe Upholstering Co

FATHER
12. Name Thomas Smith
13. Birthplace N. Y.

MOTHER
14. Maiden Name Mary Brennan
15. Birthplace N. Y.

16 (a) Informant Mrs Gertrude Herzberger
(b) Address 2808 W. Lanvale St

17 (a) Burial (b) Date thereof 1/4/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodland Park
Location Parkville Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul St

19 (a) JAN 1 1944
(Date received by registrar) Registrar

VS 161

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1943, at 11:55 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to h[illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Chronic Rheumatic Endocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec 31, 1943

Every item of information should be given if possible. The correct age is especially important. Physicians: please write the causes of death clearly and fully. PRINT PLAINLY IN INK. DO NOT WRITE ON BACK, WITH PENCIL OR WITH OVERWRITING INK.

G 12252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1330

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W Lexington St
(c) Hospital or institution: Aged Mens & Womens Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No) V
If yes, name country

3 (a) FULL NAME Alice C Ruby

3 (b) If veteran, name war — 3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife George W Kirby

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9 1855

8. AGE: Years 88 | Months 5 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Crocker
13. Birthplace Md

MOTHER
14. Maiden Name Mary Thurmontine
15. Birthplace Md

16 (a) Informant Mrs C Ruby
(b) Address 1400 W Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md

18 (a) Funeral director Fulton & Lee
(b) Address 1217 N Paul St

19 (a) [illegible] (Registered by number) (b) 1914 Huntington W Va

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31st 1943 at 2:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/14/1930 19 to 12/30/1943, and that I last saw her alive on 12/29/1943

Immediate cause of death: Flu followed by broncho-pneumonia. — Duration: 3 days.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin B Garrett

Address 11 E. Chase St., City Date signed 12/31/43

G 12253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 50

G 12253 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 D.
(e) Length of stay in Baltimore (yrs., mos., or days) ll

2. USUAL RESIDENCE OF DECEASED:
(a) State Florida (b) County
(c) City or town Tampa (If outside city or town limits, write RURAL and give town)
(d) Street No. 305 N. Tremont Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Evelyn Hansen

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Fe. male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Howard.
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 4-3-96

8. AGE: Years 47 | Months 8 | Days 26 | If less than one day hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER 12. Name Thomas Price
13. Birthplace N. C.

MOTHER 14. Maiden Name Alice Pressom
15. Birthplace N. C.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Dec. 3/43 (month) (day) (year)
(c) Cemetery or crematory Tampa Fla
Location

18 (a) Funeral director John Crutchfield Sons
(b) Address 1900 Eutaw Place

19 (a) JAN 1 1944 (Date received by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1943 at 1.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 27 1943, to Dec. 29 1943, and that I last saw her alive on Dec. 29 1943.

Immediate cause of death: Carcinomatosis — Duration

Due to: Ca. of Breast

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 11/29/43

Major findings of operation: Ca of Breast

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lew W. Chambers M. D.
Address Johns Hopkins Hospital Date signed 12/29/43

C 12254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1318

C 12254 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 404 N. Dallas St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 404 N. Dallas St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Armstead Jett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 65 Months Days If less than one day hr. min.

9. Birthplace Lexington, Va
(Town, county, and state)

10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Susan Fields
(b) Address 425 N. Bethel St

17 (a) Burial (b) Date thereof 1/3/44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Ebon Wilson
(b) Address 1500 Brentwood Ave Huntington Williams

19 (a) JAN 1 1944 (b) Registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-28 1943, at 6A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-22 1943, to 12-28 1943, and that I last saw h. alive on 12-28 1943.

Immediate cause of death: Acute myocarditis — Duration 1 D.
Due to: Chr. Valvular Heart Disease — ?
Due to: Nephritis — ?
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. L. Lewis M. D.
Address 1420 E. Chase Date signed 12-31-43

G 12255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

109

G 12255 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1008 N. Durham St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1008 N. Durham St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Minor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: George Minor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace Louisburg, N. C. (Town, County, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER — 12. Name Jackson Yarbon

13. Birthplace N. C.

MOTHER — 14. Maiden Name Easter Perry

15. Birthplace N. C.

16 (a) Informant Sylvia Dunn

(b) Address 117 Cabarrus St. Raleigh, N. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy O Wilson

(b) Address 1000 Brentley Huntington Williams Mgr

19 (a) JAN. 1 1944 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1943, at 4 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1936 to 12/28 1943, and that I last saw her alive on 12/28 1943

Immediate cause of death Pneumonia — Duration 2 days

Due to Exposure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature

Address 1501 E. Eager St. Date signed 12/31/43 M. D.

VS 150

correct age is especially important. Physicians, please write clearly and legibly.

G 12256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. G 12256

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 121 S. Stricker St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 121 S. Stricker St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Walters

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Beulah M. Walters
6 (c) If alive, give age 61 years
7. Birth date of deceased (mo., day, yr.): Sept 1st 1879
8. AGE: Years 64 | Months 3 | Days 29 | If less than one day ____ hr. ____ min.
9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Embalmer
11. Industry or business

FATHER
12. Name: Peter Walters
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: Sarah Lainhart
15. Birthplace: Baltimore Md

16 (a) Informant: Beulah M. Walters
(b) Address: 121 S. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/44 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Frederick Road.

18 (a) Funeral director: Robert C. Walters
(b) Address: 121 S. Stricker St.

19 (a) JAN 1 1944 (Date rec'd by registrar) (b) Huntington Willis, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-30 1943, at 11 35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1933 to Dec 30 1943, and that I last saw h. in life on Dec. 30 1943

Immediate cause of death: Coronary Thrombosis Sudden death — Duration

Due to: —

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: —
(b) Date of occurrence: — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury: —

23. Signature: Morris B. Schreiber M. D.
Address: 54 S. Fulton Ave. Date signed 12-30-43

VS 150

Write the cause of death clearly and legibly. Correct age is especially important, and name, if illegible, please write plainly.

G 12257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1828

G 12257 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution St. Joseph's Hospital 1617
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 Poplar Grove St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Grimes (GEORGE W. GRIMES)

3 (b) If veteran, name war: --

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Lula M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1869

8. AGE: Years	Months	Days	If less than one day
74 65	1	1	hr. min.

9. Birthplace Carroll Co., Md. (Town, county, and state)

10. Usual Occupation Supt. of Application

11. Industry or business Gas & Elec.

FATHER
12. Name George W. Grimes
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Katherine V. Glennan
15. Birthplace Carroll Co., Md.

16 (a) Informant Mr. Francis J. Grimes
(b) Address 1032 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/44 (month) (day) (year)
(c) Cemetery or crematory Taylorsville Cem.
Location Taylorsville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 1 1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

correct age is especially important when person is under one year, one day, or one hour.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-31 1943, at 12:17 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-19-1943, to 12-31 1943, and that I last saw h[illegible] alive on 12-31 1943.

Immediate cause of death	Duration
Cerebral Thrombosis.	
Due to Hem. Arteriosclerosis Cerebral Arteriosclerosis	
Due to	
Other Conditions Hematoma of Aldemind wall (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation: Hematoma of Aldemind Wall.	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fusting M. D.
Address St. Joseph's Hosp. Date signed 12-31-43

VS 160

G 12258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 12258

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madeira St. & Linden Ave
(c) Hospital or institution:
Md. General
(d) Length of stay in hospital or inst. (~~yrs.~~ or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2307 Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Rhoda Weant Bush

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Robert E. Bush
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1879

8. AGE: Years: 64 | Months: 6 | Days: 22 | If less than one day: hr. min.

9. Birthplace: Carroll Co., Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: John W. Weant
13. Birthplace: Md.

MOTHER
14. Maiden Name: Hanna Miller
15. Birthplace: Md.

16 (a) Informant: Mrs. R. E. Bush
(b) Address: 2307 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/44 (month) (day) (year)
(c) Cemetery or crematory: Haugh Church Cem.
Location: Ladiesburg, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto. Md. for Williams, Md.

19 (a) JAN 1 1944 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-31 1943 at 7.40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/25 1943 to 12/31 1943, and that I last saw her alive on 12/31 1943.

Immediate cause of death	Duration
Hypostatic pneumonia	
Due to Rt. hemiplegia	
Due to Cerebral hemorrhage	
Other Conditions Hypertension Cardiovascular disease	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John D. Young Jr. M. D.
Address Md. Gen. Hosp. Date signed 12/31/43

G 12259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. 69221 9

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 E Biddle St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Harvey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years: 51 | Months | Days | If less than one day: hr. min.

9. Birthplace: Arkansas
(Town, county, and state)

10. Usual Occupation: Hand

11. Industry or business

FATHER
12. Name: Isam Harvey
13. Birthplace: Ark.

MOTHER
14. Maiden Name: Jennie Hope
15. Birthplace: Ark.

16 (a) Informant: Ocie Harvey
(b) Address: 1519 E Biddle St

17 (a) Removal (b) Date thereof JAN 22, 1944
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location: Milwaukee, Wis.

18 (a) Funeral director: Mrs. Robert A. Elliott & Dgt.
(b) Address: 112 N. Caroline St

19 (h) Huntington Williams, M.D.

JAN 21 1944
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/31 1943 at 3:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/27 1943 to 12/31 1943, and that I last saw h. l/m alive on 12/31 1943

Immediate cause of death: Uremia — Duration

Due to: Nephritis

Due to: Hypertensive arteriosclerotic heart disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Frances A. Runyeon Jr. M.D.
Address: University Hosp. Date signed 1/3/43

VS 150

G 12250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1223 E. Chase St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1223 E. Chase St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Clarence B. Duckett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Mamie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 27, 1880

8. AGE: Years	Months	Days	If less than one day
63	4	2	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mamie Duckett
(b) Address 1223 E. Chase St.

17 (a) Burial (b) Date thereof Jan 2, 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A.A. County Md.

18 (a) Funeral director Mrs. Robert A. Elwood Est.
(b) Address 1129 N. Caroline St.

19 (a) JAN 2 1944 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29-1943, 6:20 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 12/25/1943 to 12/29/1943, and that I last saw him alive on 12/29/1943.

	Duration
Immediate cause of death: Cardio Vascular Disease	2 7
Due to: Pulmonary Congestion	
Due to: Generalized Tuberculosis	24
Other Conditions: Arteriosclerosis	1 1

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Jas. R. Blake M.D.
Address 1327 N. Central Ave. Date signed 1/1/44

G 12201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106c

G 12261 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution: University Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Kent
(c) City or town Baltimore Worton
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marilyn Cooper
3 (b) If veteran, name war —
3 (c) Social Security Account No.
4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. S
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 28, 1942
8. AGE: Years 1 Months 9 Days 3 If less than one day hr. min.
9. Birthplace Miami Beach, Dade Co. Fla (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name B. Reginald Cooper
13. Birthplace Kent Co. Maryland

MOTHER
14. Maiden Name Evelyn Williams
15. Birthplace Worton, Kent Co Maryland

16 (a) Informant Mr. B. Reginald Cooper
(b) Address Worton Kent Co Md.

17 (a) Burial (b) Date thereof 1/3/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Chester
Location Chestertown

18 (a) Funeral director Higgins & Williams
(b) Address Chestertown, Maryland.

19 (a) (b)
(Date received by registrar) Registrar

JAN 2 1944

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/31 1943, at 11 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/30 1943 to 12/31 1943
and that I last saw h[illegible] alive on 12/31 1943

Immediate cause of death — Duration

Acute Laryngo Tracheo Bronchitis.
Due to

Probable pneumonia
Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Tracheotomy 12/30/43
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H Carter M. D.
Address Univ. Hospital Date signed 12/31/43

Correct age is especially important. Physicians, please

G 12262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 12262 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1204 Laurens St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1204 Laurens St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME. Rosa Elizabeth Jane

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife John Jane
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Henry Jane
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Young
15. Birthplace Md

16 (a) Informant George Williams
(b) Address 1105 Carson Ct

17 (a) Burial (b) Date thereof 1-2-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arlington cem
Location Md

18 (a) Funeral director George H. Kelson
(b) Address 1303 Presstman St

19 (a) [illegible] (b) Huntington Williams M.D.
(Signature of registrar)

2044
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 1943, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1943 to Dec 30 1943 and that I last saw h[illegible] alive on Dec 29 1943

Immediate cause of death
I a Grippe — Duration 6 days
Due to Cardio Vascular Disease — Unknown
Due to Hypertension
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.
Address 1928 Pama Ave Date signed 1-5-44

Print age is especially important. Physicians: please write the names of death clearly and legibly.

G 12263

G 12263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 83a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 907 Bennett Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 907 Bennett Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William F.Green,

3 (b) If veteran, name war: --
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Annie Green,
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 22.1859

8. AGE: Years	Months	Days	If less than one day
84	10	9	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph Green,
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Frederiak W.Green,
(b) Address 907 Bennett Place

17 (a) Burial (b) Date thereof JAN 3 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore Co.Md.

18 (a) Funeral director George W.Little,
(b) Address 2700 Edmondson Ave.

19 (a) JAN 2 1944 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 31 1943, 3.15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 22 1943 to Dec. 31 1943, and that I last saw him alive on Dec. 31 1943

Immediate cause of death: Cereberal Hemorrhage — Duration: 9 Days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 757 W Mon Date signed 1/5/44 M. D.

VS 3

G 12264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12264 Registered No. 170c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 Greenmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM F. CADDEN

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 8, 1921

8. AGE: Years	Months	Days	If less than one day
22	10	23	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Foreman on platform
11. Industry or business Horton Motor Transfer

FATHER
12. Name John J. Cadden
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary A. Lennon
15. Birthplace Ireland

16 (a) Informant Wm. John J. Cadden
(b) Address 1212 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4/44 (month) (day) (year)
(c) Cemetery or crematory Mt. Cathedral Cem
Location 4300 Old Frederick Rd.

18 (a) Funeral director Elmer W. Conklin
(b) Address 924 E. Eager St.

19 (a) 2 1944 (Date filed by Registrar) (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1st 1944 at 2 10 a M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Intracranial hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: 21/2

(a) Date of injury 1-1-43 at 2 a M.
(b) Where did injury occur? on front of 1102 Wash. Blvd
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? No
(d) Means of injury Auto car collided with pole

23. Signature H. J. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 1-1-1944

VS 151

G 12365 G 12365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1641 Montpelier St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 T
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1641 Montpelier St (If rural give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

3 (a) FULL NAME William Henry Smith

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: ?
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Jessie
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 26. 1856
8. AGE: Years 87 | Months 11 | Days 5 | If less than one day hr. min.
9. Birthplace Rochester N. Y. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Henry Smith
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Wilhom V. Smith
(b) Address 1641 Montpelier St
17. Burial (Burial, cremation, or removal) (b) Date thereof 1/4/44 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Irvington Md
18 (a) Funeral director Wilhom V. Lee
(b) Address 1219 Druid Park
(c) (Date received) JAN 2 1944 (Registrar) Hunting for Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/1/44 1944, at 8:20 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from died 19 , to 19 , and that I last saw h alive on 1/1 1944.

Immediate cause of death: Cerebral Hemorrhage — Duration 7 days
from his story from Son
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature W. V. Thomas
Address 3136 Hanford Rd Date signed 1/1/44 M.D.

For W. L. McCumber, By Howard J. Mallard M.D.

G 12256 G 12256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Lived

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3206 Montebello Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Ellen Ryan

3 (b) If veteran, name war N

3 (c) Social Security Account No. NAE

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband: Michael Joseph Ryan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6th 1884

8. AGE: Years 59 | Months 8 | Days 25 | If less than one day hr. min.

9. Birthplace Brooklyn N. Y.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Wm McLaughlin

13. Birthplace Brooklyn N. Y.

MOTHER 14. Maiden Name Hill

15. Birthplace " "

16 (a) Informant John Ryan

(b) Address 3206 Montebello Terrace

17 (a) Burial (b) Date thereof 12/31/43
(Burial, cremation or removal) (month) (day) (year)

(c) Cemetery Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook Inc.

(b) Address 1217 St. Paul St

19. (a) 1944 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1943, at 3:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 29 1943 to Dec. 31 1943, and that I last saw her alive on Dec. 31 1943

	Duration
Immediate cause of death: Acute Peritonitis	
Due to: Perforated Appendix & Abscess	
Due to:	
Other Conditions: Auricular Fibrillation Arteriosclerotic Heart Dis. (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation: Peritonitis - Appendiceal Abscess

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fusting M. D.
Address St. Joseph's Hosp Date signed 12-31-43

VS 150

C 32267 C 32267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkins Ave
(c) Hospital or institution:
St. Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore Landowne
(c) City or town Rural - Landowne
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2nd Ave & Hammond Ferry Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joshua Dove

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of ~~husband~~ or wife Susie Dove
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 19th 1857

8. AGE: Years	Months	Days	If less than one day
86	1	12	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Peter B. Dove Sr.
13. Birthplace Unknown

MOTHER
14. Maiden Name Sarah Stindit
15. Birthplace Md.

16 (a) Informant Marian F. Barber
(b) Address 24 - Second Ave. Lansdowne

17 (a) Burial (b) Date thereof 1/4/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Broomes Island
Location Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St.

19 (a) 1944 (b) Registered by Washington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/1 1944, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/31/43 19 to 1/1/44 19
and that I last saw h. alive on 1/1/44 19

Immediate cause of death	Duration
Strangulated hernia & Necrosis of bowel	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Strangulated hernia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J. Bryan M. D.
Address St Agnes Hosp Date signed 1/4/44

Please write the causes of death clearly and legibly. Physicians: please

G 12268 G 12268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163H

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital G
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3925 Greenmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LOUISE C. ENGELHARDT

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 220-14-2241

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 19, 1886

8. AGE: Years 57 | Months 0 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation
11. Industry or business Woman Dress

12. Name Sarah Platt
13. Birthplace Germany
14. Maiden Name Rinkenpfel
15. Birthplace

16 (a) Informant John Englehardt
(b) Address 3925 Greenmount Ave

17. Burial (Burial, cremation, or removal) (b) Date thereof 1/4/44 (month) (day) (year)
(c) Cemetery or crematory Loudenslager
Location Baltimore Md

18 (a) Funeral director Wilhelm Bros
(b) Address 1219 E Fayette St

19 (a) (Date) received by local registrar (b) Registrar

VS 161

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1st 1944, at 9:15 M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑ homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Carbon monoxide poisoning

Due to Suicide

Other Conditions Mental despondency

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 1-1-44 at M.
(b) Where did injury occur? above address
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work?
(d) Means of injury gas stove

23. Signature H. L. Wallenmeyer M.D.
and Medical Examiner.
Date signed 1-1-44

G 12269 G 12269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkins and Caton Aves
(c) Hospital or institution:
St Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 37 days
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 732 McHenry St.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Mrs. Nettie Monroe

3 (b) If veteran, name war W
3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband Daniel E. Monroe
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 11th 1878 Estimated

8. AGE: Years 65 | Months 11 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Samuel A Medd
13. Birthplace Charles Co. Md.

MOTHER
14. Maiden Name Frances Dyer
15. Birthplace Charles Co. Md.

16 (a) Informant Miss Frances Monroe
(b) Address 732 McHenry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/44 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore Md

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 (a) 1944 (b) [illegible] Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/31/1943, at 2.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/28/1943 to 12/31/1943 and that I last saw her alive on 12/31/1943.

Immediate cause of death	Duration
Due to: Auricular Fibrillation	
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 12/4/23, 12/23/43
Major findings of operation: Gangrene - Legs
Thrombosis Femorals
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Wm. F. Mroz M. D.
Address St. Agnes' Hosp. Date signed 12/31/43

Certificate not is especially important. Physicians: please write the causes of death clearly and legibly.

C 12270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

C 12270 Registered No.

please write the causes of death clearly and legibly. Correct age is especially important. Physicians:

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 N. Patterson Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Sleitzer Case #85464

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife William (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25, 1866

8. AGE: Years	Months	Days	If less than one day
77	8 9	6	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name David Dutchess
13. Birthplace Shrewsbury Pa

MOTHER
14. Maiden Name Sallie ? Metzger
15. Birthplace Shrewsbury Pa

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Avenue (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/44 (month) (day) (year)
(c) Cemetery or Crematory Druid Ridge Cemetery
Location Druid Ridge Pikesville Md

18 (a) Funeral director Wilson & Son
(b) Address 1317 E Fort Ave

JAN 2 1944 (Date rec'd by registrar) (b) Huntington Williams (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/31 1943, at 10:?? P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/17 1943 to 12/31 1943 and that I last saw her alive on 12/31 1943.

Immediate cause of death	Duration
Terminal pneumonia	2 days
Due to Hypertensive cardio vascular disease	10 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Holt M. D.
Address B. C. H. Date signed 1/1/44

G 12271 G 12271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) ½ hour
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Bklo. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 155 Linwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Mrs. Gertrude E. Coyne

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Joseph M. Coyne

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1884

8. AGE: Years 59 | Months 10 | Days 24 | If less than one day hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER 12. Name: Charles W. Barker

13. Birthplace: England

MOTHER 14. Maiden Name: M. Louise O'Donnell

15. Birthplace: Baltimore Md.

16 (a) Informant: Joseph G. Coyne

(b) Address: 155 S. Linwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3. 44 (month) (day) (year)

(c) Cemetery or crematory: Cathedral

Location: Frederick Road

18 (a) Funeral director: Frank V. Pipitone

(b) Address: 1816 E. Baltimore St.

19 (a) (Date received by registrar) JAN 2 1944 (Signature of registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1943, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 29 1943, to Dec. 29 1943, and that I last saw her alive on Dec. 29 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration 2½ hours

Due to: Hypertensive Cardio-Vascular Disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Wilbur H. Fusting, M. D.

Address: St. Joseph's Hosp. Date signed: 12-29-43

Cause of death clearly and legibly. Physicians: please write the

G 12272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 12272

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 736 Poplar Grove
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State ... (b) County ...
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 736 Poplar Grove St
(If rural give location)
(e) Citizen of foreign country? ... (Yes or No)
If yes, name country ...

3 (a) **FULL NAME** Annie B. Cocolopio

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Andrew.

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Apr 12, 1878

8. AGE: Years 65 | Months 8 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation ...

11. Industry or business —

FATHER
12. Name Saverio Parrinello
13. Birthplace Italy

MOTHER
14. Maiden Name Bethea —
15. Birthplace Italy

16 (a) Informant Mrs. Cocolopio
(b) Address 736 Poplar Grove

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/43 (month) (day) (year)
(c) Cemetery or crematory New Catholic
Location Old Frederick Rd

18 (a) Funeral director F. V. Pipitone
(b) Address 1818 E. Balto. St.

B 1044 (Date rec'd by registrar) Virginia Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29. 1943 at ... M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1943 to Dec 29 1943 and that I last saw h ed alive on Dec 29 1943

Immediate cause of death Coronary Thrombosis — Duration 11 days
Thrombosis of Common Iliac Vessels — 2 days
Due to ...
Due to ...
Other Conditions ...
(Include pregnancy within 3 months of death)
Date of operation ...
Major findings of operation: ...
of autopsy: ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ... at ... M
(c) Where did injury occur? ...
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work? ...
(Specify type of place)
(e) Means of injury ...

23. Signature Harry Eshman M.D.
Address 1914 W Fayette Date signed 12/31/43

Write the cause of death clearly and legibly. Use typewriter if possible; if not, please write plainly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12273 G 12273 /33a Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1448 Light St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1448 Light St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes June Covey

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Arthur R. Covey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1 1868

8. AGE: Years	Months	Days	If less than one day
75	6	29	hr. min.

9. Birthplace Howard Co. Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Noah Covey
13. Birthplace

MOTHER
14. Maiden Name Emma —
15. Birthplace

16 (a) Informant Archie B Covey
(b) Address 1448 Light St

17 (a) Burial (b) Date thereof 1-3-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location

18 (a) Funeral director Leonard Hoffman & Co
(b) Address 5305 Harford Rd

JAN (a) 2 1944 (b)
(Date rec'd by registrar) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/30 1943; at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1943, to Dec 30 1943, and that I last saw h. alive on Dec 30 1943

Immediate cause of death Acute Myocarditis — Duration 2 hrs
Due to — Influenza + Bronchitis — 3 weeks
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature O Schlecht MD
M. D.
Address 1717 Williams St Date signed 12/31/43

G 12774 G 12779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3027 Westfield Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt, mor (If outside city or town limits, write RURAL and give town)
(d) Street No. 3027 West fd, et Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hilby Burke Longrall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Gladys
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Feb 20 1890

8. AGE: Years	Months	Days	If less than one day
53	10	11	hr. min.

9. Birthplace Dorchester Co, Md (Town, county, and state)
10. Usual Occupation Superintendent
11. Industry or business Woodenbach's

FATHER
12. Name Irving Longrall
13. Birthplace Dorchesterco

MOTHER
14. Maiden Name Susie Robinson
15. Birthplace Dorchester Co

16 (a) Informant Mrs Gladys Longrall
(b) Address 3027 Westfield Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 · 4 · 43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Leonard J Berg
(b) Address 5305 Harford Rd

19 (a) (b) Huntington Williams MD (Registrar)

JAN 2 1944 (Date rec'd by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1944, at 11 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1943, to Jan 1 1944, and that I last saw h alive on Dec 31 1943.

Immediate cause of death Chronic myocarditis — Duration 2 years

Due to

Due to

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence — at M
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. L. Leonard M. D.
Address 5706 Harford Road Date signed 1-1-44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Consult Coroner G 12275 G 12275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5704 Morella Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Balto md (If outside city or town limits, write RURAL and give town)
(d) Street No. 5704 morella Av (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Flora E. Edgell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
F	W	widowed

6 (b) Name of husband or wife Lewis H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace Carolina Co md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Wm E Butler
13. Birthplace md

MOTHER
14. Maiden Name Sarah Blades
15. Birthplace md

16 (a) Informant Clarence R Edgell
(b) Address 5704 Morella Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-44 (month) (day) (year)
(c) Cemetery or crematory Spring Hill Cemetery
Location Easton Md

18 (a) Funeral director Leonard Mertz
(b) Address 505 Harford Rd

19 (a) Huntington Williams, M.D. (Date received by Registrar) Registrar

JAN 2 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-1 1944 at 5:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 22 1943, to Dec 31 1943 and that I last saw h[illegible] alive on Dec 31 1943.

Immediate cause of death: Chronic myocarditis — Duration

Due to Hypertension Cerebral arteriosclerosis

Due to Cardio-vascular renal disease

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. V. Harbold M.D. M. D.

Address 4706 Harford Road Date signed 1/1/44

V-454

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

G 12276

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 12276 / 469 — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2000 W. Fayette St.
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Mount & Fallsway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Mary Saint Magdelen (Mears)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/22/77

8. AGE: Years	Months	Days	If less than one day
66	6	10	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Administrative duties
11. Industry or business

FATHER
12. Name Henry W. Mears
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Emma Toney
15. Birthplace Baltimore, Md.

16 (a) Informant Sister Mary of St Sins
(b) Address Good Shepherd Convent

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/44 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Rd

18 (a) Funeral director D. J. Foley & Sons
(b) Address 1121 Light St.

19 (a) (Date received by registrar) (b) Huntingdon Williams, M.D. (Registrar)

JAN 2 1944
VS 8

correct age is especially important. Physicians: please

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-1 1944, at 3 47 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-29 1943, to 1-1 1944, and that I last saw her alive on 1-1 1944.

Immediate cause of death	Duration
Carcinoma Head Pancreas	
Due to	
Due to	
Other Conditions Terminal Broncho-Pneumonia	

(Include pregnancy within 3 months of death)
Date of operation 12-4-43
Major findings of operation: Sarcoma
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Kaeig, M. D.
Address Bon Secours Hosp Date signed 1-1-44

G 12277 BALTIMORE CITY HEALTH DEPARTMENT G 12277

CERTIFICATE OF DEATH

Registered No. 1190

Please write the causes of death clearly and legibly. Physicians: please

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Loudon & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 3 wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A. A.
(c) City or town Millersville Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. Woods Rd. Nr. Elvaton
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Cochran

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 20-43

8. AGE: Years: 0 | Months: 3 | Days: 1 | If less than one day: hr. min.

9. Birthplace Millersville Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Victor B Cochran
13. Birthplace Mt. Airy Md

MOTHER
14. Maiden Name Myrtle Grantham
15. Birthplace Brooklyn Q Q U. S. A.

16 (a) Informant Victor B Cochran
(b) Address Millersville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-1944 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie Md

18 (a) Funeral director Thos. W. Singleton
(b) Address Glenburnie Md

19 (a) Date rec'd by registrar Harrington for Williams, M.D. JAN 2 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-1 1944 at 2:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-11 1943, to 1-1 1944 and that I last saw h.. alive on 1-1 1944

Immediate cause of death: Diffuse Bronchial pneumonia — Duration

Due to: Infectious diarrhea

Due to: Latent Tetany Decalcification Acidosis

Other Conditions: Congestive failure Monglobism.
(Include pregnancy within 3 months of death)

Date of operation: none

Major findings of operation: none

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edw Olson M. D.
Address Univ. Hospital Date signed 1-1-44

G 12278 G 12278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1000

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4013 Springdale Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4013 Springdale Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JESSIE ZENITZ

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife. Hyman B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Samuel
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah
15. Birthplace Russia

16 (a) Informant Hyman B. Zenitz
(b) Address 4013 Springdale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-44 (month) (day) (year)
(c) Cemetery or crematory Beth Tefiloh
Location Windsor Mill Rd.

18 (a) Funeral director Jack Levin Inc
(b) Address 1437 E Balto St

JAN 21944 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-1-44 19..., at 4 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1944, to Jan 1 1944, and that I last saw h.. alive on Jan 1 19 44

Immediate cause of death Pulmonary Embolism — Duration Less than 1 hr.

Due to Varicose Veins (probably)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis J. Kidd M. D.
Address 100 E. 22nd St. Date signed Jan 1944

Please write the causes of death clearly and legibly. Physicians: please see that the correct age is especially important.

G 12279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 12279

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 102 N. Milton
(c) Hospital or institution:

6-2

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 102 N. Milton Ave
(If rural give location)
(e) Citizen of foreign country? .....(Yes or No)
If yes, name country .....

3 (a) FULL NAME Sarah Reva Etzicowich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Isaac

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
80			hr. ..... min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Mendel
13. Birthplace Russia

MOTHER
14. Maiden Name Genta
15. Birthplace Russia

16 (a) Informant Jack Copper
(b) Address 4110 Norfolk Ave

17 (a) Burial (b) Date thereof Jan 3 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Bnai Israel
Location Southern Ave

18 (a) Funeral director Jack Levis Inc
(b) Address 1439 E. Balto St

19 (a) (By) Huntington Williams M.D.
(Date) (Registrar) (Undertaker)

JAN 2 1944

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/31/43 19..., at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/29 1943 to 12/31 1943, and that I last saw h[illegible] alive on 12/31 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to Arteriosclerosis	2.
Due to	.....
Other Conditions	.....

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operations: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....
23. Signature H. J. Faulkner M. D.
Address 100 N. Milton Ave Date signed 1/4/44

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

G 12250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12250

830a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Denison St
(c) Hospital or institution: Crawford Retreat 18
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 807 Hollins St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Goldberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Moser

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years 78 | Months | Days | If less than one day hr. min.

9. Birthplace Latvia (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Louis Fine
13. Birthplace Latvia

MOTHER
14. Maiden Name Mollie
15. Birthplace Latvia

16 (a) Informant Family
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-44 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Pulaski Highway & Hamilton Ave

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Baltimore St

19 (a) (Date received by registrar) Huntington Williams M.D. Registrar

JAN 2 1944

VS 12e

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2 1944, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1942 to 1-2, 1944, and that I last saw h[illegible] alive on 1-1, 1944.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sidney D. Levy M.D.
Address 2222 Eastern Ave Date signed 1-2-44

PLEASE WRITE CLEARLY. Fill in all blanks. Give the causes of death clearly and legibly. Please write the correct age is especially important. Physicians: please write th

G 12251 G 12251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. —

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 121 N. Exeter St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 121 N. Exeter St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Barnum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Hyda -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Paper hanger

11. Industry or business Wall Paper Supplies

FATHER
12. Name David Barnum
13. Birthplace R.

MOTHER
14. Maiden Name Hyda -
15. Birthplace Russia

16 (a) Informant Samuel Barnum (Son)
(b) Address 725 W. Balto. St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-44 (month) (day) (year)
(c) Cemetery or crematory Pinedale
Location Bel. Md.

18 (a) Funeral director Jack Levin Inc
(b) Address 1739 E. Balto St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JAN 2 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2-44 19 , at 330 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1940, to Jan 2 1944 and that I last saw him alive on Jan 1 1944

Immediate cause of death Coronary Thrombosis — Duration 1 Hr

Due to Arteriosclerosis — 20 Yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jack Cohen M. D.
Address 1804 Eutaw Place Date signed 1/2/44

Please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

C 12232 ✓ C 12282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 87E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison
(c) Hospital or institution:
Maryland General
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 10 ✓
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 225 Castle St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Clara Mitchell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Wid dowed

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 28 1859

8. AGE: Years 84 | Months 3 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name ? August Goetzinger
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name ? Annie Miller
15. Birthplace Baltimore, Md.

16 (a) Informant Raymond Mitchell
(b) Address 225 S. Castle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/44 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director H. W. E. Dupper's Son
(b) Address Howard & Lan Sts.

19 (a) (Date rec'd by registrar) (b) Pennington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1943, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 21 1943, to Dec. 31 1943, and that I last saw h[illegible] alive on Dec. 30 1943

Immediate cause of death	Duration
Malignant Hypertension	
Due to with Hypertensive encephalopathy	
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Vernon Williams M. D.
Address Med. Gen. Dept. Date signed Dec. 31, 1943

PHYSICIAN
Underline the cause to which death should be charged statistically.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

VS 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

109

G 12283 Registered No.

1. PLACE OF DEATH:
Baltimore City, Maryland
(a) Street address 3314 Menlo Drive
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3314 Menlo Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Veronica Murphy

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 21, 1878

8. AGE: Years	Months	Days	If less than one day
65	8	11	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name George H. Willet

13. Birthplace Md.

MOTHER 14. Maiden Name Anna Elizabeth Ailer

15. Birthplace Pa.

16 (a) Informant Joseph Murphy

(b) Address 3314 Menlo Drive

17 (a) Burial (b) Date thereof 1/5/44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St Charles
Location Pikesville, Md

18 (a) Funeral director Frank H. Maurell

(b) Address Pikesville, Md.

19 (a) (b) Huntington Williams, M.D.
Registrar

JAN 3 1944

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 1944 at 8:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1944 to Jan. 2 1944, and that I last saw her alive on Jan. 2 1944.

	Duration
Immediate cause of death Acute respiratory failure	
Due to Pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. Jane Foley M. D.

Address Mercy Hosp. Date signed 1/2/44

12284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 12284

Registered No. 469

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive
(c) Hospital or institution: U.S. Marine Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Somerset
(c) City or town Crisfield.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 222 Broadway.
(If rural give location)
(e) Citizen of foreign country? U.S. (Yes or No)
If yes, name country

3 (a) FULL NAME John William Tawes.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male. | 5. Color or race: White. | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Minnie Tawes

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) October 22. 1872

8. AGE: Years 71 | Months 2 | Days 10 | If less than one day hr. min.

9. Birthplace Crisfield, Md. (Town, county, and state)

10. Usual Occupation Cook.

11. Industry or business Merchant Seaman.

FATHER
12. Name George Tawes.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Virgie Foster
15. Birthplace Maryland.

16 (a) Informant Patient (Deceased.)
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-44 (month) (day) (year)
(c) Cemetery or cemetery Crisfield Cem
Location Crisfield Md.

18 (a) Funeral director John Bradshaw
Address Crisfield, Md.

19 (a) JAN 3 - 1944 (Date rec'd by registrar) (b) Huntington for Baltimore, Md. Registrar

V8 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2nd 1944, at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/6/43 19 to 1/2/44 19, and that I last saw h alive on 1/2/44. 19

Immediate cause of death Carcinoma Head of Pancreas.

Due to Metastases To Liver.

Due to

Other Conditions Ascites Jaundice.
(Include pregnancy within 3 months of death)

Date of operation 11/29/43 & 12/30/43.

Major findings of operation: Carcinoma Head of Pancreas, Liver Metastases

of autopsy:

Duration
Unknown
1 Months
1 Month.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emmons Y. Gladding

Address Marine Hospital Date signed 1/2/44 M. D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

G 12285 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 Kensington Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Beverly Ann Gullatt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 31, 1941

8. AGE: Years 2 | Months 11 | Days 1 | If less than one day hr. min.

9. Birthplace Beeto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Roy Gullatt
13. Birthplace Alabama

MOTHER
14. Maiden Name Mary E. Holloway
15. Birthplace Tennessee

16 (a) Informant Mrs. Roy Gullatt
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/3/43 (month) (day) (year)
(c) Cemetery or crematory
Location Memphis Tennessee

18 (a) Funeral director Harry A. Witzke
(b) Address 1401 Edmondson Ave
JAN 3 - 1944 (Date rec'd by registrar) Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-1 1944, at 3 35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1944, to 1-1 1944 and that I last saw her alive on 1-1 1944

Immediate cause of death: Acute Bronchopneumonia, Bilateral — Duration 24 hrs
Due to La Grippe — 2 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. D. Kney M. D.
Address Bon Secours Hosp Date signed 1-1-44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 9336 cop

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

Registered No. G 13336

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3018 Mathew St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3018 Mathew St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George F. Lerch

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-3038

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Margaret V. nee Kreiner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 16, 1892

8. AGE: Years	Months	Days	If less than one day
51	-	13	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Electrician

11. Industry or business Glenn L. Martin Co.

FATHER
12. Name John C. Lerch
13. Birthplace Maryland

MOTHER
14. Maiden Name Minnie M. Brunner
15. Birthplace Maryland

16 (a) Informant Mrs. Margaret V. Lerch
(b) Address 3018 Mathew st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3, 1944 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4300 Belair Rd

18 (a) Funeral director Harry H. Wiltke
(b) Address 4104 Edmondson Ave

19 JAN 3 - 1944 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 1943, at 4:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1943 to Dec 29 1943.
and that I last saw h alive on Dec 29 1943.

Immediate cause of death	Duration
Bronchial Pneumonia	10 d
Due to Influenza	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Michael Bransfield M.D.
Address 807 Belair Rd Date signed Dec 31 1943

VS 150

G 12287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 12287 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2811 Goodwood Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2811 Goodwood Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Edward Bardroff

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4 Sex: Male | 5 Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary E.

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) May 4-1860

8. AGE: Years 83 | Months 7 | Days 25 | If less than one day hrs. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Louis E. Bardroff
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Triffle
15. Birthplace Balto. Md.

16 (a) Informant Mrs. John J. Lerew
(b) Address 2811 Goodwood Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3-44 (month) (day) (year)

(c) Cemetery or crematory Mem. Gardens
Location Old Frederick Rd

18 (a) Funeral director John C. Ingram
(b) Address 3510 E. Baltimore St

19 (a) Filed [illegible] Huntington Williams, M.D. Registrar

JAN 3 1944

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/29/43 19 at 11. P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June - 1943 to 12/29/ 1943. and that I last saw h[illegible] alive on 12/29/43, 19

Immediate cause of death	Duration
Generalized Visual Failure Due to Arteriosclerosis -	
Due to Chronic Cystitis -	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Brooke Bayly M.D.
Address 5217 - Hanford Rd. Date signed 12/30/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 12288

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1240 W. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1240 W. Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Goettken

3 (b) If veteran, name war –

(c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Otto W. Goettken

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/17/1864

8. AGE: Years	Months	Days	If less than one day
79	4	13	hr. min.

9. Birthplace Germany (town, county, and state)

10. Usual Occupation Home - wife

11. Industry or business

FATHER
12. Name Richard Hocking
13. Birthplace England

MOTHER
14. Maiden Name Grace Ellis
15. Birthplace England

16 (a) Informant Walter Hocking
(b) Address Providence, R. I.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-44 (month) (day) (year)
(c) Cemetery or crematory Lorraine Pk
Location Baltimore

18 (a) Funeral director Leonard A. Coughlan
(b) Address 2614 W. North Ave.

19 (a) JAN 3 - 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30, 1943 at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 26 1941 to Dec 13 1943, and that I last saw her alive on Dec 13 1943.

Immediate cause of death	Duration
Chronic Myocarditis	?
Due to Arteriosclerosis	?
Due to	
Other Conditions Life Insurance Exams	?

(Include pregnancy within 3 months of death)

Date of operation –
Major findings of operation: –
of autopsy: –

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide –
(b) Date of occurrence at M
(c) Where did injury occur? – (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? – While at work? (Specify type of place)
(e) Means of injury –

23. Signature Carl Hocking
Address 326 W Lombard St Date signed 1/3/44

VS 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

0289

BALTIMORE CITY HEALTH DEPARTMENT X V

CERTIFICATE OF DEATH 108

C 12289 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6 Winona Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Grisham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-3-42

8. AGE: Years 1 | Months 7 | Days 28 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Indurtry or business

FATHER
12. Name William Grisham
13. Birthplace Texas

MOTHER
14. Maiden Name Helen Wanyrick
15. Birthplace Pa

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 1-3-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Rd Balto. Md

18 (a) Funeral director Plimmond Co. Covington
(b) Address 21 W. 25th St.

JAN 3 - 1944
(Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1943, at 10:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1943, to Dec 31 1943, and that I last saw him alive on Dec 31 1943.

Immediate cause of death Cardiac failure — Duration

Due to acute pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Kaye
Address John Hopkins Date signed 1/1/43 M. D.

VS 150

G 12290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G 12290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Md. gen. Hosp
(c) Hospital or institution: Md. Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2503 Maryland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edgar Fowler

3 (b) If veteran, name war –

3 (c) Social Security Account No. 215-22-5444

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lydia - Fowler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-10-84

8. AGE: Years 59 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business Md. Dry. Dock

FATHER 12. Name Reese Fowler

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Emma Sellers

15. Birthplace Baltimore, Md.

16 (a) Informant Lydia Fowler

(b) Address 1203 Poplar Grove St

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1-3-44 (month) (day) (year)

(c) Cemetery or crematory Moreland Pk

Location Baltimore Md

18 (a) Funeral director Leonard D. Covington

(b) Address 21 W 20th St

19 (a) 1-3-1944 (Date received by Registrar) (b) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/30 1943, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/20 1943, to 12/30 1943, and that I last saw h/ was alive on 12/30 1943.

Immediate cause of death Hypertensive

Due to C.V.D.

Due to (Decompensated)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]

Address Md. Gen'l Hosp. Date signed 12/30/43 M. D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43D

Registered No. G 12291

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2803 Southern ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2803 Southern ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amanda E Talbot

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Albert M. Talbot

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Nov 18 1870

8. AGE: Years 73 | Months 1 | Days 19 | If less than one day 3 hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation
11. Industry or business At home

FATHER
12. Name Saml R Mintz
13. Birthplace NC

MOTHER
14. Maiden Name Unknown
15. Birthplace NC

16 (a) Informant Albert M Talbot
(b) Address 2803 Southern ave

17 (a) Burial (b) Date thereof Jan 4th
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Quarr

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2005 Orleans

19 (a) Date received JAN 3 1944 (b) Registrar Huntington Williams

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1943, to Dec 31 1943, and that I last saw h alive on Dec 31 1943

Immediate cause of death Myocardiosclerosis
Cardio-Vascular Disease

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hyland Godby M. D.
Address 2703 Harford Ave Date signed 1/3/44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

G 12292 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 723 N Kenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 723 N Kenwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Kamenk

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Albert C Kamenk
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Jan 11 1863

8. AGE: Years	Months	Days	If less than one day
80	11	29	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business at home

FATHER
12. Name John Yaeger
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Lauer
15. Birthplace Germany

16 (a) Informant Albert C Kamenk
(b) Address 923 N Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9 43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location City

18 (a) Funeral director Ulrich & Funeral Home
(b) Address 2004 E Orleans St

19 (a) JAN 3 - 1944 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1943, at 9-9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1943, to Dec 30 1943, and that I last saw h[er] alive on Dec 29 1943.

Immediate cause of death Bronchs - Pneumonia — Duration 12/23/43
Albany Grippe - Bronchitis — 12/23/43
Due to — —
Due to — —
Other Conditions Cardio - vascular renal - Sclerosis — 5 yrs
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature Louis F. Krumbein M.D.
Address 722 N. Kenwood Ave Date signed 1/3/44

LOUIS F. KRUMBEIN, M.D.
722 N. KENWOOD AVE.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~G 12233~~ ✓ G 12293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 938

Registered No. .....

1. PLACE OF DEATH:
Baltimore City, Maryland
(b) Street address 124 S. Conkling St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 124 S Conkling
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Annie Bauernfeind

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife William Bauernfeind
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Nov 11 1873

8. AGE: Years	Months	Days	If less than one day
70	1	19	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

MOTHER FATHER
12. Name Louis Schroeder
13. Birthplace Germany
14. Maiden Name Catherine Elizabeth Traeger
15. Birthplace Germany

16 (a) Informant Mrs Selma Bauern Feind
(b) Address 124 S Conkling St

17 (a) Burial (b) Date of [illegible] 1-3-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E. Monument St

19 (a) ..... (b) [illegible] for Wilson, Registrar
(Date rec'd by registrar)
JAN 3 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 1943, at 9:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-17-43 19 ..... to 12-30-43 19 .....
and that I last saw h[illegible] alive on 12-30-43 .....

Immediate cause of death
Cerebral Thrombosis
a) Arteriosclerotic Cardiovascular Disease
Due to Generalized Arteriosclerosis
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)

Duration

Date of operation .....
Major findings of operations: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature John Costantini MD
Address 134 S Conkling St Date signed 12-31-43
M. D.

COSTANTINI

M. D. B. 1268-9

12294 V G 12294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

923

PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. 3429 Woodstock Ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Rebecca Ann McDaniel

(a) Residence: No. 3429 Woodstock Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo G. McDaniel

6. DATE OF BIRTH (month, day, year) June 5 1879

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
64	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jesse Krauss

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Dorothy Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Gladys Krauss

(Address) 3429 Woodstock ave

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Pk Date Jan 3 1944

19. UNDERTAKER Wm. H. Kennard Home

(Address) 1848 E Preston St

JAN 3 1944

20. Filed ..... 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30, 1943

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1943, to Dec. 29, 1943

I last saw her alive on Dec. 29, 1943. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infarct of Brain	

Other contributory causes of importance:

Rheumatic Heart with Fibrillation Mitral Insufficiency

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) A. Helpine M. D.

(Address) 1927 E North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

C 12295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93

C 12295 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 415 N Montford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 6

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 415 N. Montford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Philippina L. DeLeff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Geo J. DeLeff
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Jan 10 - 1866

8. AGE: Years	Months	Days	If less than one day
77	11	22	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name Peter Frey
13. Birthplace Germany

MOTHER
14. Maiden Name Catharine Bartel
15. Birthplace Germany

16 (a) Informant Geo J. DeLeff
(b) Address 415 N Montford

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto Co Md

18 (a) Funeral director Wm J Tunnell Home
(b) Address 2008 Orleans St

19 (a) 2 - 1944 (Date rec'd by registrar) (b) Huntingtown Williams, MD Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 1944, at 3:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/17/1943 to 1/2/1944 and that I last saw h alive on 1/1/1944

Immediate cause of death Myocardial Degeneration Duration 6 mos
Due to Arteriosclerosis 7 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. D. Hergman M. D.
Address 1710 Eutaw Pl Date signed 1/4/44

C 12296

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13 B

Registered No. C 12296

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 East 30th St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6 E. 30th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George J. Philbin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorded

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 15 1883

8. AGE: Years	Months	Days	If less than one day
60	9	17	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Manager

11. Industry or business Sports Centre

FATHER
12. Name Thomas Philbin
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary McGowan
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Joseph J. Philbin
(b) Address 3425 Guilford Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4, 1944 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director H. W. Meamson
(b) Address 805 N. Calvert St.

19 (a) JAN 3 - 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2nd 1944, at 4.10 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pulmonary hemorrhage

Due to Chronic pulmonary Tuberculosis

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Jan. 2nd 1944

G 12297

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

750 Registered No. G 12297

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1425 Bank St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1425 Bank St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Raffaele De Angelo

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: male
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elisabetta De Angelo
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29 1876

8. AGE: Years	Months	Days	If less than one day
67	6	1	hr. min.

9. Birthplace Avellino Italy (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Domenico De Angelo
13. Birthplace Italy

MOTHER
14. Maiden Name Filomena Freccioni
15. Birthplace Italy

16 (a) Informant Carmel De Angelo (Son)
(b) Address 1517 Bank St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3/44 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cemetery
Location German Hill Rd.

18 (a) Funeral director Frank Falla Son
(b) Address 52 N. Morley St. Huntingtown Williams, Md.

19 (a) JAN 3 1944 (Registered by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 1943, at 2.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 22 1943 to Dec 30 1943 and that I last saw h/ M alive on Dec 30 1943

Immediate cause of death	Duration
Hemorrhage from Esophageal Varices	1 YR.
Due to Enlarged Spleen	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Anthony Fiorini M. D.
Address 527 York Rd. Date signed Jan 2 44

G 12298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164c

✓ G 12298

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly, and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1650 Bush St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Williams Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	W.

6 (b) Name of husband or wife Kate Hamilton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1, 1863

8. AGE: Years	Months	Days	If less than one day
80	2	29	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Ret. Eng. (Bro)

11. Industry or business —

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Family
(b) Address 1650 Bush St.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 1-8-44 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn, Md

18 (a) Funeral director Jos. L. McKeney
(b) Address 130 E. Fort Ave.

19 (a) (Date received by Registrar) (b) Huntington Williams Registrar

JAN 3 1944

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1943, at 9:50 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑ homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bullet wound of chest.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury December 30, 1943 M.
(b) Where did injury occur? 1650 Bush St.
(c) Did injury occur at home, on farm, industrial place, in public place? At home While at work? No
(d) Means of injury Shot himself in chest.

23. Signature Robert Lee Gratton M.D. Medical Examiner.
Date signed Dec. 31, 1943

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 12299

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 310 E. Belvedere Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 310 E. Belvedere Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Kirsti Berg

3 (b) If veteran, name war

3 (c) Social Security Account No. –

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harold Berg

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4 - 1889

8. AGE: Years 54 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace Vegusdal, Norway
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Oslak Vegusdal
13. Birthplace Norway

MOTHER
14. Maiden Name Unknown
15. Birthplace Norway

16 (a) Informant Mrs. D. R. Williams
(b) Address 310 E. Belvedere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 7 - 1944 (month) (day) (year)

(c) Cemetery or crematory Moreland Memorial Park
Location Baltimore Co. Md.

18 (a) Funeral director Burger Funeral Home
(b) Address 3631 Falls Road

JAN 3 - 1944 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1 - 1944, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1943 to Jan 1 1944, and that I last saw h alive on Jan 1 1944.

Immediate cause of death: Coronary Thrombosis

Due to: Arteriosclerosis

Due to:

Other Conditions: Influenza.

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration: – | | | | 3 Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Hoff M. D.

Address 2020 4, Cleveland Date signed 1/3/44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Incomplete G-12300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

✓ G 12300 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1620 Poplar Grove St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

15 16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 Poplar Grove St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GRACE HEIRD MURRAY

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Emory Wilson Murray

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1/20/1890

8. AGE: Years 53 | Months 11 | Days 11 | If less than one day hr. min.

9. Birthplace: Balto. Co., Md.
(Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER
12. Name: Samuel C. Heird
13. Birthplace: Carroll Co., Md.

MOTHER
14. Maiden Name: Catherine Meads
15. Birthplace: Balto., Md.

16 (a) Informant: Miss Alice L. Heird, sister
(b) Address: 1620 Poplar Grove St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/44 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Baltimore, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

JAN 3 - 1944 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 31, 1943, at 6:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1941, to Dec 31 1943, and that I last saw her alive on Dec. 31 1943.

	Duration
Immediate cause of death: Bronchial pneumonia	4 days
Due to: Grippe	2 wks
Due to:	
Other Conditions: Myocardial weakness	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: J. E. Schmidt M. D.
Address 2924 Brighton Date signed 1/1/44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12301 ✓ C 12301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1836 Division St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1835 Division St
(If rural give location)
(e) Citizen of foreign country? (Yes or ~~No~~)
If yes, name country

3 (a) FULL NAME Wm H Francis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	Colored	Married

6 (b) Name of husband or wife Sadie Francis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Wm H. Francis
13. Birthplace Md

MOTHER
14. Maiden Name Mrs Sarah J. Smith
15. Birthplace Md

16 (a) Informant Mrs Esther Francis
(b) Address 1836 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-44 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Brooklyn Md

18 (a) Funeral director Geo T.A. Gibson Sr
(b) Address 1735 Druid Hill Ave

19 (a) (Date received by Registrar) (b) Harrington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/31 1944 at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/20 1944 to 12/31 1944 and that I last saw her alive on 12/31 1944.

Immediate cause of death Ch. Nephritis

Due to Uraemia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Barkdale M.D.
Address 2139 Druid Hill Ave Date signed 1-4-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

48895 G 12302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937 G

Registered No. .....

1. PLACE OF DEATH:
Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution:
JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 D
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1135 Park Ave
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME John Reese

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Emma Reese
6 (c) If alive, give age 58 years
7. Birth date of deceased (mo., day, yr.) 1-12-63
8. AGE: Years 80 | Months 11 | Days 18 | If less than one day ..... hr. ..... min.
9. Birthplace Maryland (town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name John Reese
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Dixon
15. Birthplace Maryland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4, 1944 (month) (day) (year)
(c) Cemetery or crematory Antrim State
Location Catonsville, Md.

18 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 1631 David Hill Ave.

19 (a) ..... (Date rec'd by Local Registrar) JAN 3 - 1944 (b) Huntington Willis (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 1943 at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1943 to Dec 30 1943 and that I last saw him alive on Dec. 30 1943.

	Duration
Immediate cause of death Cardiac failure	2
Due to Arteriosclerotic heart disease	7
Due to	
Other Conditions Bundle branch block	7

(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature TB Schwartz
Address Johns Hopkins Hosp. Date signed 12/30/43 M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12303 ✓ C 12303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3010 Northway Drive
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3010 Northway Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm.F.C.Hartje

3 (b) If veteran, name war ---

3 (c) Social Security Account No. 212-18-9362

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Rose E.Hartje

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec.26,1870

8. AGE: Years 73 | Months 0 | Days 3 | If less than one day hr. min.

9. Birthplace Balto.Md.
(Town, county, and state)

10. Usual Occupation Auctioneer

11. Industry or business Sam.W.Pattison & Co

FATHER
12. Name Wm.Hartje
13. Birthplace Germany

MOTHER
14. Maiden Name Rika Becker
15. Birthplace Germany

16 (a) Informant Mrs.Rose E.Hartje
(b) Address 3010 Northway Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan.3,1944 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Balto.Md.

18 (a) Funeral director Philip Sherwood Sons
(b) Address 2024 Orleans St.

19 (a) Date received by Registrar JAN 3 1944 (b) Registrar Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29 1943 at 8:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-26 1943, to 12-29 1943 and that I last saw h[illegible] alive on 12-29 1943

Immediate cause of death Hypertensive Cardiovascular Disease — Duration 7 yrs.

Due to —

Due to —

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy none performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Francis J. Januszeski M.D.
Address 5129 Harford Rd Date signed 12/31/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B 12304

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 12304 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12
(c) Hospital or institution: Union Memorial

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 days

USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Friendship
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) Yes
If yes, name country

3 (a) FULL NAME Joyce Ann Stallings

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F M	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/10/1942

8. AGE: Years	Months	Days	If less than one day
1	12	22	hr. min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Andrew Grier

13. Birthplace

MOTHER 14. Maiden Name Thelma Stallings

15. Birthplace

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3/44 (month) (day) (year)

(c) Cemetery or crematory Mt Harmony

Location Calvert Co Md

18 (a) Funeral director Wm H Hutchins

(b) Address Calvert Co (Owings) for Williamsburg Md

19 (a) (Date received by registrar) (b) Registrar

JAN 3 - 1944

VR 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 1944 at 11:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/9 1943 to 1/2 1944 and that I last saw h.CT. alive on 1/2 1944.

Immediate cause of death Respiratory failure

Due to Aspiration

Due to Post Pertussis Pneumonia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1 wk.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Hughlett Cowen Jr. M. D.

Address Lincoln Mem Date signed 1/2 44

G 12305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 12305

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Eutaw and Greene Sts

(c) Hospital or institution: University Hospital 16

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 day

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 910 N. Carrollton Ave

(If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME Sarah Tyler.

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	colored	single.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1921

8. AGE: Years	Months	Days	If less than one day
23			hr. min.

9. Birthplace Md (Town, county and state)

10. Usual Occupation house work

11. Industry or business

FATHER

12. Name James Raymond

13. Birthplace Virginia

MOTHER

14. Maiden Name Minnie Johnson

15. Birthplace Virginia

16 (a) Informant Mary E. F. Turner

(b) Address 1106 W. Lanvale St

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-5-44 (month) (day) (year)

(c) Cemetery or crematory Greenmount Memorial Pk

Location Balto, Md.

18 (a) Funeral director Archibald D. Gaddis

(b) Address 2101 McCulloh St.

JAN 3 - 1944 (Date rec'd by Registrar)

(b) Huntington Williams M.D. (Signature of Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-30-43 19 , at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from here 19 12-18-43 and 12-30-43 and that I last saw her alive on 12-30-43 19

Immediate cause of death Bilateral pneumonia.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Raymond E. Rangle M. D.

Address University Hospital Date signed 12-30-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 12306 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 201 S. Calhoun St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 79
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 201 S. Calhoun St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Julia Craycroft

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife James B
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 28-1864

8. AGE: Years	Months	Days	If less than one day
79	4	3	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Jos. B. Loane
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Morrison
15. Birthplace Balto Md.

16 (a) Informant Eva L. Jepp.
(b) Address 201 S. Calhoun St

17 (a) Burial (b) Date thereof Jan 3. 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Balto City

18 (a) Funeral director Pott & Baetzhold
(b) Address Pott & Stricker Sts.

19 (a) (b) Registrar
(Date rec'd by registrar)

JAN 3 1944 Huntingdon Williams, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/31 1943, at 8:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1943, to December 1943, and that I last saw her alive on 12-27 1943.

Immediate cause of death Arteriosclerotic C.V. Lesion — Duration 3 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hunter Williams M. D.

Address 5207 Harford Rd Date signed 12/31/43

G 12307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8/a

✓ G 12307 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Usual residence
(c) Hospital or institution: Balto Gen. (O.O.A.)
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2417 Cannon Court (If rural give location)
(e) Citizen of foreign country? ANNOR Ct. (Yes or No)
If yes, name country

3 (a) FULL NAME Patsy Cann Seitzer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5 - 1940

8. AGE: Years 3 | Months 7 | Days 27 | If less than one day ____hr. ____min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation —
11. Industry or business

FATHER
12. Name Coyter E. Seitzer
13. Birthplace Md

MOTHER
14. Maiden Name Sally Young
15. Birthplace Md

16 (a) Informant Father
(b) Address 2417 Cannon St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5 - 44 (month) (day) (year)
(c) Cemetery or crematory Railway Md. P.R.
Location Conover Md.

18 (a) Funeral director Edward Faulkner
(b) Address 2359 Wash Blvd.

JAN 3 - 1944 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1944, at 12:35 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Purulent meningitis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Kent Lee Fraker M.D.
Medical Examiner.
Date signed January 3, 1943

VS 151

4509

G 12308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46a

G 12308 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore 10
(If outside city or town limits, write RURAL and give town)
(d) Street No. 600 N. Clinton St
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Charles J. Bonifacino

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Cecilia Bonificino
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) 12-20-95

8. AGE: Years 48 | Months - | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation Locomotive Eng.

11. Industry or business

FATHER 12. Name Lewis Bonificino
13. Birthplace Italy

MOTHER 14. Maiden Name Phyllis
15. Birthplace Italy

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/44 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Wilmington Del.

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 Boundary Ave

1944 JAN 3 - (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 1944 at 9 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1943 to Jan 2 1944 and that I last saw him alive on Jan 2 1944

Immediate cause of death Post-Operative pulmonary Atelectasis — Duration .....

Due to ..... — .....

Due to ..... — .....

Other Conditions ..... — .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: Carcinoma of Esophagus

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Ry W. Saunders M.D.
Address Johns Hopkins Hospital Date signed Jan 4 1944

VS 150

G 12309 G 12309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County St. Mary's Co.
(c) City or town Leonardtown (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME George Paul Curtis, Jr.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Black	married

6 (b) Name of husband or wife Jane Curtis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1871

8. AGE: Years	Months	Days	If less than one day
72	4	16	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name George P. Curtis
13. Birthplace unknown

MOTHER
14. Maiden Name R. Mills
15. Birthplace unknown

16 (a) Informant Jane Curtis
(b) Address Leonardtown, St Mary's Co.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-44 (month) (day) (year)
(c) Cemetery or crematory Leonard Town
Location St Mary's Co

18 (a) Funeral director Percy B Robinson
(b) Address Leonard town Md

JAN 3 1944 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 2 44 1944, at 5:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 25 1943 to Jan. 2 1944 and that I last saw h.i.m alive on Jan. 2 1944

Immediate cause of death Uremia — Duration 2 wks
Due to Renal failure
Due to burns
Other Conditions senile arteriosclerosis

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 21 at 1943 at ? M
(c) Where did injury occur? Leonardtown St. Mary's County (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Burning paper & clothes caught fire

23. Signature John C. Szczerbicki M. D.
Address Mercy Hosp. Date signed 1/3/44

Robert Lee Curtis
Jan 3 1944

012510 — BALTIMORE CITY HEALTH DEPARTMENT — G 12510

CERTIFICATE OF DEATH

58E

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4013 Woodlea Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4013 Woodlea Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN A. EBERT

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-7493

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Ruth (nee Reinhard)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/17/02

8. AGE: Years	Months	Days	If less than one day
41 yrs.	5	15	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business Bethlehem Steel

FATHER
12. Name George J. Ebert
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Barbara Pipla
15. Birthplace Czechoslovakia

16 (a) Informant Wife
(b) Address 4013 Woodlea Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/44 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Balto. Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

JAN 3 - 1944 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 2 1944, at 12.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JUNE 1943, to JAN 2 1944
and that I last saw him alive on JAN 2 1944

Immediate cause of death [redacted] Duration
RHEUMATIC FEVER 9 MO
Due to ACUTE DILATATION (CARDIAC) 2 DAYS
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [redacted] M.D.
Address 328 McElderry St. Date signed Jan 3-44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Md.
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 812 N. Port Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Jurkowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Helen (nee Sadilek)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/4/08

8. AGE: Years	Months	Days	If less than one day
35 yrs.	2	25	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Filling Station Attendant
11. Industry or business Esso Station

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Wife
(b) Address

17 (a) Burial (b) Date thereof 1/3/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Holy Redeemer
Location Belair Rd. Baltimore, Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) JAN 1 1944 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29, 1943, at 8:30 A M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 12-29-43

G 12312 ✓ G 12312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 884 W Fairmont ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Jacob Simms

(a) Residence. No. 884 W Fairmont St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Simms

6. DATE OF BIRTH (month, day, year) March 26 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annandale Annje Co Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Louise Holmes

(Address) 884 W Fairmont ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Jan 3 1944

19. UNDERTAKER Joseph A Lively

(Address) 409 W Mount Street

20. FILED JAN 3 - 1944 19 Huntington for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/29/43. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1943 to Dec 29 1943

I last saw her alive on Dec 28 1943 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 days
Other contributory causes of importance: Hypertension,	Unknown

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Walter D Lester M. D.

(Address) 402 S Edmondson

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 3

G 12313

AB-80682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 13 B

G 12313 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 420 N. Bethel St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothy Watkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Paul

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4-1915

8. AGE: Years 28 | Months 10 | Days 27 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Agrippa Turner
13. Birthplace Md.

MOTHER
14. Maiden Name Lena Curry
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (b) Date thereof Jan. 5. 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Calvary
Location Anne Arundel County

18 (a) Funeral director Joseph A. Lisby
(b) Address 402 N. Mount Street

19 JAN 3 - 1944 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/31 19 43 at 1:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/15 19 43, to 12/31 19 43, and that I last saw her alive on 12/29 19 43.

Immediate cause of death
Pulmonary TBC
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

Date of operation
Major findings of operation:
of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Mall M. D.
Address R-C-11 Date signed 12/31/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 12314 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp Balto. Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2729 Englewood Rd. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Cunningham

3 (b) If veteran, name war No
3 (c) Social Security Account No. No

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Rosalia Cunningham
6 (c) If alive, give age Dec years

7. Birth date of deceased (mo., day, yr.) Dec 31 1857

8. AGE: Years 86 | Months 2 | Days 0 | If less than one day hr. min.

9. Birthplace Wash. D.C. (Town, county, and state)

10. Usual Occupation Retired Bumper

11. Industry or business Commissions

FATHER
12. Name Joseph Cunningham.
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Frances ?
15. Birthplace Ireland

16 (a) Informant Mrs Elvira Erwin (daughter)
(b) Address 2729 Englewood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4 1944 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Balto, Md.

18 (a) Funeral director Henry Sanders & Sons Inc.
(b) Address North ave & Broadway

JAN 3 1944 (Date) rec'd (Year) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/31 1943 at 4 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/16 1943 to 12/31 1943 and that I last saw h. alive on 12/31 1943

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ross C. Brooks M. D.
Address Mercy Hosp Date signed 1/3/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12315

#46989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

112

C 12315 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2109 E Fairmount
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Meyer Abramson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Hannah Abramson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): ? 1880

8. AGE: Years 64 | Months | Days | If less than one day: hr. min.

9. Birthplace: Poland
(Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business

FATHER
12. Name: Abraham Abramson
13. Birthplace: Poland

MOTHER
14. Maiden Name: Fagie -?
15. Birthplace: ? Poland ?

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-44 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Mt. Carmel
Location:

18 (a) Funeral director: Jack Levine Inc
(b) Address: 1439 E. Balto. St

19 JAN 3 - 1944 Huntington Williams M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 3 1944, at 4:08 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 1 1944, to JAN 3 1944, and that I last saw him alive on JAN 3 1944.

Immediate cause of death: Cardiac failure

Due to: Pulmonary hypertension

Due to: Asthma bronchial

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 1/3/44

G 12316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

G 12316

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvedere & Greenspring Ave
(c) Hospital or institution:
Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere & Greenspring Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Israel Kramer

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Sophia Kramer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1854

8. AGE: Years	Months	Days	If less than one day
90			hr. min.

9. Birthplace Retired Jeweler Russia
(Town, county, and state)
10. Usual Occupation Retired Jeweler
11. Industry or business

FATHER
12. Name —
13. Birthplace Russia

MOTHER
14. Maiden Name —
15. Birthplace Russia

16 (a) Informant Jacob Philip Kramer
(b) Address 2590 Druid Pk. Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-44 (month) (day) (year)
(c) Cemetery or crematory Oak Chaim Cem
Location Wash. Blvd.

18 (a) Funeral director Jos. Levin Inc
(b) Address 1439 W. Balto St

19 JAN 3 — 1944 (b) Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1944, at 6:29 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/2/1943 to 1/3/1944, and that I last saw him alive on 1/2/1944

Immediate cause of death Adenocarcinoma of rt mamil — Duration 1936

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Rt. Rad. Mast. McKulicz March 1936.

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Edmund Levin M. D.
Address Levindale Date signed 1/3/44

G 12317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 307

Registered No. G 12317

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1515 Argyle Ave.
(c) Hospital or institution: 14

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 Argyle Ave. 30
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Hardy

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Emma Hardy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4 1895

8. AGE: Years	Months	Days	If less than one day
48 S.T.	8	27	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Barber
11. Industry or business Employed

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Emma Hardy
(b) Address 1515 Argyle Ave

17 (a) Burial (b) Date thereof 1-4-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md.

18 (a) Funeral director Robert L. Jennings
(b) Address 651 Madison ave

19 JAN 3 - 1944 (b) Hunting for Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1943, at 7:15 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Syphilitic aortitis and Valvulitis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert L. Jennings M.D.
Medical Examiner.
Date signed December 31, 1943

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12318

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93E

C 12318 Registered No.

1. PLACE OF DEATH:
Baltimore City, Maryland
(b) Street address 3321. Mueller St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3321. Mueller St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If so, name country

3 (a) FULL NAME Robert J. MOREHEAD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male.

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Stella Morehead

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22 1880

8. AGE: Years 63 64. Months 5 6 Days 10 8 If less than one day hr. min.

9. Birthplace Philadelphia Pa.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Thomas J. Morehead.
13. Birthplace Philadelphia Pa.

MOTHER
14. Maiden Name Mary V. Taylor
15. Birthplace Baltimore Md.

16 (a) Informant Stella V. Morehead
(b) Address 3321. Mueller St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1. 3. 1944 (month) (day) (year)

(c) Cemetery or crematory Mount Carmel
Location Odonnell St

18 (a) Funeral director Wendell J Dippel
(b) Address 317. S. Highland Ave

JAN 3 - 1944 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 1943 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1943 to Dec 30 1943 and that I last saw him alive on Dec 28 1943

Immediate cause of death Myocarditis — Duration ?

Due to Acute Bronchitis — from 12-6-43

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. J. Davidson M. D.
Address 3218 Edgerton Ave Date signed 1-2-44

Dr Monninger 840 E Fort Ave

12319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 25

Registered No. G 12197

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lanvale & Calhoun st
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 Linden Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Barbara Jean Doerr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White Fathers Ralph Doerr | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Dec 13- 43

8. AGE: Years | Months | Days 19 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ralph Doerr
13. Birthplace

MOTHER
14. Maiden Name Marjorie Boese
15. Birthplace New Jersey

16 (a) Informant Ralph Doerr
(b) Address 1612 Linden Ave

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 1 3 44 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Pk
Location Baltimore Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul Street

19 (a) Date received JAN 3 1944 (b) Registrar Huntington Wilkinson, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/1/44 19 ..., at 3.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1943 to 1/1 19 44 and that I last saw h e alive on 1/1 19 44

Immediate cause of death

Due to J.C. Ophthalmia

Due to Pulmonary Atelectasis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur C Monninger M.D.
Address 800 E North Ave Date signed 1/5/44

G 12320

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 44a

G 12320 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2110 Allegheny Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK T. SLOWIKOWSKI

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-9521

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/9/1905

8. AGE: Years 38 | Months 1 | Days 22 | If less than one day ____hr. ____min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Ham smoker

11. Industry or business CORKRAN HILL & CO Inc.

FATHER 12. Name John Slowikowski
13. Birthplace Poland

MOTHER 14. Maiden Name Antonina Wisniecka
15. Birthplace Baltimore Md.

16 (a) Informant Antonina Slowikowski
(b) Address 418 S Ann st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-44 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore, Md.

18 (a) Funeral director George A. Weber
(b) Address 704 S Ann st

JAN 3 - 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1st 1944, at 7 15 AM

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 1-1-44

Please write plainly with pen and ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

Registered No. C 12321

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 613 W. Franklin
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 613 W. Franklin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sadie Parker Bagwell Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Nicholas Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1890

8. AGE: Years 53 | Months 2 | Days 17 | If less than one day hr. min.

9. Birthplace Northampton Va.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James L. Bagwell
13. Birthplace Va.

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Mayes Foster
(b) Address 1519 Edmondson Ave

17 (a) Burial (b) Date thereof Jan. 3, 1944
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem.
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) (b) Registrar
(Date rec'd by registrar)
JAN 3 - 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1943, at 11:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 21 1943, to Dec. 29 1943 and that I last saw h[illegible] alive on Dec 29 1943

Immediate cause of death Acute Myocarditis — Duration 1 Day

Due to Lobar Pneumonia — 5 Days

Due to La Grippe — 3 Days

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. L. Loy Bagwell

Address 1420 E. Chase Date signed 1-3-44
M. D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12322 / 83a

Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 664 W Lanvale St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 664 W Lanvale St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene Leonard Connor

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Eliza Connor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 1, 1874

8. AGE: Years: 69 | Months: 11 | Days: - | If less than one day: hr. min.

9. Birthplace: Va. (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER 12. Name: Abraham Connor
13. Birthplace: Va

MOTHER 14. Maiden Name: Elizabeth
15. Birthplace: Va

16 (a) Informant: Ralph Williams
(b) Address: 607-4th St. N. W. Wash. D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4, 44 (month) (day) (year)
(c) Cemetery or crematory: Aldbrook W. Va.
Location:

18 (a) Funeral director: Wm. Hector R. Williams
(b) Address: 222 N. Edmondson Ave

19 (a) Jan 3 1944 (Date received by registrar) (b) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1944, at 10:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1943 to Jan 1 1944, and that I last saw h[illegible] alive on Jan 1 1944

Immediate cause of death: Cerebral hemorrhage — Duration: 24 hrs

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [illegible] M. D.
Address: 1718 Eutaw Pl Date signed: Jan 3 44

G 12323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1218

G 12323

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 W. Franklin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 W. Franklin St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Porter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	Widow

6 (b) Name of husband or wife Jacob Porter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10, 1877

8. AGE: Years	Months	Days	If less than one day
66	9	19	hr. min.

9. Birthplace Cambridge Md.
(Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Julia Roberts
15. Birthplace Md

16 (a) Informant Allen L. Pratt
(b) Address 1708 W. Franklin St

17 (a) Burial (b) Date thereof Jan. 4-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cambridge Md
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 922 N. Schroeder St

19 (a) JAN 3 - 1944 (b) Huntingtown Williams, Md.
(Date rec'd by local registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1943, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 1943 to Dec 29 1943 and that I last saw him alive on Dec 29 1943

Immediate cause of death

Acute Congestive heart failure

Due to Chr Myocarditis

Due to Chronic Nephritis.

Duration

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. F. Howell M. D.

Address 201 N. Carroll St. Date signed 1/3/44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1312

Registered No. C 12324

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 606 Dolphin St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 Dolphin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Savage

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col.	Married

6 (b) Name of husband or wife Gracie B Savage
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1885

8. AGE: Years	Months	Days	If less than one day
58	5	27	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Labour
11. Industry or business

FATHER
12. Name
13. Birthplace Md.

MOTHER
14. Maiden Name Georgiama
15. Birthplace Md.

16 (a) Informant Gracie B. Savage
(b) Address 606 Dolphin St.

17 (a) Burial (b) Date thereof Jan 4-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs. Katie L Williams
(b) Address 322 N. Schroeder St.

19 (a) (b) Huntington Williams M.D.
(Date received by local registrar) (Signature of local registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 1943, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1943 to Dec 30 1943, and that I last saw h[illegible] alive on Dec 30 1943.

Immediate cause of death	Duration
Hypostatic Pneumonia	1 day
Due to Cardio Renal	1 mo
Due to	2 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. N. Hatcher
Address 1125 Park Date signed 1/3/43

G 12325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 12325 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 795 W. Mulberry St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 795 W. Mulberry St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Sturgis

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/15/1882

8. AGE: Years	Months	Days	If less than one day
61	4	15	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business

FATHER
12. Name Charles Sturgis
13. Birthplace Va

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Mary Sturgis (Wife)
(b) Address 795 W. Mulberry St

17 (a) Burial (b) Date thereof 1/3/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem'l. Pk.
Location Baltimore County, Md.
18 (a) Funeral director Charles G. Cooper
(b) Address 512 N. Carrollton Ave.
19 (a) (b)
JAN 3 1944 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/30/43 19 , at 4:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/20 1943 to 12/30 1943 and that I last saw h alive on 12/30 1943

Immediate cause of death
Acute Cerebral Hemorrhage
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
Lobe

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles G. Woodall M. D.
Address 861 Hamilton Ave. Date signed 1/3/44

G 12326

AB-85721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 12326 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 709 W. Franklin St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Zende Allen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife: ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June-16-1903

8. AGE: Years 40 | Months 6 | Days 16 15 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Washer-woman

11. Industry or business

FATHER
12. Name Thomas C. Lee
13. Birthplace N.C.

MOTHER
14. Maiden Name Florence Mitchell
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/44 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Balto. Md.

18 (a) Funeral director Chas. Hooper
(b) Address 512 Carrollton Ave.

19 (a) (Date rec'd by registrar) JAN 3 VS 1944 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/1 1944, at 6:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/31 1943, to 1/1 1944, and that I last saw h[illegible] alive on 1/1 1944.

Immediate cause of death
Cardiac failure

Due to Arteriosclerotic heart disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Heb M. D.
Address B.C.H. Date signed 1/1/44

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB69778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. 1271

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Yrs-1 mos-25 days

(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 648 W. Franklin St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Oliver Richburg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Prince

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct-11-1903

8. AGE: Years	Months	Days	If less than one day
35	2	20	hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation Insurance Collector for

11. Industry or business Mutual Benefit

FATHER

12. Name Willie Richburg

13. Birthplace S.C.

MOTHER

14. Maiden Name Josephine Sumter

15. Birthplace S.C.

16 (a) Informant BALTIMORE CITY HOSPITALS

(b) Address RECORDS

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1/4/44 (month) (day) (year)

(c) Cemetery or crematory Elizabeth Baptist Cem. Location Mannings S.C.

18 (a) Funeral director Charles Horsey

(b) Address 512 Carrollton Ave

19 (a) Filed 1-3-1944 (b) Registered by Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/31 19 43 at 10:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-27 19 43 to 12/31 1943 and that I last saw him alive on 12/31 19 43

Immediate cause of death

Pulmonary Tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 2 Yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Paul Mott

Address B.C.H. Date signed 1/1/44 M. D.

E 12328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94W

G 12328 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 864 N. Fayette Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Trigg Walters

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Mable L. Walters

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Aug 17, 1878

8. AGE: Years	Months	Days	If less than one day
65	4	15	hr. min.

9. Birthplace Christianburg, Va
(Town, county, and state)

10. Usual Occupation Steam fitter

11. Industry or business

FATHER
12. Name Trigg M. Walters
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace Va

16 (a) Informant Mrs. Mable L. Walters
(b) Address 412 E. Lafayette Ave

17 (a) Funeral (Burial, cremation, or removal) (b) Date thereof 1/4/44 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location 2920 Frederick Ave.

18 (a) Funeral director John F. Cowan & Son
(b) Address 901-03 Hollins St.

19 (a) (Date rec'd by registrar) (b)

JAN 3 1944

VS 151 Printing for Williams Printing Co.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-1- 19 44, at 3:10 P.M.

21. I certify that I took charge of the remains described above, held an Partial autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary disease

Due to

Other Conditions Hypertrophy dilatation of heart.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 1-2-44

G 12329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 12329 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4702 Harford Avenue
(c) Hospital or institution:
Harford Convalescent Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 65 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1811 N. Regester Street (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Margareth Ludwig

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Frank Ludwig
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1864.

8. AGE: Years	Months	Days	If less than one day
79	10	21	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Trebes
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. John J. Breymaier
(b) Address 3212 Putty Hill Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4, 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Balto; Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) Huntington Williams, M.D. Registrar
(Date rec'd by Local Reg.)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1943, at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1943 to 12/31 1943, and that I last saw h-- alive on 12/29 1943.

Immediate cause of death	Duration
Pulmonary edema	2 weeks
Due to Arteriosclerotic cardio	
Due to vascular disease	2 yr.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hadda Gotch M. D.
Address 5100 Harford Ave Date signed 1/5/44

G 12330

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1944

G 12330 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5202 Tilbury Way
(c) Hospital or institution: N. H.
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5202 Tilbury Way
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellen M Megraw

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widow

6 (b) Name of husband or wife John M Megraw
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 21 1856

8. AGE: Years 87 | Months 11 | Days 10 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Pierce Ryan
13. Birthplace Ireland

MOTHER
14. Maiden Name Caroline Rogers
15. Birthplace Balto Md

16 (a) Informant Herbert L Megraw
(b) Address Stevenson Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4 1944
(month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Pentz & Sons
(b) Address 2234 N Charles St.

19 (a) (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

JAN 3 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1st 1944, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/17 1943 to 1/1 1944 and that I last saw h alive on 12/31 1943.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease.	
Due to	
Due to	
Other Conditions Possible Malignancy of Colon.	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Zach. R. Morgan M. D.
Address 6 E Read St Date signed 1/4/44

Please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

G 12331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

Registered No. G 12331

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 498 Brunswick St.
(c) Hospital or institution: ✓

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 498 Brunswick
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** John J. Healey

3 (b) If veteran, name war: 1st World War

3 (c) Social Security Account No. 220-14-3926

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1888

8. AGE: Years	Months	Days	If less than one day
55	-	14	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Warehouseman

11. Industry or business F. A. Davis & Son

FATHER
12. Name Patrick Healey
13. Birthplace Ireland

MOTHER
14. Maiden Name Anne Manion
15. Birthplace Ireland

16 (a) Informant Helena M. Ingermaier
(b) Address 498 Brunswick St.

17 (a) Burial (b) Date thereof Jan. 3/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mem. Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Fred. J. Krance & Son
(b) Address 1914 E. Chas. St.

19 JAN 3 - 1944 (b)
(Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1943 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1943 to Dec 29 1943 and that I last saw h alive on 19

Immediate cause of death Pulmonary Tuberculosis

Duration

Due to

Due to

Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Norbert C. Nitsch M. D.

Address 215 W. Mulberry Date signed 1/2/44

Washington Williams, M.D.

G 12332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G 12332 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1004 Ashland Ct.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 Ashland Ct.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Schaible

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 16 - 1866

8. AGE: Years 77 | Months - | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Alayzius Schaible
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Schneider
15. Birthplace Germany

16 (a) Informant Theresa Schaible
(b) Address 1004 Ashland Ct.

17 (a) Burial (b) Date thereof 1-5-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Wendell E. Humphreys
(b) Address 1501 N. Broadway

19 (a) JAN 3 - 1944 (b) Hunting Park Ave.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1st 1944 at 1000 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1943 to Jan 1 1944, and that I last saw h[illegible] alive on 12/31 1943.

Immediate cause of death

Uremia and Arteriosclerosis — Duration

Due to

Due to

Other Conditions Paralysis Agitans and Myocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Olga C. Schaible M.D.

Address 1337 S. Charles St. Date signed 1/3/43

VS 8

Please write plainly, with pen and ink. Spell out all words. Do not use abbreviations or ditto marks. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12333

Registered No. 126

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Mercy Hospital 26

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore, 22
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1403 Bethlehem Ave.
(If rural give location)

(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) **FULL NAME** Steve J. Koparec (KOPERIC)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mrs. Mary Koparec

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20. 1885

8. AGE: Years	Months	Days	If less than one day
58	45	10	hr. min.

9. Birthplace Czechoslavakia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Martin Koparec
13. Birthplace Czechoslavakia

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Maryanna Koparec

(b) Address 1403 Bethlehem ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-44 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart of Mary

Location German Hill Rd

18 (a) Funeral director W. S. Falkowski

(b) Address 2007 Eastern ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VR 150

JAN - 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/30 19 43, at 5:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/30 19 43 to 12/30 19 43 and that I last saw him alive on 12/30 19 43

Immediate cause of death Cardiac Failure — Duration

Due to Cachexia

Due to Pulmonary Tbc. 4 yrs duration

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature D. B. Gray

Address Methodist Hosp. Date signed M/D 12/30/43

12334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

C 12334 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Joseph Hospital
(c) Hospital or institution: Balto Md

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 55

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 Calhoun Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard J. Mullin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1 - 1872

8. AGE: Years 71 | Months 1 | Days 0 | If less than one day hr. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Mullin
13. Birthplace Ireland

MOTHER 14. Maiden Name Don't Know
15. Birthplace Ireland

16 (a) Informant Mary Harris
(b) Address 541 E. 23rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5 - 44 (month) (day) (year)

(c) Cemetery or crematory New Cath.
Location Old Frederick Rd.

18 (a) Funeral director John A. McJan
(b) Address 2210 E Balto St.

JAN 3 - 1944 Huntington Williams
(Date rec'd by registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2 1944, at 1:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1943 to Jan 2 1944, and that I last saw h[illegible] alive on Jan 2 1944

Immediate cause of death Lobar Pneumonia — Duration 5 days

Due to Contusion of Chest following fall in out house.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence December 29 1943 at P. M
(c) Where did injury occur? Baltimore Maryland
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? Yes
(e) Means of injury Patient fell through toilet seat.

23. Signature [illegible] M. D.
Address St Joseph Hosp Date signed 1/3/44

Approved By Howard J. Weekes, M.D.

G 12335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B Registered No. G 12335

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00m
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5 N. Baxter St
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME GEORGE Lysle RIDINGS

3 (b) If veteran, name war --

3 (c) Social Security Account No. 214-05-3140

4. Sex m

5. Color or race W

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1893

8. AGE: Years	Months	Days	If less than one day
49 50	10	29	....hr. ....min.

9. Birthplace Martinsburg, W. Va.
(Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business

FATHER
12. Name George W. Ridings
13. Birthplace Martinsburg, W. Va.

MOTHER
14. Maiden Name Laura Hamill
15. Birthplace Berkeley Co., W. Va.

16 (a) Informant Mr. Charles W. Ridigns
(b) Address 3726 Greenmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/44 (month) (day) (year)
(c) Cemetery or crematory Green Hill
Location Martinsburg, W. Va

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address 1944 Balto., Md.

19 (a) JAN 3 - 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1st 19 44 at 7 40 AM

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH.....
Pontal embolism of brain

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury.....at.....M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?.....While at work?.....
(d) Means of injury.....

23. Signature A. J. Wallenmeyer M.D.
Medical Examiner.
Date signed 1-3-44

VS 151

Please write plainly, with unfading black ink. Entries must be complete and correct as of time of death. Cause of death must be certified and signature supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

950

G 12336 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard + Greene.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Dorchester
(c) City or town Baltimore Fishing Creek, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MR. JOSHUA J. SHENTON

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Stella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1878

8. AGE: Years 65. | Months 2 | Days 10. | If less than one day ..... hr. ..... min.

9. Birthplace Dorchester Co. (Town, county, and state)

10. Usual Occupation Tester - retired

11. Industry or business Davidson Chemical Co.

FATHER
12. Name Wm. E. Shenton
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Harriett Meekins
15. Birthplace Md.

16 (a) Informant Mrs. Margaret Pedone
(b) Address 2536 W. Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/44 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 JAN 3 - 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/1/44 19.. at 12 N M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/27 1943 to 1/1 1944, and that I last saw h.im alive on 1/1 1944

Immediate cause of death Congestive Heart failure

Due to Cardiac enlargement, aur. fibrillation, pericardial effusion

Due to

Other Conditions Pericardial + Pleural effusion

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clarence V. Letumis, Jr. M.D. M. D.

Address Date signed

C 12337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 330

Registered No. C 12337

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 513 W. Mulberry St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 73 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto City
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 513 W. Mulberry Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert H. Gracey

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lillie Gracey
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 1870

8. AGE: Years	Months	Days	If less than one day
73	2	20	hr. min.

9. Birthplace York County Penna.
(Town, county, and state)
10. Usual Occupation House Painting
11. Industry or business not worked in 7 yrs.

FATHER
12. Name William Gracey
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Elizabeth Gracey
15. Birthplace Virginia

16 (a) Informant Lillie Gracey
(b) Address 513 W. Mulberry St

17 (a) Burial (b) Date thereof 1/5/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto. Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 3 - 1944 (b) Huntington Williams M.D.
(Date received by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1st 1944, at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30, 1943, to Jan 1, 1944, and that I last saw him alive on Dec 31st 1943.

Immediate cause of death	Duration
Bronchopneumonia following Grippe	3 days
Due to La Grippe	
Due to cold conditions	
Other Conditions bunion over 2 years no longer not able to work (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lorenzo B. Edwards M. D.
Address 426 N. Grove St Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

C 12338

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1824 Appleton Street
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) natural

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1824 Appleton St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Harold E. Hatton

3 (b) If veteran, name war --

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lourella Hatton

6 (c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) June 6, 1881

8. AGE: Years 62 | Months 6 | Days 25 | If less than one day hr. min.

9. Birthplace Virginia Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name George J. Hatton
13. Birthplace Maryland

MOTHER
14. Maiden Name Lourda Hatton
15. Birthplace Maryland

16 (a) Informant American History
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/44 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 Filed JAN 3 - 1944 (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1 1944 at 9 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1943 to Jan 1 1944, and that I last saw h.. alive on Jan 1 1943.

Immediate cause of death Bronchial Asthma — Duration

Due to

Due to

Other Conditions Arteriosclerotic heart disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Stephen J. VanLeuven M.D.
M. D.
Address Union Memorial Hosp. Date signed Jan 6 1944

G 12339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56a

Registered No. G 12339

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3122 Grundon Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Jennie Scheidt. (Jeanette C. Scheidt)

3 (b) If veteran, name war: No

3 (c) Social Security Account No. No

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mr. Robert P. Scheidt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1879

8. AGE: Years 64 | Months 4 | Days 3 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Practical nurse

11. Industry or business

FATHER
12. Name Mr. Arthur Hart
13. Birthplace Md. (Balto)

MOTHER
14. Maiden Name Miss Martha Marshall
15. Birthplace Md (Balto)

16 (a) Informant the patient.
(b) Address above

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/44 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 3 - 1944 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 1944 at 7:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 30 1943 to Jan 2 1944 and that I last saw h[illegible] alive on Jan 1 1944

Immediate cause of death Hemiplegia, right [illegible] and [illegible]
Cerebral thrombosis, left — Duration: 31 days
Due to Hypertensive Cardiovascular
Due to disease
Other Conditions Hypertensive CVD disease
Fibroma of ovary (path. report)
(Include pregnancy within 3 months of death)
Date of operation 12/6/43
Major findings of operation: Fibroma of ovary
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isabella Hanson M. D.
Address Church Home & Hospital Date signed 1-3-44

G 12340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 12340 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 817 W. North Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 ?
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2942 Winchester St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE MARTHA ERDMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife — Conrad
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1858

8. AGE: Years	Months	Days	If less than one day
85	4	22	hr. min.

9. Birthplace Harford Co., Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Mathias Schellenschlager
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Yellman
15. Birthplace Germany

16 (a) Informant Mr. Harry Erdman
(b) Address 2904 Winchester St. - 16

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/44 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 JAN 3 - 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1 19 44 at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 19 42 to Jan. 1, 19 44, and that I last saw her alive on Dec. 31, 1943

Immediate cause of death Arteriosclerotic Cardiovascular Disease — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. F. Stupp M.D.
Address 3030 Edmondson Ave. Date signed 1/3/44

12341 C 12341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3201 Echodale Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3201 Echodale
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN JOSEPH WINTER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	705-10-1811

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Flora V.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28, 1892

8. AGE: Years	Months	Days	If less than one day
51	8	3	hr. min.

9. Birthplace Philadelphia, Pa.
(Town, county, and state)
10. Usual Occupation Electrical Sup't.
11. Industry or business B. & O. R. R.

FATHER
12. Name Edward Winter
13. Birthplace Dublin, Ireland

MOTHER
14. Maiden Name Mary Gable
15. Birthplace Allentown, Pa.

16 (a) Informant Mrs. John Winter
(b) Address 3201 Echodale Ave.

17 (a) Burial (b) Date thereof 1/4/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (b) Huntington Williams, M.D.
(Person who viewed remains)
JAN 3 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/1/44 19 , at 3:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 1942 to 1-1-1944, and that I last saw him alive on 12-28-1943.

Immediate cause of death	Duration
Coronary occlusion	Indefinite
Due to Arteriosclerosis	Uncertain
Due to	
Other Conditions Carcinoma of prostate	Uncertain

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo B. Sytsert M. D.
Address 2807 Harford Rd. Date signed 1-2-44

G 12342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

Registered No. G 12342

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Queen Annes
(c) City or town Queenstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Martha Fried (Wife)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Samuel Fried
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1879

8. AGE: Years 64 | Months 10 | Days 28-27 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name James Reynolds
13. Birthplace Delaware

MOTHER
14. Maiden Name Anna Rhode
15. Birthplace Maryland

16 (a) Informant Mr. James R. Fried
(b) Address Queenstown, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5-1944 (month) (day) (year)
(c) Cemetery or crematory St. Peters Cemetery
Location Queenstown, Md.

18 (a) Funeral director H. W. Measston
(b) Address 845 N. Calvert St.

19 (a) (Date received) (Registrar) Huntington Williams, M.D. Registrar

JAN 3 - 1944

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 19 44, at 4.57 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2 19 44 to Jan. 3 19 44, and that I last saw her alive on Jan 2 19 44

Immediate cause of death Cardiac Decompensation — Duration 2 Weeks

Due to Malig. J Sigmoid.

Due to Perforated Malig of Sigmoid. — 15 hours

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Jan. 2, 1944

Major findings of operation: Peritonitis, Malig. perforated of Sigmoid

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P. R. Zieglen

Address Mercy Hosp. Date signed M. 1 D. 3 / 43

12343

Spec.—6-9-19—H. P. Co.—1000 Blks.

G-12343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. ✓ 92a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3440 Reisterstown Rd. WARD 11

REGISTERED NO. 2 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Nicholas Riebel

(a) RESIDENCE. No. 3440 Reisterstown Rd WARD 5

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 8- 1861

7 AGE — Years: 82 — Months: 4 — Days: 23 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Olin Griner

(Address) 3440 Reisterstown Rd

15 Filed JAN 3 - 1944 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/1/44 19

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27 19 43, to Dec 27 19 43

that I last saw h[illegible] alive on Dec 27 — 19 43,

and that death occurred, on the date stated above, at 10p a. m.

The CAUSE OF DEATH* was as follows: Cardiac Asthenia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) B M Bernhardt M. D.

1/1/44 (Address) 3455 Park Hgts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park, Balto, Md. DATE OF BURIAL: Jan 4 1944

20 UNDERTAKER: Wm J. Jenkins & Son ADDRESS: Balto. Md.

over

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

G 12344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 12344 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4835 Belair Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Josephine B. Graver

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	M

6 (b) Name of husband or wife Elmer

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Nov 19 1876

8. AGE: Years	Months	Days	If less than one day
67	1	13	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Beckman
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta
15. Birthplace Ohio

16 (a) Informant Mrs. Elmer Graver
(b) Address 4835 Belair Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-44 (month) (day) (year)
(c) Cemetery or crematory Jerusalem Lutheran
Location

18 (a) Funeral director Leonard Hyde
(b) Address 5305 Harford Rd.

19 (a) (Date received by Local Registrar) JAN 3 - 1944 Registrar for Williams, M.D. Registrar

JAN 3 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1944, at 4 50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 30 1943 to Jan. 2 1944, and that I last saw her alive on Jan. 2 1944

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other Conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fusting, M.D.
Address St. Joseph's Hosp. Date signed 1-7-44

C 12345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 33a C 12345

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2901 Hamilton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy A. Harley

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife William W
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 871

8. AGE: Years	Months	Days	If less than one day
72	5	15	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Reuben Allen
13. Birthplace Md

MOTHER
14. Maiden Name Margaret E. Allen
15. Birthplace Md

16 (a) Informant Mrs. C. Phillip Emerick
(b) Address 2901 Hamilton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-44 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard Stepp
(b) Address 6305 Harford Rd

19. (a) JAN 3 1944 (b) Registrar
Filed (day)
VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-1 1944, at 2P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1942 to 1-1-1944
and that I last saw her alive on 1-1 1944

Immediate cause of death Bronchopneumonia — Duration 2 Days
Due to Influenza — 10 Days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. Peake M. D.
Address 4608 Harford Rd Date signed 1-3-44

C 12346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

C 12346 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1638 S. Charles St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1638 S. Charles St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret E. Engle

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
female	White	Widowed

6 (b) Name of husband or wife Chas. Lee Engle
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 14-1867

8. AGE: Years	Months	Days	If less than one day
76	4	18	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Robert Forrester
13. Birthplace Frostburg Md.

MOTHER
14. Maiden Name Margaret McCourt
15. Birthplace Ireland

16 (a) Informant Anthony J. Kelligan
(b) Address 1638 S. Charles St.

17 (a) Burial (b) Date thereof 1-4-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md.

18 (a) Funeral director Flynn & Fleming
(b) Address 1426 Light St.

19 (a) (b) Registrar
(Date rec'd by reg'r) (year)

JAN 3 1944 Washington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2- 1944 at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/27/43, to 1/2/44
and that I last saw h— alive on 1/1/44

Immediate cause of death Cerebral Hemorrhage
c right sided paralysis — 2 days
Due to arteriosclerosis
Other Conditions Bronchial pneumonia — 4 days
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:
23. Signature Isaac Miller M. D.
Address 1225 S Charles St Date signed 1/4/44

G 12347 BALTIMORE CITY HEALTH DEPARTMENT G 12347

CERTIFICATE OF DEATH 92D

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 51
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 130 Aisquith (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cora Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-18-96

8. AGE: Years 47 | Months 2 | Days 13 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/44 (month) (day) (year)
(c) Cemetery or crematory
Location Salisbury Md

18 (a) Funeral director Elroy A Wilson
(b) Address 1000 Brentley Ave

JAN 3 1944 (Date received by registrar) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 1 1944, at 12.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1943 to JAN 1 1944 and that I last saw h.s.r alive on JAN 1 1944.

Immediate cause of death Heart failure — Duration

Due to Hypertensive C-V disease

Due to

Other Conditions

(Include pregnancy within 3 months of death).

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O'Castanghe M. D.
Address Johns Hopkins Hospital Date signed 1/2/44

G 12348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X G 12348 √ 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lynch Baltimore
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County Washington
(c) City or town Suburb Home
(If outside city or town limits, write RURAL and give town)
(d) Street No. Washington D. C.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence Williamson

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
1st W 2nd World War	NU	Male	White	Widower

6 (b) Name of husband or wife Catherine Williamson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1887

8. AGE: Years	Months	Days	If less than one day
56	3		hr. min.

9. Birthplace Balto. Md
(Town, county, and state)
10. Usual Occupation Shipping Clerk Prob. Loss
11. Industry or business Previous to induction in camp

FATHER
12. Name William Williamson
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret A. Lazzmore
15. Birthplace ~~Md~~ Md

16 (a) Informant Mrs Margaret Bugerman
(b) Address 4408 White Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5 1944 (month) (day) (year)
(c) Cemetery or crematory Mt Lebanon
Location Balto. Md

18 (a) Funeral director C. Howard Evans
(b) Address 14 ~~Baltimore~~ Hollander, Md

19 (a) JAN 3 1944 (Date received by registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 2 - 19 44 at 12 20 AM

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral Hemorrhage, Hypertension
Due to
Other Conditions Fractured skull
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 1-2-44

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12349 Bloss, G 12349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 114 W Clement
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town 114 W Clement
(If outside city or town limits, write RURAL and give town)
(d) Street No. Balto (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie M. Bloss

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louis Bloss
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16, 1884

8. AGE: Years 59 | Months 6 | Days 15 | If less than one day ... hr. ... min.

9. Birthplace Pa (Town, county, and state)

10. Usual Occupation at home.

11. Industry or business

FATHER 12. Name Don't know
13. Birthplace Don't know

MOTHER 14. Maiden Name Don't know
15. Birthplace Don't know

16 (a) Informant Louis H. Bloss
(b) Address 114 W Clement St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4, 1944 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. Howard Evans

18 (a) Funeral director 1400 S Charles St
(b) Address Huntington Williams, Md

JAN 3 - 1944 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1944 at 12.15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1943 to Jan 1 1944; and that I last saw h[illegible] alive on Jan 1 1944.

Immediate cause of death Lobar Pneumonia — Duration 2 days

Due to La Grippe — 10 days

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Campbell M.D.
Address 1646 Hanover St Date signed 1 Jan 44

G 12350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12350 / 477 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2015 Cliftwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 Cliftwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Mary Lyons

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John J. Lyons

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18 61

8. AGE: Years	Months	Days	If less than one day
82	5		hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER	12. Name Wm Heidelmaier
	13. Birthplace Germany
MOTHER	14. Maiden Name Unknown
	15. Birthplace "

16 (a) Informant Mrs. J. J. Lyons

(b) Address 2015 Cliftwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 4 - 44 (month) (day) (year)

(c) Cemetery or crematory Balto. Cem

Location North Ave

18 (a) Funeral director John C. Millington

(b) Address 2435-35 E. North Ave

19 (a) JAN 3 1944 (b) [illegible] (Date received by registrar) Huntington Williams, Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 1 1944 at 830 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1939 to Jan 1 1944, and that I last saw her alive on Jan 1 1944.

Immediate cause of death Pneumonia

Due to Carcinoma of Lung.

Due to Cachexia and metastasis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration
5 Years
15 Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Eisenberg

Address 2025 E. North Ave Date signed M 1 D 3 44

G 12351 G 12351

AB-82897

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 138

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mos-5days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 301 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Turner

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Married

6 (b) Name of husband or wife Ida
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 23-1917

8. AGE: Years	Months	Days	If less than one day
26	1	10	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Jack Turner
13. Birthplace Georgia

MOTHER
14. Maiden Name Alice Lawson
15. Birthplace Tennessee

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/44 (month) (day) (year)
(c) Cemetery or crematory Lynchburg Va.
Location

18 (a) Funeral director Whitten's Funeral Home
(b) Address 336 Park Ave Lynchburg Va.

19 (a) Date received JAN 3 1944 (Registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2 1944, at 12:30AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-28 1943, to 1-2 1944, and that I last saw him alive on 1-2 1944.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 5

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Mall M. D.
Address B. C. H. Date signed 1-2-44

12352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45 B

Registered No. C 12352

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1121 Hull St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Dy
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 Hull st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Sebastian

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 217-07-8528

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 26 1887

8. AGE: Years 56 | Months 9 | Days 5 | If less than one day hr. min.

9. Birthplace Anebakia
(Town, county, and state)

10. Usual Occupation Cook in restaurant

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Peter Zakrzewski
(b) Address 1238 E Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-44 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem.
Location Annapolis Md

18 (a) Funeral director Charles F Dill
(b) Address 1900 Light St Baltimore, Md.

19 JAN 4 1944 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1944 at 11:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1943, to Jan 1 1944, and that I last saw him alive on Jan 1 1944.

	Duration
Immediate cause of death Asphyxiation	2 hr.
Due to Carcinoma of Tongue	Indef.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. C. Campbell M. D.
Address 1644 Hanover St Date signed 1/3/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

G 12353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

✓ G 12353 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1455 Hull St. 24
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1455 Hull St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** John F. Mc. Donald.

3 (b) If veteran, name war No.

3 (c) Social Security Account No. 212-68-9339

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife Irene Mc Donald

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23rd 1899

8. AGE: Years 44 | Months | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Grain Trimmer

11. Industry or business

FATHER 12. Name William Mc Donald
13. Birthplace Ireland

MOTHER 14. Maiden Name Catherine Welsh
15. Birthplace England

16 (a) Informant Mrs Wm F. Lorenz
(b) Address 1455 Hull St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4th 1944 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Bel Air Co. Md.

18 (a) Funeral director Charles F. Hill
(b) Address 1501 E. Fort Ave

19 (a) (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

JAN 4 1944
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1 1944, at 3 am M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1943 to Jan 1 1944 and that I last saw him alive on Dec 31 1943

Immediate cause of death: Acute Dilatation Heart — Duration 3 hrs
Due to: Myocarditis Accompanied — 15.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I Fa Stevens M. D.
Address 2878 Harford Rd Date signed 1-3-44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. C 12354

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1611 Penna Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore - 17
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1611 Penna Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Holman

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex M.

5. Color or race C.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Susie E. Holman

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Oct 11 - 1881

8. AGE: Years 62 | Months 2 | Days 19 | If less than one day 20 hr. min.

9. Birthplace Greensboro N. C —
(Town, county, and state)

10. Usual Occupation Engineer 2nd

11. Industry or business

FATHER
12. Name Unk
13. Birthplace

MOTHER
14. Maiden Name Unk
15. Birthplace

16 (a) Informant Susie E. Holman - wife -
(b) Address 1611 Penna Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/44 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Saml. W. Chase & Son
(b) Address 638 N. Fulton Ave

19 (a) JAN 4 1944 (Date rec'd) (b) Huntington Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/31 1943 at 12 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1943 to Dec. 31 1943 and that I last saw h alive on 12/31 1943

Immediate cause of death Hypertensive Heart Disease — Duration 1 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carson C. Johnson M. D.
Address 1802 Penna Ave Date signed 1/3/44

G 12355

AB-81202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 12355 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mos- 4days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1828 Brunt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Separated

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug-29-1894

8. AGE:	Years	Months	Days	If less than one day
	49	4	2	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Night Watchman at Tickner

11. Industry or business Undertaker-NorthAve & Penn

FATHER
12. Name Charles Green
13. Birthplace Md.

MOTHER
14. Maiden Name Sophie Gordon
15. Birthplace Md

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-44 (month) (day) (year)
(c) Cemetery or crematory mt auburn
Location md

18 (a) Funeral director George A. Idelson
(b) Address 1303 Forrestmore St

19 JAN 4 - 1944 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/31 1943, at 12 20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/27 1943 to 12/31 1943 and that I last saw h alive on 12/31 1943.

Immediate cause of death Pneumonia Bronchi — Duration 1 wk

Due to Hypertensive cardio-vascular disease — ?

Due to without Recoupers at — one

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Paul Hall M.D.
Address B. C. H. Date signed 1/1/44

C 12356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94A

Registered No. C 12356

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3409 Royce Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2661 Oswego Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME IDA REICHMAN

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Louis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Ozker
13. Birthplace Russia

MOTHER
14. Maiden Name Fannie
15. Birthplace Russia.

16 (a) Informant Fred Reichman
(b) Address

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 1-4-44 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Old Rd. & Hamilton Ave
18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Balto St
19 (a) (Interment, cremation or removal) (b) Huntington Williamsport Md

JAN 4 1944

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-3-44 19 , at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 14, 1943, to Jan. 3, 1944 and that I last saw her alive on Jan. 3 1944

Immediate cause of death Coronary Thrombosis
Myocardial collapse
Due to Cardiac Hypertrophy
Due to Arteriosclerosis.
Other Conditions Vasomotor collapses.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: Frequent attacks for past 6 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Stupnitsky M.D.
Address 2351 Eutaw Place Date signed 1/3/44

G 12357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 57D

Registered No. G 12357

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3924 Eastern Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Belda Ruth Shulman

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1927

8. AGE: Years	Months	Days	If less than one day
16	8	26	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Harry Shulman
13. Birthplace Russia

MOTHER
14. Maiden Name Mollie Feldman
15. Birthplace Balto Md

16 (a) Informant Father
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-44 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Belmont Ave

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

JAN 4 - 1944 (Date rec'd by registrar)
(b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3- 1944 at 4.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death Cardio respiratory failure

Due to Trauma - headtrauma

Due to Possible brain tumor

Other Conditions Brain injury

(Include pregnancy within 3 months of death)

Date of operation Dec. 28-43

Major findings of operation: Unclear tumor

of autopsy:

Duration
Dec 27-43 to Jan 3-44

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel R. Pleva M. D.
Address Sinai Hosp. Date signed 1/3/44

C 12358 ✓ C 12358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution:
Sinai Hospital, Inc.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 1 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4119 Forest Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Wendel Rankin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Lucile

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Moses

13. Birthplace Russia

MOTHER 14. Maiden Name Sarah Runyon

15. Birthplace Russia

16 (a) Informant Dept Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-44 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Mill Rd

Location Lamp

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Baltimore St

19 JAN 4 - 1944 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/3/44 19..., at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/3 1943, to 1/3 1944, and that I last saw h.... alive on 1/3 1944 at 7:00 A.M.

Immediate cause of death Pulmonary edema

Due to Hypertensive Heart disease

Due to

Other Conditions Uraemia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilson G. Smith M.D.

Address Sinai Hospital Date signed 1/3/44

G 12359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 12359

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 906 Newington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 906 Newington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Max Levy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Dora —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Russia (town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name —
13. Birthplace Russia

MOTHER
14. Maiden Name —
15. Birthplace Russia

16 (a) Informant Mr. J. J. Levy
(b) Address 2322 Eutaw Pl

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-44 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Blvd
Location Reisterstown Rd

18 (a) Funeral director Jack Lentz Inc
(b) Address 1439 E. Baltimore St

JAN 4 1944 (b) Huntington Williamsport Md
(Date rec'd by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1944 at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1934 to Jan 3 1944 and that I last saw h alive on Jan 3 1944

Immediate cause of death Myocarditis

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

Duration
7 wks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Silvia L. Levy
Address 2322 Eutaw Pl Date signed 1/3/44 M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94 A

Registered No. G 12360

12360

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2500 Park Heights Terrace
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 2500 Park Heights Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frieda Held

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Gustav

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 67 | Months | Days | If less than one day: hr. min.

9. Birthplace Germany (Town, county and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Martin Lieberman
13. Birthplace Germany

MOTHER
14. Maiden Name Lena Augsbmaer
15. Birthplace Germany

16 (a) Informant Justine Held
(b) Address 2500 Park Heights Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-44 (month) (day) (year)

(c) Cemetery or crematory Rosedale
Location Balt. Co. Hamilton Ave

18 (a) Funeral director Jack Levy Co
(b) Address 1439 E. Baltimore St

19 JAN 4 - 1944 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-3 1944, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 42 19__, to Jan 3 1944, and that I last saw her alive on Jan 3 1944.

Immediate cause of death	Duration
Heart failure	
Due to Coronary occlusion	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D Humphreys M. D.
Address 2301 Eutaw Place Date signed

12361 BALTIMORE CITY HEALTH DEPARTMENT X V G 12361

CERTIFICATE OF DEATH 107

Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town [redacted] Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8210 Dogwood Dr.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Ensor

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	MARRIED

6 (b) Name of husband or wife HERMAN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/20/1890

8. AGE: Years	Months	Days	If less than one day
53	2	9	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name CHAS. E. EBERWEIN
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name SUSAN PATTERSON
15. Birthplace N. C.

16 (a) Informant HERMAN ENSOR
(b) Address 8210 Dogwood Dr.

17 (a) Burial (b) Date thereof 1-4-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E North Ave

18 (a) Funeral director Wendell E Humphreys
(b) Address 1701 N. Broadway

19 (a) JAN 4 - 1944 (b) Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1943, at 11:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bronchopneumonia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert L. Traber M.D.
Medical Examiner.
Date signed January 3, 1944

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G 12362

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 6000 Bellona Ave.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SOPHIE HENRIETTA BECKER

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1873

8. AGE: Years	Months	Days	If less than one day
70	0	29	hr. min.

9. Birthplace Flemingsburg, Ky.
(Town, county, and state)
10. Usual Occupation --
11. Industry or business

FATHER
12. Name Henry M. L. Becker
13. Birthplace Germany

MOTHER
14. Maiden Name Sophie Mutschelknaus
15. Birthplace Germany

16 (a) Informant Mrs. Violet E. S. Clotworthy
(b) Address 3801 Mohawk Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/44 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto., Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Balto., Md.

19 (a) JAN 4 - 1944 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2 1944 at 12.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1944 to Jan 2 1944 and that I last saw h[illegible] alive on Jan 2 1944

Immediate cause of death: Chronic Myocarditis — Duration: 1 day
Due to:
Due to:
Other conditions: Arteriosclerosis — Chronic Nephritis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. E. Cookendorfer
Address 112 W. 20 Date signed Jan. 3, 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 838

G 12363
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4105 Southern Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., moa., or days)
(e) Length of stay in Baltimore (yrs., moa., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4105 Southern Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** WILLIAM ANDREW KEESE, Sr.

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Maggie E. Keese
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Nov. 2, 1874
8. AGE: Years: 69 | Months: 2 | Days: 0 | If less than one day: hr. min.
9. Birthplace: Pa. (Town, county, and state)
10. Usual Occupation: Butcher
11. Industry or business: Self- Rt'd. 15 yrs.

FATHER
12. Name: Henry Keese
13. Birthplace: --

MOTHER
14. Maiden Name: Emma Nash
15. Birthplace: --

16 (a) Informant: Rev. Wm. Andrew Keese
(b) Address: 309 Woodlawn Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/44 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) JAN 4 1944 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2, 1944, at 4:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 19 1944 to Jan 2 1944 and that I last saw him alive on Dec 31 1943.

Immediate cause of death: Cerebral Thrombosis — Duration: 1 day
Due to: Generalized arteriosclerosis — Duration: indefinite
Due to: — Duration:
Other Conditions: — Duration:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Wm. Keese
Address: 4808 Harford Rd. Date signed: 1/6/44

44467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83B

G 12364 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1922 E 31st St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry V. Fleagle

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 213-05-6348

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mabel H.
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 12-25-85

8. AGE: Years	Months	Days	If less than one day
58	0	8	hr. min.

9. Birthplace Carroll Co. Md (Town, county, and state)
10. Usual Occupation SALESMAN
11. Industry or business Davis Coal & Coke Co.

FATHER
12. Name Milton Fleagle
13. Birthplace Md

MOTHER
14. Maiden Name Martha Nusbaum
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/44 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 JAN 4 - 1944 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 3 1944, at 2.08 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 12 1943, to JAN 3 1944, and that I last saw h.IM alive on JAN 3 1944.

Immediate cause of death Thrombosis
Cerebral artery
Due to Arteriosclerosis & hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1100 Eutaw Pl. Date signed 1-3-44

G 12365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

G 12365 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(e) Citizen of foreign country? Yes (If so, give location) (Yes or No)
If yes, name country Barbados, W. Indies

3 (a) FULL NAME Annie Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	married

6 (b) Name of husband or wife Norman Mitchell
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Scotland (Town, county, and state)
10. Usual Occupation Hotel-manageress
11. Industry or business

FATHER
12. Name George Scott
13. Birthplace Scotland

MOTHER
14. Maiden Name Annie Dobbie
15. Birthplace Scotland

16 (a) Informant records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5/44 (month) (day) (year)
(c) Cemetery or crematory Confederate Burial Location Loudon Park

18 (a) Funeral director John O. Mitchell Home
(b) Address 900 Eutaw Place

19 (a) (Delivered by registrar) (b) JAN 4 - 1944 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1944, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1943 to Jan 1 1944, and that I last saw h. alive on Jan 1 1944

Immediate cause of death: Coronary Occlusion ? Pneumonitis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Dec 30, 1943

Major findings of operation: Appendiceal Abscess

of autopsy?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John W. Chambers M. D.
Address Johns Hopkins Hospital Date signed Jan 1 1944

G 12366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 12366 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1617 N. Monroe St.

(c) Hospital or institution:

none

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days

(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County none

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1617 N. Monroe St. (If rural give location)

(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Lillian Bowen Perrine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife J. Clinton Perrine

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) ? (unknown)

8. AGE: Years	Months	Days	If less than one day
about 70			hr. min.

9. Birthplace Gettysburg, Pa. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER

12. Name George W. Bowen

13. Birthplace Pa.

MOTHER

14. Maiden Name Lucy Van Orsdel

15. Birthplace Pa.

16 (a) Informant J. Clinton Perrine

(b) Address 1617 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/44 (month) (day) (year)

(c) Cemetery ~~Crematory~~ Evergreen

Location Gettysburg, Pa.

18 (a) Funeral director John J. Mitchell & Sons, Inc.

(b) Address 1906 Eutaw Place

19 (a) JAN 4 - 1944 (Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1943, at 4-30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1/43 to 12/31/43 and that I last saw h[illegible] alive on 12/31/43 19

Immediate cause of death Probable 6 mos

Due to Probable Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 6 Mos yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. C. Houck Jr. M. D.

Address Appleton St. & North Ave Date signed

Huntington Williams, M.D. 1/3/44

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 12367

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 6000 Bellona Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Catherine Huston

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10 1865

8. AGE: Years 78 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace Ga
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Adam Rock
13. Birthplace Scotland Ga

MOTHER
14. Maiden Name Margaret McClure
15. Birthplace Scotland Ga

16 (a) Informant Pommel F Rockler
(b) Address Harrisburg Pa

17 (a) Burial, cremation, or removal Burial (b) Date thereof 1/4/44 (month) (day) (year)

(c) Cemetery or crematory Prospect Hill
Location Harrisburg Pa

18 (a) Funeral director Wilhom Cook Jr
(b) Address 1219 N Paul St

JAN 4 - 1944
(Date rec'd by registrar) Huntington Williamsport Pa.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1944 at 1 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1943 to Jan 3 1944 and that I last saw h[illegible] alive on Jan 3 1944

Immediate cause of death: Chronic Myocarditis

Duration: 1 mo

Due to

Due to

Other Conditions: Arteriosclerosis

Operation: (Yes or No) within three months?

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L A Shadron

Address 1120 N 20 St Date signed Jan 4 44

C 12368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163H Registered No. G 12368

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 403 Vincent St
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Walter Gonce (GONCE)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife Emma I. Gonce

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov 12th 1903

8. AGE: Years	Months	Days	If less than one day
40	1	2021	.....hr. .....min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Cab Driver

11. Industry or business Belle Isle Cab Co

FATHER
12. Name Lewis N. Gonce
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Elizabeth Ahf
15. Birthplace Balto. Md.

16 (a) Informant Herbert C. Bowers
(b) Address 1423 Ellamont St.

17 (a) Burial (b) Date thereof 1/6/44
(Burial, ~~cremation, or removal~~) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Balto
Location ..... Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St Paul St

JAN 4 - 1944 Hunting for Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1944, at 7:30 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation
due to carbon monoxide

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Jan 2nd 1944 7 A M.
(b) Where did injury occur? 403 Vincent St
(c) Did injury occur at home, on farm, industrial place, in public place? Home .....While at work? No
(d) Means of injury Inhaled illuminating gas

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed January 3, 1944

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 12369

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 dys.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1124 N. Monroe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LOUIS KNIGHT CARLYLE

3 (b) If veteran, name war W
3 (c) Social Security Account No. NONE

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Mrs. Florence Carlyle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1872

8. AGE: Years 72 | Months 11 | Days 21 | If less than one day hr. 18 min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual Occupation Paper Hanger

11. Industry or business

FATHER
12. Name HARRY CARLYLE
13. Birthplace SCOTLAND

MOTHER
14. Maiden Name MARY ELIZABETH
15. Birthplace NEW JERSEY

16 (a) Informant Mrs Inma A. Dyke
(b) Address Holder Av - Woodlawn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/44 (month) (day) (year)
(c) Cemetery London Park
Location Balto Md

18 (a) Funeral director Williams Cook Inc
(b) Address 127 St. Paul St

19. Jan 4 1944 Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1, 1944, at 1 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 27 1943 to Jan. 1 1944, and that I last saw h.. alive on Jan. 1 1944.

	Duration
Immediate cause of death CARDIAC AND RESPIRATORY FAILURE	
Due to PULMONARY TUBERCULOSIS	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Willard L Beaumont M. D.
Address Union Mem Hosp Date signed 1/4/44

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. G 12370

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6820 Harford Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6820 Harford Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis Knull

3 (b) If veteran, name war — W
3 (c) Social Security Account No. — NONE

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 18-1870

8. AGE: Years 73 | Months 3 | Days 14 | If less than one day hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Joseph Knull
13. Birthplace Pa.

MOTHER
14. Maiden Name Unknown —
15. Birthplace Pa.

16 (a) Informant Mrs Mary Nelson
(b) Address 6820 Harford. Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/44 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore

18 (a) Funeral director Wm Cook Inc.
(b) Address 1217 N Paca st.

JAN 4 – 1944 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 1944, at 5 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1943 to Jan 2 1944 and that I last saw h[illegible] alive on Jan 2 1944.

Immediate cause of death Carcinoma of Liver — Duration 6 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation August
Major findings of operation: Carcinoma
of autopsy: Not Autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. J. Durkin M. D.
Address 7101 Harford Date signed

C 12371 ✓ C 12371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2736 St Paul St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2736 St Paul St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice White Sutton

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	None

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~.
Female	White	Widowed

6 (b) Name of husband or wife: J Howard Sutton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 18 12

8. AGE: Years	Months	Days	If less than one day: hr.	min.
81	11			1961

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name John H. Lynch
13. Birthplace Hereford Md.

MOTHER
14. Maiden Name Frances H. Enson
15. Birthplace Hereford Md.

16 (a) Informant Richard H. Lynch
(b) Address 761 Melville Ave

17 (a) Burial (b) Date thereof 1/5/43
(Burial, ~~cremation or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 217 St. Paul St

19 (a) JAN 4 - 1944 (b) Livingston Williams, M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 1943, at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1943 to Jan 2 1944
and that I last saw [illegible] alive on Dec 1 1943.

Immediate cause of death	Duration
(a) Myocarditis	
Due to (b) Generalized Arterio-sclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sheldon Lankford
Address Md. Auto Bldg. Date signed 1/5/44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 938

Registered No. 22372

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W. Lexington St.
(c) Hospital or institution: Aged Mens & Womens Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W. Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Kate Yost

3 (b) If veteran, name war —
3 (c) Social Security Account No. — None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1861
8. AGE: Years 83 | Months | Days | If less than one day hr. min.
9. Birthplace (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name William H. Yost
13. Birthplace Unknown

MOTHER
14. Maiden Name Elizabeth Unknown
15. Birthplace Unknown

16 (a) Informant Aged Womens and Aged Mens Home
(b) Address 1400 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4, 1944 (month) (day) (year)
(c) Cemetery or crematory Presbyterian Cemetery
Location Loyola
18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul Street
19 (Date received by Registrar) JAN 4 1944 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/1/44 19 , at 2:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/6/1939 to 1/1/44 19 , and that I last saw her alive on 12/31/1943

Immediate cause of death Hypertensive Cardio-vascular disease. — Duration ? yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin B. Jarrell. M. D.
Address 11 E. Chase St., City Date signed 1/3/44

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. C 12373

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Joseph's Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. St James Apts
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY K. SHIELDS

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) ~~Single, married~~ widowed, or divorced Widowed

6 (b) Name of husband James F. Shields

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5th 1878

8. AGE: Years 65 | Months 10 | Days 27 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Balto Transit Co

FATHER
12. Name John Harvey
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Kavanaugh
15. Birthplace Ireland

16 (a) Informant Kathleen Hope
(b) Address 4409 Wickford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/44 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Harford Rd. Balto Md.

18 (a) Funeral director Wm Cook Inc
(b) Address 217 St. Paul St

JAN 4 - 1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 1944, at 5:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 21 1943 to Jan 2 1944, and that I last saw her alive on Jan 2 1944

Immediate cause of death Intestinal Obstruction following Intestinal Resection for Carcinoma of Colon — Duration

Due to

Due to

Other Conditions Terminal Bronchopneumonia — Duration 1

(Include pregnancy within 3 months of death)

Date of operation 12/23/43

Major findings of operation: Ca ascending colon, with Secondary Carcinosis

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Joyce M. D.
Address St Joseph's Hosp Date signed 1/2/44

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. C 12574

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mt. Sinai Hospital 11

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12d
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Baltimore R.F.D. 1, Box 170
(If outside city or town limits, write RURAL and give town)
(d) Street No. North Linthicum
(If not, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Rebecca Barton

3 (b) If veteran, name war N
3 (c) Social Security Account No. NKE

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mch. 6, 1942

8. AGE: Years 1 | Months 9 | Days 26 | If less than one day hr. min.

9. Birthplace Md. (Linthicum Heights)
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Orville Barton
13. Birthplace Md. Milford Va.

MOTHER 14. Maiden Name Anna E. Ward
15. Birthplace Balto. Md.

16 (a) Informant Orville Barton
(b) Address R.F.D. 1, Box 170 Anne Arundel Co. Md.

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 1/ (month) (day) 1944 (year)
(c) Cemetery Mt. Olivet
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 217 St. Paul st.

19 (a) 1-4-1944 (Date rec'd by registrar) (b) Lington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/2 1944 at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1 1944, to 1/2 1944, and that I last saw h[illegible] alive on 1/2 1944.

Immediate cause of death Coma
Pneumonia

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

Autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Carl Myers M.D.
Address Md. Gen. Hosp. Date signed 1/2/44 (M.D.)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6 V

Registered No. G 12375

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WATTS, Nancy

3 (b) If veteran, name war: W
3 (c) Social Security Account No. NONE

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1-15-39

8. AGE: Years 4 | Months 11 | Days 15 16 | If less than one day hr. min.

9. Birthplace West Virginia (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name James Watts
13. Birthplace W. VA.

MOTHER
14. Maiden Name Sarah Rayner
15. Birthplace W. VA

16 (a) Informant Hospital records.
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/4/44 (month) (day) (year)
(c) Cemetery or crematory East Oak Grove
Location Morgantown W. Va.

18 (a) Funeral director William Cook Inc
(b) Address 217 St. Paul st

19 (a) Date received JAN 4 1944 (b) Registrar Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 1 1944, at 12 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1944, to 1-1 1944, and that I last saw her alive on 1-1 1944.

Immediate cause of death respiratory failure — Duration

Due to meningitis — 1 day

Due to meningococcus

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: same

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? at M
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Margaret M. D. Smith M. D.
Address Sydenham Hosp. Date signed 1-3-44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 12376

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkins Ave
(c) Hospital or institution: St. Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 75
(e) Length of stay in Baltimore (yrs., mos., or days) 68 days

2. USUAL RESIDENCE OF DECEASED: Baltimore
(a) State Md (b) County Catonsville
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 315 Ingleside Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Agnes Kirby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Horatio Kirby

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30-1862

8. AGE: Years 81 | Months 4 | Days 8 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Home Duties

11. Industry or business

FATHER
12. Name Unk (dec'd)
13. Birthplace Md

MOTHER
14. Maiden Name Eliz. Lochman (dec'd)
15. Birthplace Md

16 (a) Informant Mrs. Howard A. Kirby
(b) Address 118 Osborne Ave. Catonsville

17 (a) Burial (b) Date thereof Jan. 4-1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.

18 (a) Funeral director Maine Cook Dyer
(b) Address 1600 W. North Ave

19 JAN 4 - 1944 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/1/1944 at 1:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/25/1943, to 1/1/1944
and that I last saw h ex alive on 1/1/1943
Immediate cause of death Lobar Pneumonia

Duration

Due to

Due to

Other Conditions Intertrochanteric Fracture Rt Femur
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10/23/43 at 11-A M
(c) Where did injury occur? 315 Ingleside ave
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Slipped on a rug.

23. Signature Howard A. Kirby M.D.
Address St. Agnes Hosp. Date signed 1/1/44

VS 150

Approved by Howard J. Wallace, M.D.

AE-78837 12377

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 12377 Registered No.

CERTIFICATE OF DEATH 46a.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr. 1days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Madison Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joe Young

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Separated

6 (b) Name of husband or wife Ada
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 31-1869

8. AGE: Years	Months	Days	If less than one day
74	3	27	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Samuel Young
13. Birthplace Md.

MOTHER
14. Maiden Name Fanny Emory
15. Birthplace ?

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-44 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto, Md.
18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsylvania Ave Huntington or Williamsport, Md.

JAN 4 - 1944 (b) Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28 1943 at 6:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943 to 12/28 1943 and that I last saw him alive on 12/28 1943.

Immediate cause of death	Duration
Ca of larynx metastasis	6 mo.
Due to	
Due to	
Other Conditions Arteriosclerosis, C.H.D.;	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: Ca of [illegible] esoph at cardia
of autopsy: & stomach

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Sergman M.D.
Address ACH Date signed 1/3/44

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

G 12378 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1232 Sharp St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., (mos.) or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1232 Sharp St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bell Reives

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Chapman Co., N C
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Mack Morris
13. Birthplace N. C.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mack Reives (S)
(b) Address 1232 Sharp St

17 (a) Removal (b) Date thereof 1/4/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sanford
Location N C

18 (a) Funeral director Josiah T. Brown & Son
(b) Address 1028 W Montgomery St

19 (a) JAN 4 - 1944 (b) Huntington Williams, M.D.
(Date rec'd by Local Reg.) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/1/44 19..., at 1.25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/24 1943 to 1/1 1944 and that I last saw h alive on 12/31 1943

Immediate cause of death: acute Dilatation Heart
Due to Pneumonia
Due to Chronic Nephritis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Saunders M. D.
Address 1 W Lee Date signed 1/6/45

G 12379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 83a

G 12379 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 515 N. Rose Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 515 N. Rose Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL D. MURPHY

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/26/68

8. AGE: Years	Months	Days	If less than one day
75 yrs.	4	7	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Mack Murphy
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Victoria Nichols
(b) Address 515 N. Rose Street

17 (a) Burial (b) Date thereof 1/4/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore, Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

JAN 4 1944 (Date rec'd by Registrar) Livingston Williams M.D. Registrar

VS 150
1228 S. Charles

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/3/44 19 ~6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 25 1943 to Jan 3 1944 and that I last saw h. alive on Jan 3 1944

Immediate cause of death Dust

	Duration
Cerebral Hemorrhage	1½ mos
Due to Arteriosclerosis	
Due to	
Other Conditions Right Hemiplegia Senility	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Isaac Miller M. D.
Address 22 E. Chase St Date signed 1/4/44

12380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 12380

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hospital
(c) Hospital or institution: 1400 N. Caroline St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 days
(e) Length of stay in Baltimore (yrs., mos., or days) 34 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTO.
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3303 Foster Ave. #24
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Baby Girl Schmuck (JOAN CATHERINE SCHMUCK)

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 1 1943

8. AGE: Years | Months: 1 | Days: 34 | If less than one day: hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name FRANK SCHMUCK
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name MARIE BOEHM
15. Birthplace BALTO. MD.

16 (a) Informant FRANK SCHMUCK (FATHER)
(b) Address 3303 FOSTER AVE.

17 (a) BURIAL (b) Date thereof JAN. 4/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

JAN 4 - 1944 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/3 1944, at 2 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1 1943 to 1/3 1944, and that I last saw her alive on 1/3 1944.

Immediate cause of death	Duration
Broncho-pneumonia	
Due to	
Due to	
Other Conditions Prematurity	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. B. Ballew M. D.
Address St. Joseph's Hospital Date signed 1/3/44

G 12331

AB-85542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 12331 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:
BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1228 Madison Ave.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles W. Neal

3 (b) If veteran, name war

3 (c) Social Security Account No. 263-07-5769

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Octavia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan-23-1915

8. AGE: Years	Months	Days	If less than one day
28	11 10	7 27	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Welder at Fairfield

11. Industry or business Shipyard

FATHER
12. Name Frank Neal
13. Birthplace Md.

MOTHER
14. Maiden Name Bertha Boston
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (b) Date thereof 1-4-44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

JAN 4 - 1944 (b) Huntington Williams Mott
(Date rec'd by Registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/20 19 43, at 8:22 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/20 19 43, to 12/30 19 43 and that I last saw h[illegible] alive on 12/30 19 43.

Immediate cause of death Bacterial endocarditis — Duration 5 days

Due to Pulmonary edema
Pneumonia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation?

of autopsy: Yes above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Paul Watt M. D.

Address B.C.H. Date signed 12/31/43

446830 G 12382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 12382 Registered No. 61

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH

(a) Baltimore City, Maryland

(b) Street address.....

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days).....

(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County.....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1522 Brent Wood ave (If rural give location)

(e) Citizen of foreign country?.....(Yes or No)

If yes, name country.....

3 (a) **FULL NAME** Matilda Ridgely

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widow

6 (b) Name of husband or wife.....

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-25-85

8. AGE: Years	Months	Days	If less than one day
58	7	6	..... hr. ..... min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation ~~House~~ House Wife

11. Industry or business

FATHER 12. Name Lee Byrant

13. Birthplace VA

MOTHER 14. Maiden Name Unknown

15. Birthplace VA

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-44 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location A. A. Co

18 (a) Funeral director Rayner Sanders

(b) Address 1412 E. Preston St

19 (a) 1-4-1944 (Date rec'd by registrar) (b) Kenneth for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1943, at 1.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1943, to Dec 31 1943, and that I last saw her alive on Dec 31 1943.

Immediate cause of death Endocarditis due to Typoid pneumococcus

Due to.....

Due to.....

Other Conditions Diabetes Mellitus, Hypertensive C-V Disease

(Include pregnancy within 3 months of death)

Date of operation.....

Major findings of operation:.....

of autopsy:.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide.....

(b) Date of occurrence.....at.....M

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place?..... (Specify type of place) While at work?.....

(e) Means of injury.....

23. Signature Russell A. Nelson

Address Johns Hopkins Hosp Date signed 1/5/44 D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VG 12383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. VG 12383

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton Ave. 15
(c) Hospital or institution: Ashburton Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Original

2. USUAL RESIDENCE OF DECEASED: Baltimore
(a) State Md. (b) County Essex
(c) City or town Baltimore-20
(If outside city or town limits, write RURAL and give town)
(d) Street No. R710-14 – Box 234
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth A. Pine

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Charles Pine
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1858
8. AGE: Years 86 | Months 2 | Days 24 | If less than one day hr. min.
9. Birthplace New York
(Town, county, and state)
10. Usual Occupation Home Keeper
11. Industry or business

FATHER
12. Name John Lord
13. Birthplace Middleburg N.Y.

MOTHER
14. Maiden Name Anna [illegible]
15. Birthplace Middleburg N.Y.

16 (a) Informant Mrs Shriber
(b) Address 3520 Hilton St
17 (a) Burial (b) Date thereof Jan 5th
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Evergreen Cemetery
Location Essex, Maryland
18 (a) Funeral director H. B. Bradley Inc
(b) Address 1922 W. North Ave
19 (a) (b)
(Date rec'd by registrar) Registrar
VS JAN 4 1944 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1, 1944, at 11:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 30, 1943, to Jan. 1 1944, and that I last saw h[illegible] alive on Dec. 31 1943.

	Duration
Immediate cause of death: Myocardial insufficiency	2 days
Due to: Arteriosclerosis	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Victor D. Levy M.D.
Address 2372 Eutaw Place Date signed 1/3/1944

DG 12384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 D

DG 12384 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1305 Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie L. Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Charles D.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5. 1855

8. AGE: Years	Months	Days	If less than one day
88	7	28	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Jones —
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Hall
15. Birthplace Md.

16 (a) Informant Phillips B. Jones
(b) Address 1305 Park Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-44 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore
18 (a) Funeral director Leonard J. Rusk
(b) Address 5305 Harford Rd.
19 (a) (Date rec'd by reg.) Huntington Williams

JAN 4 - 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3 1944, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 1943, to Jan. 3 1944, and that I last saw he alive on Jan. 2 1944.

Immediate cause of death	Duration
Myocarditis	10 yrs
Due to Endocarditis	1 yrs
Due to Arteriosclerosis.	15 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clark H. Benson, M.D.
Address 5111 York Rd Date signed Jan 3, 1944
M. D.

G 12385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12385 Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4603 Frankford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4603 Frankford Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George G. Mosmiller

3 (b) If veteran, name war | 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Josephine M
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 2-28-1882

8. AGE: Years	Months	Days	If less than one day
61	9	4	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER 12. Name George Mosmiller
13. Birthplace Germany

MOTHER 14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant John P. Mosmiller
(b) Address 3416 Ravenwood Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1-5-44 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Raymond V. Burke
(b) Address 5505 Harford Rd.

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 4 - 1944 Harriet Lee Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH (Jan.) 4 1944, at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 21 1943 to Jan. 4 1944, and that I last saw h— alive on 1-4 1944.

Immediate cause of death	Duration
Myocarditis	
Due to Hypertension	
Due to Chronic diffuse nephritis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial plant, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Michael J. Mosmiller
Address 5401 Belair Rd Date signed 1-5-44

G 12386 G 12386

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 92 B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Penn Hotel 1600 Pennsylvania Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leo Bibbins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years 38 | Months | Days | If less than one day hr. min.

9. Birthplace Not stated
(Town, county, and state)

10. Usual Occupation Not stated

11. Industry or business

FATHER
12. Name Not known
13. Birthplace Not known

MOTHER
14. Maiden Name Not known
15. Birthplace Not known

16 (a) Informant Richard Moore
(b) Address 1213 N. Gilmor St.

17 (a) Burial (b) Date thereof 1-4-1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director John M. Thomas
(b) Address 1700 Druid Hill Ave.

19 (a) JAN 4 1944 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 15

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1944 at 4:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1943 to Jan 1 1944
and that I last saw h[illegible] alive on Jan 1 1944

Immediate cause of death Mitral Valvular Disease (Probably Rheumatic) | Duration

Due to Auricular Fibrillation

Other Conditions Congestive Failure Cardiac Hypertrophy & Dilatation

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Bagnall

Address Provident Hospital Date signed 1/4/44 M.D.

C 12387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. C 12387

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1359 Hull St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1359 Hull
(If rural give location)
(e) Citizen of foreign country? (Over No)
If yes, name country

3 (a) FULL NAME Wladyslaw Walter Popielek

3 (b) If veteran, name war No

3 (c) Social Security Account No. 218.105.259

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Bertha Popielek

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years About 54 | Months - | Days - | If less than one day ... hr. ... min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Shipyard Worker

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Not Known

MOTHER
14. Maiden Name Marya Olekcik
15. Birthplace Poland

16 (a) Informant Bertha Popielek
(b) Address 1359 Hull St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/44 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore Co

18 (a) Funeral director William Giantrowski
(b) Address 1648 Eastern Ave

JAN 4 - 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1943 at 2.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1943 to Dec 31 1943, and that I last saw him alive on Dec 31 1943

Immediate cause of death: Lobar Pneumonia (Left lower Lobe) + Probably upper lobe involvement — Duration: 1 week

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr S. H Barnan

Address 436 S Fort Ave Date signed 1/3/44 M.D.

G 12388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 12388

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3504 Chestnut Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 3504 Chestnut Ave. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles A. Peacock Jr.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married.

6 (b) Name of husband or wife Susan A. Peacock
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) June 6, 1874

8. AGE: Years	Months	Days	If less than one day
69	6	25	..... hr. ..... min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Ryan, Sitler (Retired
11. Industry or business Penna. R.R.

FATHER
12. Name Charles A. Peacock. Sr.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Unknown.

16 (a) Informant Mrs. Susan A. Peacock
(b) Address 3504 Chestnut Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4, 1944 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampstead

18 (a) Funeral director Ehrenworth & Donovan.
(b) Address 3615-17 Chestnut Ave

19 (a) Date rec'd JAN 4 1944 (Signature of Registrar) Huntington Williams, M.D. Registrar

VS file

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31, 1943, at 1 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1942 to Dec 31 1943 and that I last saw him alive on Dec 31 1943

Immediate cause of death Heart failure, arteriosclerotic — Duration 6 months
Due to heart disease — 18-15 years
Due to
Other Conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard Wallenstein M. D.
Address 848 W. 36th Date signed 1/3/44

G 12389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 12389 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3502 Buena Vista Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3502 Buena Vista Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christian Buchman.

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widower.

6 (b) Name of husband or wife Elizabeth Buchman

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 13, 1853

8. AGE: Years	Months	Days	If less than one day: hr.	min.
90	8	18		

9. Birthplace Pennsylvania.
(City or town, county, and state)

10. Usual Occupation Retired.

11. Industry or business Private Watchman

FATHER
12. Name Unknown.
13. Birthplace Unknown.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Unknown.

16 (a) Informant Mrs. E. Buchman.
(b) Address 3502 Buena Vista Ave.

17 (a) Burial (b) Date thereof Jan 4/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge.
Location Pikesville Md.

18 (a) Funeral director Ashworth & Donovan
(b) Address 3615-17 Pleasant Ave.

19 (a) Jan 4 - 1944 Huntington Williams, M.D.
(Filed by registrar) Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31, 1943, at 10 20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 - 1943 to December 1943 and that I last saw h[illegible] alive on 12-31 1943

Immediate cause of death Myocardial insufficiency — Duration 4 Days

Due to Arterio Sclerosis — 20 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur J. Dance. M. D.
Address 800-W 33rd Date signed 1-3-43

C 12350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. C 12350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mt. Wilson - Hosp. 13 1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d.
(e) Length of stay in Baltimore (yrs., mos., or days) 4yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 401 Evan Lloyd Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Hay

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29 1939

8. AGE: Years 4 Months 1 Days 2 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name George Hay
13. Birthplace Md.

MOTHER 14. Maiden Name Virginia Bailey
15. Birthplace Md.

16 (a) Informant George Hay
(b) Address 401 Evan Lloyd Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5 1944 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Taylor Ave.

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Clifton Ave.

19 (a) JAN 4 - 1944 (Date received by registrar) Washington Nelliams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/2 1944, at 4:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/2 1944 to 1/2 1944 and that I last saw h[illegible] alive on 1/2 1944

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions Glomerulonephritis

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Carl Myers M.D.
Address Md. Gen. Hosp. Date signed 1/5/44

G 12391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 472

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 304 Pine St
(c) Hospital or institution: 4-

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4

(e) Length of stay in Baltimore (yrs., mos., or days) 2 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A.
(c) City or town Lothian
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural, give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isabelle Anderson

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Married-Separated

6 (b) Name of husband or wife Parris Anderson

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) June 1 1888

8. AGE: Years 55 | Months 7 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Col. Co Md
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Nelson Collier

FATHER 13. Birthplace Md

MOTHER 14. Maiden Name Elizabeth Hicks

MOTHER 15. Birthplace Md

16 (a) Informant Bernard Hardesty

(b) Address Galesville Md

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1/10/43 (month) (day) (year)

(c) Cemetery or crematory Adams

Location Lothian Md

18 (a) Funeral director T. A. Hardesty & Son

(b) Address Galesville Md

19 (a) JAN 4 — 1944 (Date rec'd by Registrar) (b) Huntington Williamsville, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1944, at 8:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1943 to Jan 4 1944, and that I last saw h alive on Jan 3 1944

Immediate cause of death Carcinoma of Lung & Cardiac Hypertrophy — Duration 2 mos

Due to — 15 Days

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. J. Holcher M. D.

Address Irvington Md Date signed 1/4/44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

G 12392 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 649 N. Lafayette Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 649 N. Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mildred A. Nash

3 (b) If veteran, name war

3 (c) Social Security Account No. ##

4 Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1884

8. AGE: Years 59 | Months — | Days 2 | If less than one day hr. min.

9. Birthplace Essex Co. Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Knight

13. Birthplace Essex Co. Va.

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Annie M. Davis

(b) Address 210 E. 10th Ave - New York, N.Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4, 1944 (month) (day) (year)

(c) Cemetery or crematory Pleasant Hill Location Catonsville, Md.

18 (a) Funeral director Mrs. George A. Holland

(b) Address 1691 Druid Hill Ave.

JAN 4 - 1944 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1943 at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from December 24 1943 to December 31 1943, and that I last saw her alive on December 31 1943

Immediate cause of death

Coma Heart Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Not Given

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles J. Wood M. D.

Address 861 Hanlon Rd Date signed 1-3-44

VS 150

G 32393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 32393

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
Mercy Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 m
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1624 Edmonson Ave
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME WILLIAM T. HILL

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col.	Widowed

6 (b) Name of husband or wife Kate
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
62			.....hr. .....min.

9. Birthplace Emmettsburg, Md.
(Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business

FATHER
12. Name David Hill
13. Birthplace Md.

MOTHER
14. Maiden Name Anna McGaw
15. Birthplace Md.

16 (a) Informant Esther C. Higgins
(b) Address 1624 Division st

17 (a) Burial (b) Date thereof 1-4-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Balto Co. Md

18 (a) Funeral director Mac Lee J. Holland
(b) Address 1631 Druid Hill Ave

19 (a) JAN 4 - 1943 (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31st 1942, at 3 15 p M

21. I certify that I took charge of the remains described above, held an .....thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion
.....
Due to.....
.....
Other Conditions.....
.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury.....at.....M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?.....While at work?.....
(d) Means of injury.....

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 1-1-43

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1931

Registered No. C 12394

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1931 Lauretta Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1931 Lauretta Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mary C. Hammond

3 (b) If veteran, name war

3 (c) Social Security Account No. ff

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Edward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1862

8. AGE: Years 81 | Months 4 | Days 22 | If less than one day hr. min. 1872

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Singleton
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Lucas
15. Birthplace Maryland

16 (a) Informant Rosie Johnson
(b) Address 1931 Lauretta Ave.

17 (a) Burial (b) Date thereof Jan. 4, 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 1631 Druid Hill Ave.

JAN 4 - 1944
(Date received by registrar) (b) Huntington Williams Jr.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1943 at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 23 1943, to Dec 31 1943, and that I last saw h. L.V. alive on Dec 31 1943

Immediate cause of death Coronary Occlusion — Duration 2 Mos.
Due to Arteriosclerotic Heart Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Rodney Reckling Jr. M.D.
Address 426 N. Gilmor Date signed 1/3/44

12395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

C 12395 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4312 Dewey Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4312 Dewey Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No. +

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Richard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6-1860

8. AGE: Years 83 | Months 6 | Days 25 | If less than one day hr. min.

9. Birthplace Richmond, Va. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Miner Johnson
13. Birthplace Richmond, Va.

MOTHER
14. Maiden Name Lucy Johnson
15. Birthplace Richmond Va.

16 (a) Informant Fannie Innis
(b) Address 4312 Dewey Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4, 1944 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Mrs. George A. Hulland
(b) Address 1631 Druid Hill Ave.

JAN 4 - 1944 (Date rec'd by Registrar) (b) Registered

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1, 1944, at 12 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1943 to Jan 1 1944, and that I last saw h.x alive on Dec 31 1943.

Immediate cause of death	Duration
Bronchopneumonia	7 days
Due to Influenza	10 days
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. Rowe Hughes

Address 2243 Madison Ave Date signed 1/7/44 M. D.

G 12396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

Registered No. G 12396

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 317 N. Hoffman St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 317 N. Hoffman St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Maggie M. Queen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Wm. A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1884

8. AGE: Years 59 60 | Months -6 | Days -17 | If less than one day hr. min.

9. Birthplace Anne Arundel Co. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Geo. Smith

FATHER 13. Birthplace Anne Arundel Co. Md.

MOTHER 14. Maiden Name Nancy Chelley

MOTHER 15. Birthplace Anne Arundel Co. Md.

16 (a) Informant William A. Queen

(b) Address 317 N. Hoffman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5 1944 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. A. Hyland

(b) Address 1631 Druid Hill Ave.

JAN 4 - 1944 (Date rec'd by registrar)

(b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2 1944, at 9:45 A.M.

21. I certify that death occurred on date above stated; that I attended deceased from Sept. 1943, to Jan. 1 1944. and that I last saw him alive Jan. 1 1944.

Immediate cause of death

Organic Heart Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration: 4 yrs. 6 mos.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature [illegible] M. D.

Address 1534 Druid Hill Ave. Date signed Jan. 4, 1944

VS 150

G 12397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 12397

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen. Hospital 22
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 638 Montgomery Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Bivens

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Negro

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William Bivens

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1897

8. AGE: Years 47 Months 46 Days - 1 If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Henry Holmes
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Ella
15. Birthplace Va.

16 (a) Informant William Bivens
(b) Address 638 Montgomery St

17 (a) Burial (b) Date thereof Jan. 5, 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Bethel St.

19 (a) JAN 4 1944 (b) [illegible] Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2-1944, at 2 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard Lee Mosley M.D.
Medical Examiner
Date signed 1-3-44

By Howard J. Mosley, M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12398

BALTIMORE CITY HEALTH DEPARTMENT

T. # 84966 CERTIFICATE OF DEATH 93D

G 12398 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1014 Edmondson Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Irene Truitt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5th, 1891

8. AGE: Years 52 | Months 7 | Days 28 | If less than one day hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Unable to work

11. Industry or business

FATHER
12. Name John Lewis (D
13. Birthplace ?

MOTHER
14. Maiden Name Lucy Honesty
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (b) Date thereof Jan 4-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Wm. Katz & Williams
(b) Address 3229 W. Belvedere St

19 (a) JAN 1 1944 (b) Hunting for Witness, Md.
(Registrar's signature)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/31 1943, at 11:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/23 1943, to 12/31 1943, and that I last saw her alive on 12/31 1943.

Immediate cause of death (a) Pneumonia, (b) Lues. — Duration 10 d.

Due to

Due to

Other Conditions Old Hemiplegia, left
Pyo-pneumothorax, left
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Card: Hypertrophy; mitral thrombosis of left auricular appendix; thrombosis of left auricle; acute dilatation of right auricle & ventricle.
Lungs: Pneumothorax, acute, left; atelectasis of left lung; pleural adhesions, old, left.
Liver: Cirrhosis, acute.
Spleen: Infarcts, old.
Kidneys: Infarcts, old.
Brain: Softening, old, left parietal.
Aorta: Atheroma.
Pelvis: Fracture, old, left ischium.
Bone marrow: Hyperplasia.
of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature E. L. Sergmon M. D.

Address BC 14 Date signed 1/3/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

G 12399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

Registered No. G 12399

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Mat Baltimore General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2367 E Edmondson Ave,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William R. Bowers

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-2340

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annie May Bowers
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Mar. 15 - 1869

8. AGE: Years	Months	Days	If less than one day
73 74	9	18	hr. min.

9. Birthplace Westminster
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business self

FATHER
12. Name Bowers
13. Birthplace Unknown

MOTHER
14. Maiden Name Keturah Lindsay
15. Birthplace Unknown

16 (a) Informant Ethel J. Ewing
(b) Address 326 Mt. Holly Street

17 (a) Burial (b) Date thereof Jan 6 44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Westview Park
Location

18 (a) Funeral director Charles P Powell
(b) Address 1427 Edmondson Ave

19 (a) JAN 4 - 1944 (b) Remington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3, 1944, at 6:15 P.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Crushing of Chest

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following: 20/2
(a) Date of injury 1-3-43 at 6:15 P M.
(b) Where did injury occur? Walking in front of 2367 Edmondson Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Home. While at work? No
(d) Means of injury Pedestrian struck by auto

23. Signature T. J. Williams M.D.
Medical Examiner.
Date signed 1-4-44

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

G 12400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

99

Registered No. G 12400

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3213 Bancroft Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3213 Bancroft Road.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LEE SONNEBORN.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Daisy R. Sonneborn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29, 1872.

8. AGE: Years	Months	Days	If less than one day
71	5	4 3	hr. min.

9. Birthplace Wheeling, W. Va.
(Town, county, and state)
10. Usual Occupation Retired.
11. Industry or business

FATHER
12. Name Joseph Sonneborn.
13. Birthplace Germany.

MOTHER
14. Maiden Name Sarah ----------
15. Birthplace Germany.

16 (a) Informant Mr. David Sonneborn.
(b) Address 3213 Bancroft Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/ /44.
(month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director David Sonneborn & Son
(b) Address 1902 Eutaw Place.

19 (a) (Filed by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

correct age is especially important. Physicians: please write the

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2nd. 1944 at P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1943 to Jan. 2 1944, and that I last saw him alive on Jan. 2, 1944.

Immediate cause of death: T. Sonneborn, axillary artery, right — Duration: 2 days

Due to: Arterio-Sclerosis

Due to:

Other Conditions: Hypertension, Congestive failure — 10 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nathan B. Herman M. D.
Address 1041 St. Paul St. Date signed 1/1/44.

G 12401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 177 D

Registered No. G 12401

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Baltimore City Hosp 26

(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore City Hosp
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME James Wielimbis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife.....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 54 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Moulder -

11. Industry or business

FATHER 12. Name Frank Wielimakis
13. Birthplace Poland

MOTHER 14. Maiden Name Maryana Nowatny
15. Birthplace Poland

16 (a) Informant Leonard Wielimakis
(b) Address 403 S Bond St.

17 (a) Br (Burial, cremation, or removal) (b) Date thereof 1-6-44 (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus
Location Fairfield and

18 (a) Funeral director John J. Duda
(b) Address 2422 Hudson st

19 (a) JAN 10 1944 Date rec'd by registrar) Wingate Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1944, at 3:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic alcoholism

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury..... at..... M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work?.....
(d) Means of injury.....

23. Signature H. L. Wallenmeyer M.D.
For Medical Examiner.
Date signed Jan. 4, 1944

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. G 12402

Please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital 7

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 N. Wolfe street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Viola Wood

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Married

6 (b) Name of husband or wife Carter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1916

8. AGE: Years	Months	Days	If less than one day
27	5	5	hr. min.

9. Birthplace N. Carolina
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Richmond Vines
13. Birthplace N. C.

MOTHER
14. Maiden Name Estella Austin
15. Birthplace N.C.

16 (a) Informant Eva Burgess
(b) Address 1322 N. Carolina St.

17 (a) Burial (b) Date thereof Jan. 6 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location B. C. County Md.

18 (a) Funeral director Mrs. Robert A. Elliott & Sons
(b) Address 1129 N. Carolina St.

19 (a) JAN 4 - 1944 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2-1944, at 4:00 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Hemorrhage, incised wound of throat by knife

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 1-2-44 at (?) 3.45 A.M.
(b) Where did injury occur? 1020 N. Wolfe St
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Sharp instrument

23. Signature Howard J. Rhoades M.D.
Medical Examiner.
Date signed 1-2-44

C 12403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

C 12403 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1029 Lamont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emory Howard

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	Colored	Widower

6 (b) Name of husband or wife Ada
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Bernice Fresby
(b) Address 1215 N. Dolland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6 1944 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A. A. County Md.

18 (a) Funeral director Mrs. Robert A. Elliott Dept.
(b) Address 1129 N. Caroline St

19 (a) JAN 4 - 1944 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1944, at 9:20 P. M.

21. I certify that I took charge of the remains described above, held an Inquisition thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Cerebral hemorrhage spontaneous

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed January 3, 1944

Please write the causes of death clearly and correct age is especially important. Physicians: please write

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 181

G 12404

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 4

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days) few wks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Essex, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Box 14 & Hopewell Ave.,
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Samuel Armstrong

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Black	Widower

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 4, 1870

8. AGE: Years	Months	Days	If less than one day
73	10	29	hr. min.

9. Birthplace Md. (city unknown)
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Robert Armstrong
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Beatrice Cooper
(b) Address Box 147 Hopewell Ave. Essex, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6, 1944 (month) (day) (year)
(c) Cemetery or crematory St. Stephens Cem.
Location Essex Md

18 (a) Funeral director Mrs. Ethel A Elliott Dept
(b) Address 1629 N. Caroline St.

19 JAN 4 - 1944 (Date rec'd by registrar) (b) Huntington Williams, Mgr. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/3 1944, at 9:22 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/24 1943, to 1/3 1944, and that I last saw h[illegible] alive on 1/2 1944

Immediate cause of death Uremia — Duration 2 wks

Due to Renal failure

Due to Burns, 1° & 2°; hands & face

Other Conditions Senile arterio-sclerosis; cardiac decompensation
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12-15-43 at — M
(c) Where did injury occur? Essex, Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Explosion of oil stove

23. Signature John C. Orzelowski M. D.
Address Mercy Hospital Date signed 1/3/44

For U.H.L. Mallenmeier, by Howard J. Mallen M.D.

G 12405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 12405 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address McDonough Lane + Reisterstown Rd.
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. McDonough Lane + Reisterstown Rd
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** ~~LYDIA ELIZABETH ANDREWS~~ Miss Lydia Elizabeth Andrews

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife ✓

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1874

8. AGE: Years	Months	Days	If less than one day
69	2	21	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Henry Andrews

13. Birthplace Md

MOTHER 14. Maiden Name Alice Z

15. Birthplace Md

16 (a) Informant Stuart R. Wilcox

(b) Address 621 Old Orchard Road

17 (a) Burial (b) Date thereof Jan 5 '44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location 3501 Frederick ave

18 (a) Funeral director John Whitehill Sons

(b) Address 1700 Eutaw Place

19 (a) Filed [illegible] (b) [illegible]
(Date filed by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3 1944 at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 1943, to Jan. 3 1944, and that I last saw h[illegible] alive on Jan 3 1944

Immediate cause of death Coronary thrombosis — Duration

Due to

Due to

Other Conditions atypical pneumonia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Coronary thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. Herman Williams M. D.

Address Md. Gen. Hosp. Date signed Jan. 4, 1944

G 12406 G 12406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison
(c) Hospital or institution:
Md. Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 517 Normandy Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Mrs. Elizabeth P. McCloskey

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife James W McCloskey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-16-03

8. AGE: Years	Months	Days	If less than one day
40	3	17	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name John H Heanor
13. Birthplace Balto

MOTHER
14. Maiden Name Maime Fortman
15. Birthplace Balto

16 (a) Informant James A Mc Closkey
(b) Address 517 Normandy ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7/44 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Edmondson ave

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw pl Place

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 4 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1944, at 11 47 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1944 to Jan 3 1944 and that I last saw h.e.r. alive on Jan 3 1944.

Immediate cause of death	Duration
Broncho pneumonia	
Due to carcinomatosis	
Due to carcinoma of right breast	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature John D Young Jr M. D.
Address Md. Gen. Hosp. Date signed 1-3-44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 12407 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1214 Eutaw place
(c) Hospital or institution: Balt. City and Co Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3010 St Paul St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) FULL NAME Lillie W Rowe

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Henry I Rowe

6 (c) If dead, give age 62 years

7. Birth date of deceased (mo., day, yr.) July 15, 1883

8. AGE: Years 60 | Months 5 | Days 18 | If less than one day — hr. — min.

9. Birthplace Joppa, Harford Co. Md.
(Town, county and state)

10. Usual Occupation Home wife

11. Industry or business none.

FATHER
12. Name James A Wiles
13. Birthplace Harford Co. Md

MOTHER
14. Maiden Name Mary Summers Williams
15. Birthplace Alexandria, Va.

16 (a) Informant Henry I. Rowe
(b) Address 3010 St Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jany 6/44 (month) (day) (year)

(c) Cemetery or crematory Abingdon Md
Location Abingdon Md

18 (a) Funeral director John O. Mitchell & Son
(b) Address 1910 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

VS JAN 4 19[illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1944, at 11 40 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/21 1943, to 1/3 1944, and that I last saw her alive on 1/3/44 1944.

	Duration
Immediate cause of death acute Cardiac failure	10 min.
Due to arteriosclerotic heart disease	
Due to	
Other Conditions Retinal detachment	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature C. P. Jamerson M.D. M. D.
Address 1214 Eutaw place, Balt. Md. Date signed 1/3/44

PRINT WITH PENCIL, WRITE UNFADING INK. Every item of information should be given if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 12408

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1237 Battery Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 6073

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1232 Battery Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Jefferson Cook

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Sophia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7 1858

8. AGE: Years 85 | Months 7 | Days 24 | If less than one day hr. min.

9. Birthplace Dorchester Co Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name John R Cook
13. Birthplace Md

MOTHER
14. Maiden Margaret Seward
15. Birthplace Md

16 (a) Informant Sophia Cook
(b) Address 1237 Battery Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4/44 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

JAN 4 - 1944 (Date rec'd by registrar) (Huntington Williams) Funeral Dir.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1944, at 3:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 10 1943 to Jan 1 1944 and that I last saw him alive on Jan 1 1944

Immediate cause of death: Asphyxia (Terminal) — Duration 3 Days

Due to: Chronic Myocarditis arteriosclerosis —

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David D Weaden M. D.

Address 1111 Eden Date signed 1/3/44

G 12409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 12409

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1010 Brisco St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 Brisco St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie M. Witte

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Frederick C. Witte

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 28. 1867

8. AGE: Years 76 | Months 29 | Days 3/3 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business at home

FATHER 12. Name unknown John Zapp

13. Birthplace unknown Balto. Md

MOTHER 14. Maiden Name unknown

15. Birthplace unknown Balto. Md.

16 (a) Informant Frederick C. Witte

(b) Address 1010 Brisco St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 1/4/44 (month) (day) (year)

(c) Cemetery or crematory Leader Hill

Location Balto. Co.

18 (a) Funeral director C. Vernon Lemmon

(b) Address 4611 Park Heights Ave.

19 (a) JAN 4 - 1944 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1943 at 3.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1943 to Dec 31 1943, and that I last saw h[illegible] alive on Dec. 31 1943

Immediate cause of death Coronary Thrombosis — Duration 1 day

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Morley Hoag M. D.

Address 1919 Eastern Blvd. Date signed 1/4/44

G 12410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92C

Registered No. G 12410

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. Physicians: please write the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3304 Woodland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3304 Woodland. ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mae A. Grosier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married, Widow

6 (b) Name of husband or wife Horace Grosier

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4 1878

8. AGE: Years	Months	Days	If less than one day
65	5	27	hr. min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at home.

FATHER
12. Name Thomas D. Harper
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Matie M. O'Dell
15. Birthplace Washington D.C.

16 (a) Informant Thomas D. Harper
(b) Address 3304 Woodland Ave.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 1/ /44 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill.
Location Prince George County.

18 (a) Funeral director C. Vernon Lennon.
(b) Address 4411 Park Heights

19 JAN 4 - 1944 (Date rec'd by registrar) (b) Huntington Williams, Md. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1944, at 7 55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1941, to Jan 1 1944, and that I last saw him alive on Dec 31 1943.

	Duration
Immediate cause of death Acting pulmonic Carditis - Hem Embolism & Thrombosis of Mitral	
Due to arteriosclerosis	4 yrs.
Due to	
Other Conditions Hyp. hemiplegia, Bronchopneumonia	10 yrs.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fred L. De Barber M. D.
Address 4723 Park Heights Ave. Date signed 1-3-44

G 12411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48 B

G 12411 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 833 Patapsco Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 833 Patapsco Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Lannie Louise Watson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: George W. Watson

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) May 8, 1885

8. AGE: Years 58 | Months 7 | Days 26 | If less than one day ... hr. ... min.

9. Birthplace Anne Arundel County Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Joseph B. Jordan
13. Birthplace Virginia

MOTHER
14. Maiden Name Katherine Greenhoot
15. Birthplace Virginia

16 (a) Informant Geo. Wm. Watson
(b) Address 833 [redacted] Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-44 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill
Location Anne Arundel County Md.

18 (a) Funeral director Leo F. Schwab
(b) Address 2101 Frederick Avenue

19 (a) 1-1944 (Date rec'd by registrar) (b) [signature] Registrar
Huntingtown, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1944, at 5:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1943, to Dec. 1943, and that I last saw her alive on Dec. 29 1943.

Immediate cause of death: Carcinoma of uterus — Duration 8 years

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature P. J. Grimaldi, M. D.
M. D.
Address 1809 Gov. Ritchie Hwy Date signed 1-3-44

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Use ink.

Albany G 12412 — Pt Roden 2413 E Monument

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 421 N. Duncan st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 421 N. Duncan St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizebeth Samek

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Vincent Samek
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1885

8. AGE: Years 58 | Months 1 | Days 24 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER — 12. Name Frank Jasonek
13. Birthplace Bohemia

MOTHER — 14. Maiden Name Barbara Fiska
15. Birthplace Bohemia

16 (a) Informant Vincent Samek
(b) Address 421 N. Duncan St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5/44 (month) (day) (year)
(c) Cemetery or crematory Holy Rood Cem
Location Balto Md

18 (a) Funeral director Frank Evans Son
(b) Address 900 N. Chester St

19 (a) Jan 4 - 1944 (Date rec'd by registrar) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2 1944, at 5.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h. alive on 19.

Immediate cause of death: Cerebral Hemorrhage — Duration 12 hrs
Due to: Hypertensive C-V-R Disease — 4 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature Israel Roden M. D.
Address 2413 E Monument St Date signed

Copy

G 12413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 12413 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Caroline St
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2007 E. Preston St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN KALIVODA

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Christina Kalivoda

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) July 6, 1888

8. AGE: Years 55 | Months 6 | Days 1 | If less than one day hr. min.

9. Birthplace Shoal Merchant (Town, county, and state)

10. Usual Occupation Butcher

11. Industry or business

MOTHER / FATHER

12. Name John Kalivoda

13. Birthplace Bohemia

14. Maiden Name Barbara Servik

15. Birthplace Bohemia

16 (a) Informant Christina Kalivoda

(b) Address 2007 E Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-44 (month) (day) (year)

(c) Cemetery or crematory Holy Cross Location G. G. & B. Rd

18 (a) Funeral director Frank Brach & Son

(b) Address 900 N. Caroline St

19 (a) 1946 (Date filed by registrar) (b) Lon Williams, M.D. Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2-44 19 at 10:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1-44 19 to 1-2-44 19, and that I last saw him alive on 1-2-44 19

Immediate cause of death	Duration
Acute Congestive Heart failure	
Due to Hypertensive Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Lynch M. D.

Address St. Joseph Hosp Date signed 1-2-44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46a

C 12114 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1512 Hazel Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4515 Pennington Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JVEN LUTHAR

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Austria - Hungary
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Ivan Luthar
13. Birthplace Austria - Hungary

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Theresa Harvath
(b) Address 4515 Pennington Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-44 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A., A. Co. Md.

18 (a) Funeral director Frank Loucksdon
(b) Address 900 N. Caster Street

19 (a) JAN 4 1945 (Date rec'd by registrar) (b) Clayton Williams M.R. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3, 1944, at 11:45 P. M.

21. I certify that I took charge of the remains described above, held an Inquiry (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Carcinoma of the esophagus.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H L Wallenmeier M.D.
Medical Examiner.
Date signed Jan. 4, 1945.

correct age is especially important. Physicians: please write the causes of death clearly and

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1944

G 12415 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 901 Aisquith
(c) Hospital or institution:
Motherhouse of Notre Dame
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(b) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Aisquith Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sr. M. Nilsinia Biss

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/18/54

8. AGE: Years	Months	Days	If less than one day
89	3		hr. min.

9. Birthplace St. Donatus, Iowa (Town, county, and state)
10. Usual Occupation Teacher
11. Industry or business Religious

FATHER
12. Name Francis Biss
13. Birthplace Luxemburg

MOTHER
14. Maiden Name Susanna Dorhe
15. Birthplace Belgium

16 (a) Informant Sr. M. Stan. Xavier
(b) Address 901 Aisquith Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3/44 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Glen Arm

18 (a) Funeral director Geo M. Powers Son
(b) Address 811 N Wolfe St

19 (a) 1944 JAN 4 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2 1944, at 8.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1943 to Jan. 2 1944, and that I last saw h[illegible] alive on Jan. 2 1944

Immediate cause of death	Duration
Arteriosclerosis Chronic Myocarditis	
Due to Hypostatic Pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. J. Kerby M. D.
Address 1108 E Northern Date signed 1/6/44

G 12416 TIERNAN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 12416 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1915 W. Mulberry St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1915 W. Mulberry St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm Joseph Tiernan

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-14-0922

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary Eugene Harbin

6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) March 16. 1884

8. AGE: Years	Months	Days	If less than one day
59	9	16	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Auto Inc

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Mrs Wm J. Tiernan

(b) Address 1915 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/44 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Old Frederick Rd

18 (a) Funeral director Thos F Kenny

(b) Address Hollins & Gilmor

JAN 5 - 1944 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/2 1944, at 3 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/15 1943 to 1/2 1944, and that I last saw h[illegible] alive on 12/27 1943.

Immediate cause of death Coronary Thrombosis — Duration 1 hr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Chester F. Tuttrow M. D.

Address 5317 Harford Rd Date signed 1/2/44

12117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

✓ G 12117 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Remley Ave.
(c) Hospital or institution 11

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 - 6

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Remley Ave. 3211
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene Middleton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 19, 1917

8. AGE: Years	Months	Days	If less than one day
26	3	12	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Bernard Middleton
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Ford
15. Birthplace Md.

16 (a) Informant Margaret Middleton
(b) Address 2211 Remley Ave

17 (a) Burial (b) Date thereof Jan 5 1944
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemetery
Location U. A. County Md.

18 (a) Funeral director Mrs. Robert A. Elliott Dept.
(b) Address 1129 N. Caroline Street

19 (a) JAN 5 - 1944 (b) Huntington Williams M.D.
(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1944, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/44 1943 to Jan 1 1944
and that I last saw h[illegible] alive on Jan 1 1944

Immediate cause of death

Due to Influenza

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. H. Hikes
Address 601 N. Calhoun Date signed 1/5/44 M.D.

HIKES

G 12418 G 12418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1244 E. Monument St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1244 E Monument St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mabelle Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1906

8. AGE: Years 37 | Months 7 | Days 3 | If less than one day hr. min.

9. Birthplace Robinson N. C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Bethelhem Steel Corp

FATHER
12. Name William Brown
13. Birthplace N. C.

MOTHER
14. Maiden Name Elizabeth Ray
15. Birthplace N. C.

16 (a) Informant Willie Brown
(b) Address 410 N. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5th 1944 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 S Bradtley St

19 (a) Date rec'd by registrar JAN 5 1944 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1943 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1943 to Dec 1943 and that I last saw h alive on Dec 31 1943.

Immediate cause of death Acute Lobar Pneumonia

Duration

Due to

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: none

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George E Alleen M. D.
Address 121 E Lexington St Date signed JAN 5 1944

Approved by Medical Examiner

G 13419 — BALTIMORE CITY HEALTH DEPARTMENT — G 13419

CERTIFICATE OF DEATH 937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Beltona Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1508 Rd Hill Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mary J. McCarty

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: John F. McCarty
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar 19th 1871
8. AGE: Years 72 | Months 9 | Days 15 | If less than one day hr. min.
9. Birthplace Prince Edward Is. - Canada (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James A. Cody
13. Birthplace New Foundland

MOTHER
14. Maiden Name Mary J. Cody
15. Birthplace

16 (a) Informant James E. McCarty
(b) Address 1508 Round Hill Rd
17 (a) Removal (Burial, cremation, removal) (b) Date thereof 1/6/44 (month) (day) (year)
(c) Cemetery or crematory Quincy
Location Mass
18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St
19 (a) (Date rec'd by registrar) (b) Signature for William Cook Inc

JAN 5 - 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4th 1944, at 11 a.m.
21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1943, to Jan 4 1944, and that I last saw h[illegible] alive on Jan 3 1944

Immediate cause of death: Acute Cardiac Dilatation — Duration: 1 day
Due to: Hypertension Heart Dis. — 2
Due to: Cerebral arterio-Sclerosis. — 10 yrs
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation: ?
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature L. N. Thomas M.D.
Address 1510 E. 33rd Date signed 1/4/44

G 12420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G 12420

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1832 W. Lombard st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1832 W. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

1944

3 (a) FULL NAME Mary Estelle Hlapka

3 (b) If veteran, name war W
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Separated

6 (b) Name of husband ~~or wife~~ August F. Hlapka
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 3rd 1894

8. AGE: Years 49 | Months 9 | Days 29 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name David M. Hanixman
13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Birtha V. Smith
15. Birthplace Balto. Md.

16 (a) Informant Catherine Hanixman
(b) Address 1832 W. Lombard St

17 (a) Burial (Burial, ~~cremation, removal~~) (b) Date thereof 1/5/44 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 St. Paul St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

JAN 5 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2nd 1944, at 5:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15th 1943, to Jan 2 1944, and that I last saw h~~er~~ alive on Jan 1944.

Immediate cause of death Cerebral Hemorrhage — Duration ?
Due to Hypertension
Due to ?
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morris B. Schreiber M. D.
Address 5 Y. S. Telfair Ave Date signed 1-4-44

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

Registered No. C 12421

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W. Lexington ST.
(c) Hospital or institution Aged Women's & Aged Mens Homes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W Lexington St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country U.S.

3 (a) FULL NAME Miss Mary E. Culbertson

3 (b) If veteran, name war: W

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 4-1858

8. AGE: Years	Months	Days	If less than one day
85	-	28	hr. min.

9. Birthplace Fairfield, Pa.
(City or town, county, and state)

10. Usual Occupation At Home for aged

11. Industry or business

FATHER
12. Name Joseph Culbertson
13. Birthplace

MOTHER
14. Maiden Name Mary S. White
15. Birthplace

16 (a) Informant Records Aged Women's & Aged Mens Homes
(b) Address 1400 W. Lexington St.

17 Burial (Burial, cremation, or removal) (b) Date thereof 1/5/44 (month) (day) (year)

(c) Cemetery or crematory Baltimore Md
Location Baltimore Md

18 (a) Funeral director William Roche
(b) Address 1219 E Pratt St

19 (a) (Date rec'd by registrar) (b) Registrar

Filed JAN 5 - 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1944, at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/17/1940 19 to 1/2/1944 19, and that I last saw her alive on 1/1/44 19

Immediate cause of death Broncho-pneumonia following flu — Duration 1 wk.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward B. Jarrett M.D.

Address 11 E. Chase St., City Date signed 1/4/44

Lexington Hillcrest, M.D.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 442 E 20th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4
(e) Length of stay in Baltimore (yrs., mos., or days) entire

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 442 E 20th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Bessie Dean Kelly Rees

3 (b) If veteran, name war: W
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband ~~or wife~~ Chas F Franklin Rees
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7 - 1866

8. AGE: Years 77 | Months 7 | Days 28?7 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER
12. Name Thomas P. Dunnigan
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Bessie D. K. Dunnigan
15. Birthplace Baltimore Md

16 (a) Informant Florence E. Rees
(b) Address 442 E. 20th St.

17 (a) Burial (b) Date thereof 1/7/44
(Burial, cremation, removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto. Md.

18 (a) Funeral director William Cost Inc.
(b) Address 1524 Pennsylvania Ave, Baltimore, Md.

19 (a) JAN 5 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1944 at 6:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1943 to Jan 4 1944 and that I last saw her alive on Jan 3 1944

Immediate cause of death
Cerebral Hemorrhage
Arterio Sclerosis
Due to old age

Due to

Other Conditions Bronchitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
Jan 1 to 4 '44

Dec 8 '43
Jan 4 '44

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Reginald J. Tonry M. D.
Address 414 E. North Ave Date signed Dec 4/44

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1935

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Lexington St
(c) Hospital or institution:
Aged Indigent Womens Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 1400 N Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Martha Sellmore Hart

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Apr 25, 1851
8. AGE: Years 92 Months 8 Days 8 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Robert M Hart
13. Birthplace Fredericksburg Va

MOTHER
14. Maiden Name Isabella Welch
15. Birthplace Annapolis Md

16 (a) Informant Old Mortality, Old Mens Home
(b) Address 1400 N Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/44 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul Street

19 (a) Date rec'd by Registrar JAN 5 1944 (b) Signature for Williams H.P. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1944, at 12 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15/1927 19..., to 1/3/1944 19..., and that I last saw h 9r alive on 1/2/1944 19...

Immediate cause of death: Myocarditis, chronic. Arterio-sclerosis generalized. — Duration: ? yrs.

Due to:

Due to:

Other Conditions: Ununited fracture of leg for 8 yrs. Bedfast.
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature Edwin B Jarrell
Address 11 E. Chase St., City Date signed 1/4/44

G 12424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 12424 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1712 LANCASTER
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 61

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 31 (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 LANCASTER ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walenty Rozga

3 (b) If veteran, name war

3 (c) Social Security Account No. — —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ wife Maryanna

6 (c) If alive, give age 84 years

7. Birth date of deceased (mo., day, yr.) ? 1858

8. AGE: Years 86 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Maryanna Rozga
(b) Address 1712 Lancaster st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-44 (month) (day) (year)
(c) Cemetery or crematory ST. STANISLAUS
Location Baltimore Md

18 (a) Funeral director George A. Weber
(b) Address 705 S. Ann st

19 (a) Date received JAN 3 1944 (b) Filed for Baltimore, Md. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3rd 1944 at 10 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to Jan 3 1944 and that I last saw h alive on Jan 3 1944

Immediate cause of death Coronary Thrombosis — Duration 1/1/44

Due to Ch. Myocarditis — 1/1940

Due to Generalized Arterio-Sclerosis — 1934

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William L. Ryan M.D.

Address 801 N Kenwood Ave Date signed 1/5/44

~~12425~~ BALTIMORE CITY HEALTH DEPARTMENT G 12425

CERTIFICATE OF DEATH 55E

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2109 Orleans St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2109 Orleans st
(If rural give location)
(e) Citizen of foreign country? .....(Yes or No)
If yes, name country .....

3 (a) FULL NAME Mary Fox

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widowed

6 (b) Name of husband or wife Late Benj. Fox
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
71	10		..... hr. ..... min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Louis Friedmann
13. Birthplace Russia

MOTHER
14. Maiden Name Gertrude
15. Birthplace Russia

16 (a) Informant Abraham Fox
(b) Address 2108 Orleans st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5/44 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Philip Rd & Hamilton ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave

19 JAN 5 - 1944 Huntington Nelligan, M.D. Registrar
(Date rec'd by Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/4/44 19..., at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1941 to 1/4 1944, and that I last saw her alive on 1/4 1944.

Immediate cause of death ..... Duration
Melanotic Sarcoma with metastases (1941) 3 years
Due to Cardiac Hypertrophy
Due to Cardiac Dilatation } 10 years
Cardiac Insufficiency
Other Conditions .....
(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M.
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Theodore Cooper M. D.
Address 701 Park Ave Date signed 1/4/44

G 12426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 12426 ✓ Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1710 Crystal Ave
(c) Hospital or institution: Church Home & Hosp. 8-10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 Crystal Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mrs. Mary A. Morrison

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Mr. E. T. Morrison
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1878

8. AGE: Years	Months	Days	If less than one day
65	1	2423	hr. min.

9. Birthplace Wales, England
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name E. J. Evans
13. Birthplace Wales England

MOTHER
14. Maiden Name Sarah Jones
15. Birthplace Wales England

16 (a) Informant Edwards T. Morrison.
(b) Address 1710 Crystal Ave

17 (a) Burial (b) Date thereof 1/6/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Taylor ave.

18 (a) Funeral director Howard N. Blight, Jr.
(b) Address 4914 Belair Road

19 (a) (b)
(Date rec'd by registrar) Registrar

JAN 5 1944 Huntington Williams M.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1944, at 12:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1944, to 1-3 1944 and that I last saw h[illegible] alive on 1-3 1944.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to	
Due to	
Other Conditions	
Diabetes and toxic + coma	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. T. Morrison M. D.
Address Church Home & Hospital Date signed 1/5/44

2427 BALTIMORE CITY HEALTH DEPARTMENT G 12427

CERTIFICATE OF DEATH

Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Box-338 A., Middle River, Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES LESLIE (Charles Allen Leslie)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 3, 1942

8. AGE: Years	Months	Days	If less than one day
1	4	1	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Leslie
13. Birthplace Mo.

MOTHER
14. Maiden Name Catherine McCarty
15. Birthplace Mo.

16 (a) Informant John Leslie
(b) Address Middle River, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/5/44 (month) (day) (year)
(c) Cemetery or crematory
Location Dexter, Mo.

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul St.

19 JAN 5 - 1944 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4, 1944, at 7:05 A. M

21. I certify that I took charge of the remains described above, held an inquiry (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ] and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Pneumonia, lobular. primary

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary [ ] or contributing [ ] cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeier M.D.
and Medical Examiner.
Date signed 1-4-43.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12428 C 12428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157M

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2707 Garrison Blvd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2707 Garrison Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harriet Lucille Cross

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1943

8. AGE: Years	Months	Days	If less than one day
	5	9	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name J. Harry Cross
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Anna . Morris
15. Birthplace Queenstown, Md

16 (a) Informant J. Harry Cross
(b) Address 2707 Garrison, Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5, 1944 (month) (day) (year)
(c) Cemetery or crematory New Catheral
Location Baltimore, Md

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1401 Eutaw Place

19 (a) Jan 5 1944 (Date received by local registrar) (b) Hunting Town, Md (Registered number)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2, 1944, at 5:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 4, 1943, to Dec. 31, 1943, and that I last saw her alive on Dec 31 1943.

Immediate cause of death	Duration
Amyotonia congenita	4 mo. 9 days
Due to (Respiratory muscles paralyzed due to amyotonia congenita)	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. O. Wharton Smith M. D.
Address 100 W. University Pky Date signed 1/4/44

U.S.D.C. Wharton Smith

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 12429 Registered No. 109

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3030 W. North Ave.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3030 W. North Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Ann E. Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1852

8. AGE: Years 91 | Months 6 | Days 8 7 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mrs. Sarah A. V. Downey
(b) Address 3030 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/44 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) JAN 5 - 1944 (Date received by registrar) (b) Kenterfor Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1944, at 9:00 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 17 1944, to Jan. 3, 1944, and that I last saw her alive on Jan. 2, 1944

	Duration
Immediate cause of death: Congestive heart failure	2 days
Due to: Pneumonia	2 weeks
Due to: Senility	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice E. Shamer M. D.
Address 3300 W. North Ave. Date signed

Dr. Shamer

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12430

T.N 74944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 12430

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 1553
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 months
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1562 Moreland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman ERNEST Mueller

3 (b) If veteran, name war: No

3 (c) Social Security Account No. NONE

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Minnie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27, 1864

8. AGE: Years 79 | Months 6 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation CARPENTER RET 11 YRS

11. Industry or business

FATHER
12. Name Herman Mueller
13. Birthplace Germany

MOTHER
14. Maiden Name Minnie ?
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 5 1944 (month) (day) (year)
(c) Cemetery or crematory MT OLIVET CEM
Location BALTO MD

18 (a) Funeral director HENRY SAMUEL & SONS INC
(b) Address NORTH AVE & BROADWAY

19 (a) JAN 5 1944 (b) Huntington Williams MD Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/3 1944, at 5:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943, to [redacted] 1/3 1944.
and that I last saw him alive on 1/3 1944

Immediate cause of death	Duration
(a) Lobar Pneumonia, bi-lateral	10 d
Due to	
Due to	
Other Conditions Hem anteriomedastinal ? old TBC.	?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Seligman M. D.

Address BCH Date signed 1/7/44

G 12431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. G 12431

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 N. Montford Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Susan Grau

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4th 1870

8. AGE: Years 73 74 | Months 7 | Days 29 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John G. Idemman
13. Birthplace Germany

MOTHER 14. Maiden Name Mary Wasser
15. Birthplace Germany

16 (a) Informant Wm Grau
(b) Address 231 E Oliver St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/44 (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location E North Ave Ext

18 (a) Funeral director Leo S. Cook
(b) Address 1701-03 N. Patt Park Ave

19 (a) JAN 5 - 1944 Interred or cremated Williams Mgr (Signature of Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 3 19 44 at 10:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12 - 30 19 43 to 1 - 3 19 44 and that I last saw h[illegible] alive on 1 - 3 19 44

Immediate cause of death: Arteria sclerotic Cardiavascular Renal Disease — Duration

Due to

Due to

Other Conditions Basilar metastate Carcinoma from breast.
(Include pregnancy within 3 months of death)

Date of operation 1938

Major findings of operation: Carcinoma - left breast.

Autopsy: Arteriosclerotic C.V. Renal Disease

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stanley B. Klymowicz
Address St Josephs Hosp. Date signed 1 - 5 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12432 — T.N 55154

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108 — G 12432 — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 721 N. Caroline St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Washington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 5th, 1874

8. AGE: Years 69 | Months 9 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Henry Washington (D
13. Birthplace Maryland

MOTHER
14. Maiden Name Eliza Butler
15. Birthplace Maryland

16 (a) Informant Baltimore Maryland
(b) Address 4940 Eastern Ave / Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7-44 (month) (day) (year)
(c) Cemetery or crematory Asbury Ann
Location

18 (a) Funeral director James A Hayes
(b) Address 142 W Fell St

19 (a) (Date rec'd by registrar) JAN 5 - 1944 (b) Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/3 1944 at 5:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943 to 1/3 1944. and that I last saw him alive on 1/3 1944.

Immediate cause of death: (a) Lobar Pneumonia — Duration 10 d.
Due to
Due to
Other Conditions HCVD; Ac. hemiplegia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above; mucoid thrombi in heart; cerebral hypostasis; gen. arteriosclerosis

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Sampson M.D.
Address BCH Date signed 1/4/44

PHYSICIAN
Underline the cause to which death should be charged statistically.

G 12433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1318

G 12433 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 750 W Lexington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 750 W Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kostantena Grinkuniene

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex Female | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ben

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 58 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Luth (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name P
13. Birthplace Luth

MOTHER
14. Maiden Name P
15. Birthplace Luth

16 (a) Informant Helen Grinkuniene
(b) Address 750 W Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8 44 (month) (day) (year)
(c) Cemetery or crematory St. Michael's
Location Shimokan, Pa.

18 (a) Funeral director Joseph Kosinski, Inc
(b) Address 602 W Washington Blvd.

19 (a) JAN 5 - 1944 (Date rec'd by registrar) Huntington, Indiana (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1944 at 1245 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1943 to Jan 5 1944 and that I last saw h[illegible] alive on Jan 5, 1944

Immediate cause of death Cardiac Failure — Duration

Due to Cerebral Hemorrhage

Due to Chr. Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur C Monaughan M. D.
Address 800 E North Ave Date signed 1/5/44

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94a, V

Registered No. 12434

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 E. University Pky. Apt. 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 2 mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas William Henry Abbott

If U. S. Veteran specify WAR ...

(a) Residence: No. 2016 E. University Pky. Apt. 10 Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Caroline A. Abbott

6. DATE OF BIRTH (month, day, year) Feb. 24, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Wicomico Co. Md.

FATHER

13. NAME Merrill Abbott

14. BIRTHPLACE (city or town) (State or country) Wicomico Co., Md.

MOTHER

15. MAIDEN NAME Lillie Hughes

16. BIRTHPLACE (city or town) (State or country) Wicomico Co Md

17. INFORMANT Mrs. Caroline A. Abbott

(Address) 2016 University Pky. Apt. 10-City

18. BURIAL, CREMATION, OR REMOVAL

Place Salisbury, Md. Date Jan. 6 19 44

19. UNDERTAKER H. Madison Mitchell

(Address) Havre de Grace, Md.

20. FILED JAN 5 - 1944 19 Huntington White Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3, 1944

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5 1943 to Jan. 3 1944

I last saw h... alive on Jan. 2 1944 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. A. Deuell M. D.

(Address) 104 W. Madison St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 12435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 12435 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1301 W. 40th Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1301 W. 40th Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Robert S. Menzies

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 9, 1885
8. AGE: Years 58 | Months 10 | Days 24 | If less than one day hr. min.
9. Birthplace Wilmington, Del. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business City of Baltimore
FATHER 12. Name Clyde Menzies
13. Birthplace Scotland
MOTHER 14. Maiden Name Christina A. Black
15. Birthplace Scotland
16 (a) Informant Mrs. Geo. McComas
(b) Address 1001 W. 40th St.
17 (a) Burial (b) Date thereof 1-6-44 (burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Bolto., Co., Md.
18 (a) Funeral director Bunge Funeral Home
(b) Address 3631 Falls Road
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3, 1944, at 3P. M

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. L. Wallenmeyer M.D. (Medical Examiner.)
Date signed 1-4-44.

VS 151 JAN 5 - 1944 Huntington, W. Va.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12436 Registered No. 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 817 W. 38th Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN HENRY CLARY

3 (b) If veteran, name war	3 (c) Social Security Account No.
World's War	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Anna M. Shaffer
Divorced
6 (c) If alive, give age 9 years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1892

8. AGE: Years	Months	Days	If less than one day
51	0	24	..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Coal Yard Sup.
11. Industry or business -

FATHER
12. Name Henry C. Clary
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Alice Mary Marney
15. Birthplace Baltimore, Md.

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5, 1944 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Frederick Road
18 (a) Funeral director A. Lee Oder
(b) Address 4644 York Road
19 (a) (b)
(Date received by registrar) Registrar

JAN 5 1944 Washington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH January 1, 1943, at 3:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 31, 1943, to Jan. 1, 1943, and that I last saw him alive on Jan. 1, 1943

Immediate cause of death	Duration
Uremia and Nephrosclerosis	Unk.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address Baltimore, Md. Date signed 1/3/43

Va-14207

V G 12437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. V G 12437

131a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Since Dec. 21, 1943
(e) Length of stay in Baltimore (yrs., mos., or days) Just arrived

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Somerset
(c) City or town Crisfield
(If outside city or town limits, write RURAL and give town)
(d) Street No. - (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MISTER, John Ewing

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/10/95

8. AGE: Years 48 | Months 7 | Days 20 | If less than one day: hr. min.

9. Birthplace Crisfield, Md. (Town, county, and state)
10. Usual Occupation Oysterman - present
11. Industry or business "

FATHER
12. Name Lankford Mister
13. Birthplace Smith Island, Md.

MOTHER
14. Maiden Name Melinda Pruitt
15. Birthplace Smiths Island, Md.

16 (a) Informant Records, U.S. Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-44 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Rd Ext.

18 (a) Funeral director A. Lee Oden
(b) Address 4644 York Rd.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JAN 5 1944

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30, 1943, at 10:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 21, 1943, to Dec. 30, 1943, and that I last saw him alive on Dec. 30, 1943.

Immediate cause of death: Hypertensive heart disease with cardiac failure — Duration: Failure just before death.

Due to

Due to

Other Conditions: Arteriolar nephrosclerosis — Unk.
(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation:

of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. W. Mister M. D.
Address Baltimore, Md. Date signed 12/31/43

Va-14170

G 12438 — G 12483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

462 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Since 2/10/1942
(e) Length of stay in Baltimore (yrs., mos., or days) 37 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Essex (If outside city or town limits, write RURAL and give town)
(d) Street No. Marlyn Ave., Route 13, Box 505 (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME AUGUST NATAIAS HERMANSON

3 (b) If veteran, name war: -

3 (c) Social Security Account No.:

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: -

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) 1/7/1877

8. AGE: Years 66 | Months 11 | Days 27 | If less than one day: 6 hr. min.

9. Birthplace ? Finland (Town, county, and state)

10. Usual Occupation Retired C.G. (LHS)

11. Industry or business None recently

FATHER
12. Name Herman L. Hermanson
13. Birthplace ? Finland

MOTHER
14. Maiden Name Lena ?
15. Birthplace ? Finland

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5 1944 (month) (day) (year)
(c) Cemetery or crematory Balt's
Location E. Northave

18 (a) Funeral director A. Lee Oder
(b) Address 4644 York Road

19 (a) JAN 5 - 1944 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION A.

20. DATE OF DEATH Jan. 3, 1944, at 2:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10, 1942, to Jan. 3, 1944, and that I last saw him alive on Jan. 3, 1944.

Immediate cause of death
1a Far advanced bilateral pulmonary tuberculosis — Duration: Unk.
2. Tuberculosis of 5th lumbar vertebrae — Unk.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 7/23/42 - Implantation of stilboestrol pellets; 10/15/42 - Major findings of operation: Incision & removal of stilbestrol pellets. Findings: Carcinoma of stomach with metastases to spine.

Findings of autopsy: As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. C. Archer M. D.
Address Baltimore, Md. Date signed 1/3/44

VS 150

MS-39044

G 12439

AB-84839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G 12439 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HSOPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mos-20days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. Homeless
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Mechalske or Walter Mechalski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug-20-1883

8. AGE: Years	Months	Days	If less than one day
60	4	12	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Handy man
11. Industry or business

FATHER
12. Name Boone Mechalske
13. Birthplace ?

MOTHER
14. Maiden Name Lila ?
15. Birthplace ?

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (b) Date thereof 1/4/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Roland Ave

18 (a) Funeral director Wendell Humphreys
(b) Address 1511 N. Broadway

19 (a) (b)
(Date rec'd by registrar) Registrar

JAN 3 1944

Huntington Mitchell

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-1 1944, at 3:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-12 1943 to 1-1 1944, and that I last saw h[illegible] alive on 1-1 1944.

Immediate cause of death: Pulmonary tuberculosis

Due to: afebrile

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration
7

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Mell M. D.
Address B.C.H. Date signed 1/3/44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12440 ✓ G 12440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 119a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hosp. 9-8
(c) Hospital or institution: Calvert St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 531 E 21st St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Bernard Vitak

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/12/43

8. AGE: Years | Months | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Joseph A. Vitak
13. Birthplace Balto., Md.

MOTHER 14. Maiden Name Lillian Liebenthron LIEBENHUSEN
15. Birthplace Balto., Md.

16 (a) Informant same
(b) Address 531 E 21st St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5 1944 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location

18 (a) Funeral director Mary M. Wiedefeld
(b) Address 501 E. 22nd St

19 (a) (Registrar's signature) (b) Huntington Williams, M.D. Registrar

JAN 5 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/4 1944 at 4:47 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 29 1943 to 1/4 1944 and that I last saw h[illegible] alive on 1/3 1944

Immediate cause of death Respiratory Failure. — Duration

Due to Neo-natal diarrhea

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. C. Queen M.D.
Address Mercy Hosp. Date signed 1/5/44

G 12441 ✓ G 12441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180 Registered No.

please write the causes of death clearly and legibly. Physicians: please see that correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Orchard St. M.E. Church
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) d.o.a.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Blanchel Height

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
23-70			hr. min.

9. Birthplace A. A. Co. Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name James Height
13. Birthplace Md

MOTHER 14. Maiden Name Cecelia Boston
15. Birthplace Md

16 (a) Informant Mrs. Sarah Turner
(b) Address 1202 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-44 (month) (day) (year)
(c) Cemetery or crematory Laurel Lawn
Location Balto. Md.

18 (a) Funeral director Mrs. Frances E. Kennedy
(b) Address 576 W. Biddle St.

19 (a) [illegible] Hunting for Williams, Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29, 1943, at 4 A. M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Suffocation

Due to Home afire

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-29-43 at 3:45 A. M. 11/3
(b) Where did injury occur? Orchard St. M.E. Church.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Suffocated due to fire.

23. Signature H. J. Wallenstein M.D.
Asst. Medical Examiner.
Date signed

G 12442 ✓ G 12442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 118 S. Bouldin St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 118 S. Bouldin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY JUISTER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Karl Juister
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/26/1870

8. AGE: Years	Months	Days	If less than one day
73	10	8	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation
11. Industry or business At home

FATHER
12. Name Jacob Bauer
13. Birthplace Germany

MOTHER
14. Maiden Name Dora Kraus
15. Birthplace Germany

16 (a) Informant Mrs Anna Heinke
(b) Address 118 S Bouldin

17 (a) Burial (b) Date thereof Jan 8 -
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Cem

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E. Baltimore

19 (a) JAN 5 - 1944 Huntington Pollard Hill
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1944, at 10 45 M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ___ death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenmeber M.D.
Medical Examiner.
Date signed 1-4-44

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

~~DG 12443~~ G 12443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 12443

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 N Washington St (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Mrs. Frances A. Stetter

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John H. Stetter

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Mar. 5. 1872

8. AGE: Years: 71 | Months: 9 | Days: 27 | If less than one day: 28 hr. ..... min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation.....

11. Industry or business At home

FATHER
12. Name John Beck
13. Birthplace Germany

MOTHER
14. Maiden Name Cecelia Kroby
15. Birthplace Germany

16 (a) Informant Mrs Robert Stetter

(b) Address 508 N Washington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location City

18 (a) Funeral director Ulrich Funeral Home

(b) Address 2004-8 Aliceanna St

JAN 5 - 1944 (Date rec'd by Registrar) (b) ..... Registrar

Undertaker for Ulrich

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1944, at 2.40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16 1943 to Jan. 3 1944 and that I last saw her alive on Jan. 3 1944

Immediate cause of death: Cerebral Thrombosis — Duration .....

Due to: Arteriosclerotic Cardio-Vascular Disease — Duration .....

Due to..... — Duration .....

Other Conditions..... — Duration .....

(Include pregnancy within 3 months of death)

Date of operation.....

Major findings of operation:.....

of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?.....
(e) Means of injury.....

23. Signature William H. Fuerting M.D.

Address St. Joseph's Hosp Date signed 1-3-44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12444 — BALTIMORE CITY HEALTH DEPARTMENT — G 12444

CERTIFICATE OF DEATH 46F

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1730 N. Montford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1730 N. Montford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** John Talley Likens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Pearl E. Likens

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) July 1 1887

8. AGE: Years	Months	Days	If less than one day
60	4	2	hr. min.

9. Birthplace Wilmington Del.
(Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business Standard Oil Co

FATHER
12. Name Earl Pliney Likens
13. Birthplace Wilmington Del.

MOTHER
14. Maiden Name Rachael Talley
15. Birthplace Wilmington Del.

16 (a) Informant Mrs Pearl E. Likens
(b) Address 1730 N. Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-44 (month) (day) (year)

(c) Cemetery or crematory Baltimore City
location Druid Ridge

18 (a) Funeral director J. H. & E. Pliney Ff
(b) Address

19 (a) Date received by local registrar JAN 5 1944 (b) Registrar Thornton Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-3-1944 at 6 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1943 to Jan 3 1944, and that I last saw him alive on Jan 3 1944.

	Duration
Immediate cause of death Primary Carcinoma of Liver	7-1-43
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation Sept 7 1943.

Major findings of operation: Primary carcinoma of liver

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eg Schumunk M. D.

Address 842 N Eutaw Ave Date signed 1-4-44

G 12445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

G 12445 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 527 HARWOOD AVE.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 8
(e) Length of stay in Baltimore (yrs., mos., or days) 15 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 527 HARWOOD AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM E. STEVENSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife EMMA W. STEVENSON
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 16- 1859

8. AGE: Years	Months	Days	If less than one day
84	5	19	hr. min.

9. Birthplace HOPEWELL MD.
(Town, county, and state)
10. Usual Occupation RETIRED
11. Industry or business FARMER

FATHER
12. Name PETTYMEN L. STEVENSON
13. Birthplace MARION MD.

MOTHER
14. Maiden Name SARAH E. STERLING
15. Birthplace CRISFIELD MD.

16 (a) Informant EMMA E. STEVENSON (WIFE)
(b) Address 527 HARWOOD AVE.

17 (a) BURIEL (b) Date thereof JAN. 6/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory CRISFIELD CEM.
Location CRISFIELD MD.

18 (a) Funeral director John Bradshaw
(b) Address CRISFIELD MD.

19 JAN 5 1944 Huntington Williams, M.D. Registrar
(Date received by Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 4/44 19 at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1943 to Jan 4 1944 and that I last saw h[illegible] alive on Jan 3 1944

Immediate cause of death: Bronchial Pneumonia — Duration 3 days
Due to: Influenza
Due to: age
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R L Rykes M.D.
Address Westover Md. Date signed 1-5-44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~C~~ 2446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 12446 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 15 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Same
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 804 Stall St. (If rural, give location)
(e) Citizen of foreign country? Italy (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Jack De Mario

3 (b) If veteran, name war --

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Mary De Mario

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/2/1878

8. AGE: Years	Months	Days	If less than one day
65	1	1	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name Angelo DeMario
13. Birthplace Italy

MOTHER
14. Maiden Name Unknown
15. Birthplace *

16 (a) Informant Mrs. Angelina Thompson
(b) Address 345 S. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/44 (month) (day) (year)
(c) Cemetery or crematory
Location Havre de Grace, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JAN 5 - 1944 (Date rec'd by registrar) (b) Huntington Williams Mgr. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-3 1944, at 11:25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-3 1944 to 1-3 1944, and that I last saw h[im] alive on 1-3-1944.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 hrs.
Due to Hypertensive Cardio-Vascular disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles B. MacDonald M.D.
Address 1213 Light St Date signed 1-7-44

G 12447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 12447

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1434 N.Eden Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1434 N.Eden Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Susan Dess

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: ## Joseph.B.Dess
6 (c) If alive, give age: 82 years

7. Birth date of deceased (mo., day, yr.) July 29, 1867

8. AGE: Years: 76 | Months: 5 | Days: 4 | If less than one day: ## hr. ## min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: William Schwarzkopf
13. Birthplace: Germany

MOTHER
14. Maiden Name: Groh
15. Birthplace: Germany

16 (a) Informant: Mr. Joseph B. Dess (Husband)
(b) Address: 1434 N.Eden Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 6, 1944 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer Cem.
Location: Belair Rd. Balto; Md.

18 (a) Funeral director: George J. Ruth, Inc.
(b) Address: 1735 Harford Avenue

19 JAN 5 - 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1944 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12, 1938, to Jan 2, 1944 and that I last saw h alive on Dec 31, 1943.

Immediate cause of death: Coronary occlusion — Duration: Sudden
Due to: Arteriosclerosis — Duration: Months
Due to: — Duration:
Other Conditions: — Duration:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. B. Sybert M. D.
Address 2802 Harford Ave Date signed 1-4-44

C-12448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 5913

Registered No. C-12448

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2204 Cecil Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2204 Cecil Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah A. Rock

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Walter F. Rock
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov. 1st, 1886

8. AGE: Years: 57 | Months: 2 | Days: 4 | If less than one day: ##hr. ##min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER: 12. Name: John Perry
13. Birthplace: Baltimore Md.

MOTHER: 14. Maiden Name: Margaret Robinson
15. Birthplace: Baltimore Md.

16 (a) Informant: Mrs. Sue Fick (Daughter)
(b) Address: 2204 Cecil Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 8th 1944 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cemetery
Location: Frederick Rd. Balto. Md.

18 (a) Funeral director: George J. Ruth, Inc.
(b) Address: 1735 Harford Avenue

19 JAN 5 - 1944 Filed by [illegible] (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 5th 1944, at M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1943 to Jan 5 1944, and that I last saw h[illegible] alive on Jan 4 1944.

Immediate cause of death	Duration
Cardiac Decompensation	?
Due to: Sen. Arteriosclerosis	?
Due to:	
Other Conditions: Chr. Hypertension Arthritis	?

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Samuel Gunn M. D.
Address: 1735 Ruth Date signed: 1/5/44

446599

2149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a

Registered No. C 12449

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 1145 E. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Palmiotto

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-13-83

8. AGE: Years 60 | Months - | Days 20 | If less than one day hr. min.

9. Birthplace Italy (town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Joe Palmiotto
13. Birthplace ?

MOTHER 14. Maiden Name ? Filomen
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Kearney St.

19 (a) JAN 5 1944 (Registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1944, at 12 36 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 30 1943 to Jan. 4 1944, and that I last saw him alive on Jan 4 1944.

Immediate cause of death: Cerebral infarction — Duration

Due to: embolus

Due to: Chronic auricular fibrillation

Other Conditions: aortic insufficiency

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John R. Bringham M.D.

Address JHH Date signed 1-3

G 12450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1801

G 12450

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 36 N. Lanvale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Edwards.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Carrie Edwards

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1893

8. AGE: Years: 50 | Months: 2 | Days: 15 | If less than one day: hr. min.

9. Birthplace Monumental Co. Va.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Louis Edwards
13. Birthplace Va

MOTHER
14. Maiden Name Ella Rolland
15. Birthplace Va

16 (a) Informant Richard Edwards
(b) Address 1144 E. Lombard St

17 (a) Burial (b) Date thereof 1/5/44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Ethan Wilson
(b) Address 1000 Edmondson Ave

19 (a) 1/5/44 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1943 at 4:30 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Toxemia due to 2nd & 3rd degree burns

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury December 31, 1943 3:30 P.M.
(b) Where did injury occur? 36 N. Lanvale St.
(c) Did injury occur at home, on farm, industrial place, in public place? At home While at work? No
(d) Means of injury Burned in conflagration

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec 31, 1943

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 180

G 12451 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Specific address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 36 N. Caroline St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carrie Edwards

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Joseph Edwards

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1902

8. AGE: Years 41 | Months 4 | Days 29 | If less than one day hr. min.

9. Birthplace Nansemond Co. Va. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name David Doles
13. Birthplace Va

MOTHER
14. Maiden Name Martha Artis
15. Birthplace Va

16 (a) Informant Joseph Doles
(b) Address Port Norris, N. J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/44 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley Ave

19 (a) 1/5/44 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1943, at 4:30 P.M.

21. I certify that I took charge of the remains described above, held an Inquisition thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Toxemia due to 2nd degree burns

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury December 31, 1943 3:30 P.M.
(b) Where did injury occur? 36 N. Caroline St
(c) Did injury occur at home, on farm, industrial place, in public place? At home While at work? No
(d) Means of injury Burned in Conflagration

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec. 31, 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

G 12452

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 180

G 12452

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 36 N. Caroline St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charlotte Ann Edwards

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/15/41

8. AGE: Years 2½ | Months - | Days 16 | If less than one day hr. min.

9. Birthplace Balto - md (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Joseph Edwards
13. Birthplace Va

MOTHER
14. Maiden Name Carrie Artis
15. Birthplace Va

16 (a) Informant Willie Edwards
(b) Address 36 N. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/44 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O Wilson
(b) Address 7000 Brantley ave

19 (a) 1/5/44 (Date rec'd by registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1943, at 4:20 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation due To Carbon Monoxide

Due to 1st degree burns

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury December 31, 1943 3:30 A.M.
(b) Where did injury occur? 36 N. Caroline St.
(c) Did injury occur at home, on farm, industrial place, in public place? Or home While at work? No
(d) Means of injury Burned in Conflagration

23. Signature Robert L. Gratz M.D. Medical Examiner.
Date signed Dec. 31, 1943

Please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

G 12453 G 12453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 180

Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 36 N. Carolina St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grantlee Edwards.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/2/32

8. AGE: Years: 11 | Months: 11 | Days: 10 | If less than one day: hr. min.

9. Birthplace Nansemond Co., Va.
(Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Joseph Edwards
13. Birthplace Va.

MOTHER
14. Maiden Name Carrie Edwards
15. Birthplace Va

16 (a) Informant Willie Edwards
(b) Address 36 N. Carolina St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1/5/44 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Ebon Wilson
(b) Address 1000 Brantley Ave

19 (a) 1/5/44 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1943, at 4:20 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation due to Carbon Monoxide
2nd degree burns.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury December 31, 1943 3:30 A M.
(b) Where did injury occur? 36 N. Carolina St.
(c) Did injury occur at home, on farm, industrial place, in public place? Our home While at work? No
(d) Means of injury Burned in conflagration

23. Signature Robert Lee Fisher M.D.
Medical Examiner.
Date signed Dec. 31, 1943

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~12454~~ 6 12454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 180

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 36 N. Caroline St
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Rudolph Edwards

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 2/26/35

8. AGE: Years	Months	Days	If less than one day
8	10	5	..... hr. ..... min.

9. Birthplace Mansemond Co Va.
(Town, county, and state)

10. Usual Occupation .....

11. Industry or business .....

FATHER
12. Name Joseph Edwards
13. Birthplace Va

MOTHER
14. Maiden Name Carrie Artis
15. Birthplace Va

16 (a) Informant Willie Edwards
(b) Address 36 N. Caroline St

17 (a) Burial (b) Date thereof 1/5/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location .....

18 (a) Funeral director Elroy Wilson
(b) Address 1008 Bradley ave

19 (a) 1/5/44 (b) .....
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1943, at 4:20 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Toxemia due to 2nd degree burns

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury December 31, 1943 3:30 A.M.
(b) Where did injury occur? 36 N. Caroline St
(c) Did injury occur at home, on farm, industrial place, in public place? At home While at work? No
(d) Means of injury Burned in conflagration

23. Signature Robt L. Fraser M.D.
Medical Examiner.
Date signed Dec. 31, 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12455 G 12455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 180

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 36 N. Caroline St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Naomi Edwards

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/22/39

8. AGE: Years: 4 | Months: - | Days: 9 | If less than one day: hr. min.

9. Birthplace: Balto., Md
(Town, county, and state)

10. Usual Occupation: child

11. Industry or business

FATHER
12. Name: Joseph Edwards
13. Birthplace: Va.

MOTHER
14. Maiden Name: Carrie Artis
15. Birthplace: Va.

16 (a) Informant: Willie Edwards
(b) Address: 36 N. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/44 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvary
Location

18 (a) Funeral director: Ebon Wilson
(b) Address: 1000 Brantley Ave

19 (a) 1/5/44 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31, 1943, at 4:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation due to carbon monoxide

1st and 2nd degree burns

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury December 31, 1943 3:30 P.M.
(b) Where did injury occur? 36 N. Caroline St
(c) Did injury occur at home, on farm, industrial place, in public place? At home While at work? No
(d) Means of injury Burned in conflagration

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed December 31, 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

0G 12456 / 180 — G 12456 — Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 36 N. Caroline St (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Cornelia Edwards.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Colored	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 4, 1930

8. AGE: Years	Months	Days	If less than one day
13	3	30	..... hr. ..... min.

9. Birthplace Nansemond, Va (Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name Joseph Edwards
13. Birthplace Va

MOTHER
14. Maiden Name Carrie Artis
15. Birthplace Va.

16 (a) Informant Willie Edward
(b) Address 36 N. Caroline

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1/5/44 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location .....

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley ave

19 (a) 1/5/44 (Date rec'd by registrar) (b) ..... Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1943, at 4:20 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CUSE OF DEATH Toxemia due
to 2nd & 3rd degree burns

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury December 31 1943 3:30 A.M.
(b) Where did injury occur? 36 N. Caroline St
(c) Did injury occur at home, on farm, industrial place, in public place? At Home While at work? No
(d) Means of injury Burned in conflagration

Signature Robert L. Gutman M.D.
Medical Examiner.
Date signed Dec. 31, 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

File 12457 85718 — C 12457 — Registered No. 95 C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1347 Ward St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: William Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-0929

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elsie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11th, 1890

8. AGE: Years 53 | Months 6 | Days 22 | If less than one day ... hr. ... min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Beth. Ship Yards

FATHER
12. Name Moses Brown
13. Birthplace Va.

MOTHER
14. Maiden Name Mollie ?
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) ... (Burial, cremation, or removal) (b) Date thereof 1 8 44 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemty
Location Balto.

18 (a) Funeral director Walter R. Sanders
(b) Address 1330 W. Hamburg Street

(a) Date received MAR 5 1944 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/3 1944, at 9:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/21/43 19... to 1/3 1944, and that I last saw h... alive on 1/3 1944

Immediate cause of death
Cardiac failure — Duration 1 year

Due to Thoracic deformity — Duration Since childhood

Due to ... — Duration ...

Other Conditions ... — Duration ...

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Mattina M. D.

Address Baltimore City Hospitals Date signed 1/3/44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12458

AB-15618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G 12458

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 yrs- 11mos-0days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 814 W. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Branigan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color of race W

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12-1872

8. AGE: Years 71 | Months 8 | Days 19 | If less than one day ... hr. ... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name James Branigan
13. Birthplace Ireland

MOTHER
14. Maiden Name Annie Welch
15. Birthplace Ireland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) ... (Burial, cremation, or removal) (b) Date thereof 1 6 44 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Rd

18 (a) Funeral director J. J. Fahey & Sons
(b) Address 1318 Light St

JAN 5 - 1944 (Date rec'd by registrar) (b) Huntington Williams, MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/31 1940, at 9:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/14/29 19..., to 12/31 1940.
and that I last saw h[illegible] alive on 12/31 1940.

Immediate cause of death ? Toxoplasmosis — Duration 1 day

Due to Hypertensive cardio vascular disease — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Hall M.D.

Address B.C.H. Date signed 12/31/40

G 12459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830a

G 12459 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edgewood Nursing Home
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 317 E. Balto St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence May Peters

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Frank Peters

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Mar. 2, 1890

8. AGE: Years 53 | Months 10 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Ashland Maine
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Leslie Bolstridge
13. Birthplace Ashland Maine

MOTHER
14. Maiden Name Ellen Irio
15. Birthplace Ashland Maine

16 (a) Informant Mr. Frank Peters
(b) Address 317 E. Balto St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/44 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto Md.

18 (a) Funeral director F. V. Pipitone
(b) Address 2818 E. Balto St.

19 (a) JAN 5 - 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1944, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1943 to Jan 3 1944
and that I last saw he[r] alive on Jan 3 1944

Immediate cause of death Cerebral Haemorrhage — Duration Sudden

Due to —

Due to —

Other Conditions H. G. Sedgwick V Nurse Edwards

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature H. G. Sedgwick M.D.
Address 112 W. 20th St. Date signed Jan. 7, 44

G 12460 G 12460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5622 Belair Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5622 Belair Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME VICTOR ALDER

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Annie Alder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27, 1853

8. AGE: Years	Months	Days	If less than one day
90	7	6	hr. min.

9. Birthplace Hereford, Balto. Co., Md. (Town, county, and state)
10. Usual Occupation Conductor
11. Industry or business B. & O. R.R.

FATHER
12. Name John Alder
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Turnbaugh
15. Birthplace Balto. Co., Md.

16 (a) Informant Mrs. Enos R. Gosnell
(b) Address 5622 Belair Road.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 6, 1944 (month) (day) (year)
(c) Cemetery or crematory St. Marys Episcopal
Location Balto., Md.

18 (a) Funeral director Leander Funeral Home
(b) Address 7401 Belair Road

19 (a) (Date received by registrar) (b) Huntington Williams Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3rd, 1944, at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6th 1943 to Jan 3rd 1944 and that I last saw h[illegible] alive on Jan 3rd 1944

Immediate cause of death: Senile Myocarditis — Duration: One

Due to Arteriosclerosis — 2yrs

Due to

Other Conditions Cerebral hemorrhage — 10 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Hall Jones M.D.
Address 5 Cleveland Pl Date signed Jan 5, 1944

C 12461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

C 12461 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 121 W. Lafayette Ave
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 121 W Lafayette
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Brauns Coonan

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Edw. V. Coonan
6 (c) If alive, give age 75 years
7. Birth date of deceased (mo., day, yr.) Dec. 1870
8. AGE: Years 73 | Months 1 | Days 17 | If less than one day ... hr. ... min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none
FATHER 12. Name Henry Brauns
13. Birthplace Balto.
MOTHER 14. Maiden Name Isabella Stewart
15. Birthplace Cincinnati - Ohio
16 (a) Informant Mrs E. V. Coonan (Husband)
(b) Address 121 W Lafayette Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jany. 7-44 (month) (day) (year)
(c) Cemetery or crematory Loraine
Location Woodlawn
18 (a) Funeral director Stewart & Mason Co.
(b) Address 108 W Mt Royal Ave.
19 (a) Jan 5 1944 (b) Signature for William H. Supt. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5 1944 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1941 to Jan 5 1944
and that I last saw her alive on Jan 4 1944.

Immediate cause of death: Coronary Thrombosis — Duration: 2 hrs
Due to: Arteriosclerosis — Duration: Gradual
Due to: Hypertension
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Healy M.D.
Address 140 W Park Ave Date signed 1/5/44

G 12462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 12462

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 49-10-27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1044 N. Bond Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) **FULL NAME** Daniel Dalvey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 28, 1863

8. AGE: Years	Months	Days	If less than one day
80	9	6	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Michael Dalvey
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Conley
15. Birthplace Ireland

16 (a) Informant Mount Hope Retreat
(b) Address 6420 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-44 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director Steinwachs Memorials
(b) Address 108 W. Mt. Ave.

19 (a) JAN 5 - 1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1944, at 1:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934, to Jan. 4 1944, and that I last saw him alive on Jan. 4 1944.

Immediate cause of death	Duration
Acute pneumonia (bilateral)	4 Days
Due to	
Due to	
Other Conditions Schizophrenia Paranoid Type (Include pregnancy within 3 months of death)	50 yrs.

Date of operation
Major findings of operations
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Damian P. Dooley M. D.
Address 33 W. Madison St. Date signed

G 12463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

G 12463 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cleveland & Saratoga
(c) Hospital or institution: Mercy Hospital 19
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 116 S. Strieker St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eugene L. Dennis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catherine A. Nee Hoffman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1893

8. AGE: Years 50 | Months 6 | Days 15 | If less than one day hr. min.

9. Birthplace West Virginia (Town, county, and state)

10. Usual Occupation Rigger

11. Industry or business Bethl. Steel Co.

FATHER
12. Name Chas. W. Dennis
13. Birthplace

MOTHER
14. Maiden Name Lillian Warren
15. Birthplace West Virginia

16 (a) Informant Mrs. Catherine A. Dennis
(b) Address 116 S. Strieker St

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 1/7/44 (month) (day) (year)
(c) Cemetery or crematory Bonnie Brae
Location Baltimore

18 (a) Funeral director Harry A. Wiltze
(b) Address 4409 Edmondson Ave.

19 (a) JAN 5 - 1944 (Date rec'd by registrar) (b) Huntington West Virginia Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1944, at 1:54 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Intracranial hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury January 4 1944 12:30 P.M. 4/1 A.
(b) Where did injury occur? Public Street & Market
(c) Did injury occur at home, on farm, industrial place, in public place? Public Place While at work?
(d) Means of injury Pedestrian struck by auto

23. Signature H. L. Wallenmeier M.D. Medical Examiner.
Date signed January 4, 1944

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45D

Registered No. G 12464

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 135 S. Hilton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 135 S. Hilton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John T. Lewis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	widow

6 (b) Name of husband or wife late Mary E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 25 1867

8. AGE: Years	Months	Days	If less than one day
76	10	9	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name — Lewis
13. Birthplace Wales

MOTHER
14. Maiden Name Mary L. Mannis
15. Birthplace Scotland

16 (a) Informant Lavina M. Lewis
(b) Address 135 S Hilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Harry H. Wilke
(b) Address 4101 6 Edmondson Ave

19 (a) Date received by registrar JAN 5 1944 (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1944, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1943 to Jan 4 1944 and that I last saw h.. alive on Jan 4 1944

Immediate cause of death Aortic - sclerotic Cardio Vascular Disease — Duration 3 mos

Due to

Due to

Other Conditions Carcinoma Jaw - left — 2 mos
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Callen M. D.
Address 3321 Fred. Ave Date signed

Huntington Williams, M.D. 1-4-44

G 12465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

G 12465 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 614 N. Dallas St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 614 N. Dallas St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard R. Drew

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widower

6 (b) Name of husband or wife Malinda

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 22, 1866

8. AGE: Years	Months	Days	If less than one day
79	3	13	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Richard Drew Sr.
13. Birthplace Va

MOTHER
14. Maiden Name Jane ?
15. Birthplace Va.

16 (a) Informant David Drew
(b) Address Vienna Va.

17 (a) Removal (b) Date thereof Jan 6, 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Vienna Virginia

18 (a) Funeral director Money & Long
(b) Address Vienna Virginia

19 (a) JAN 5 1944 (b) [illegible] Registrar
(Date received by registrar)

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 5 1944, at 5 02 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-30-1943, to 1-5 1944 and that I last saw h[illegible] alive on 12-30-1943.

Immediate cause of death Carcinoma of liver — Duration

Due to

Due to

Other Conditions Prostatism

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. R. Russell M. D.
Address 1422 E. Chase St. Date signed 1-5-44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12466 — AB-24418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1312

C 12466 — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs-6mos-15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 923 N. Bond St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Derling

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May-1-1877

8. AGE: Years	Months	Days	If less than one day
66	7	30	hr. min.

9. Birthplace Haiti
(Town, county, and state)
10. Usual Occupation Seaman & farmer
11. Industry or business

FATHER
12. Name Joseph (D)
13. Birthplace Haiti

MOTHER
14. Maiden Name Aileen ? (D)
15. Birthplace Haiti

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (b) Date thereof 1/7/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A. A. Co. Md.
18 (a) Funeral director Robert H. Williams
(b) Address 1515 McElderry St.
19 (a) 5-1944 (b) Registered by registrar
VS 150

Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-31 1943, at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15 1937, to 12-31 1943, and that I last saw h[illegible] alive on 12-31 1943.

Immediate cause of death Pulmonary tuberculosis — Duration 7 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Paul Hett
Address B. C. H. Date signed 1/7/44
M D

G 12467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 12467

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. (The Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 17 E. Hamburg St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 E. Hamburg St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Lucy Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife (Deceased) James Thompson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1853

8. AGE: Years	Months	Days	If less than one day
90	—	9	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace

MOTHER
14. Maiden Name Don't Know
15. Birthplace

16 (a) Informant Mrs. Mary E. Thompson
(b) Address 17 E. Hamburg St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6, 1944 (Month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto. Md.

18 (a) Funeral director G. Howard Evans
(b) Address 1460 E. Chase St. (30)

19 (a) JAN 5 1944 (Date registered) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4, 1944 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/20/1943 to 1/4/1944 and that I last saw h[er] alive on 12/30/1943

Immediate cause of death: (a) Acute Myocarditis — Duration: 1 wk

Due to: (b) Arteriosclerosis — 2 yrs

Due to: (c)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. F. Hawkins M. D.
Address 18 S. Randall Date signed 1/5/44

Huntington Williams, M.D.

G 12468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 146 C

G 12468

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton and Wilkens Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 38 S. Culver St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jean Tornollan 91770 + 91771

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife ~~June 22, 1909~~ Arnold Tornollan
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) June 22, 1909

8. AGE: Years	Months	Days	If less than one day
34	6	13	12 hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name Columbus Bafford
13. Birthplace Md

MOTHER
14. Maiden Name Rebecca ?
15. Birthplace Md.

16 (a) Informant Arnold Tornollan (Husband)
(b) Address 38 S. Culver St.

17 (a) Burial (b) Date thereof Jan. 8, 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md.

18 (a) Funeral director Edward Evans
(b) Address 1900 E. Chase St. (30)

JAN 5 1944 Huntington Williams, Registrar
(Date received by Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/4 1944 at 6.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/28 1943 to 1/4 1944
and that I last saw her alive on 1/4 1944

Immediate cause of death Cerebral thrombosis & secondary haemorrhage

Due to (post partum)

Due to

Other Conditions delivered on 12/30/43 of twins
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: twin full term pregnancy

of autopsy: none

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard S Stier

Address St Agnes Hospital Date signed 1/7/44

G 12469 — BALTIMORE CITY HEALTH DEPARTMENT — G 12469

CERTIFICATE OF DEATH 83a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. This correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 410 East Twenty fifth St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 410 East Twenty fifth St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Gemmill Merryman

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-09-3997

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Smithson Merryman
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) July 7 1880

8. AGE: Years	Months	Days	If less than one day
63	5	29	hr. min.

9. Birthplace Jarrettsville Harford Co Md
(Town, county, and state)
10. Usual Occupation credit manager Retired
11. Industry or business Standard Oil

FATHER
12. Name Nelson B Merryman
13. Birthplace Texas Jasper Co.

MOTHER
14. Maiden Name Sarah Alice Gemmill
15. Birthplace York Co Pa.

16 (a) Informant Mrs Mary S. Merryman
(b) Address 410 East Twenty fifth St Balto.

17 (a) Burial
(Burial, cremation, or removal) (b) Date thereof Jan 6-44 (month) (day) (year)
(c) Cemetery or crematory Jarrettsville Cem.
Location Jarrettsville

18 (a) Funeral director Morton E Kurtz
(b) Address Jarrettsville Md.

1/5 - 1944 (b) Huntington Wilkins
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1944, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from February 1938, to Jan. 4 1944, and that I last saw h[illegible] alive on Jan. 3 1944.

Immediate cause of death — Duration
Cerebral Hemorrhage — 7 days
Due to Arteriosclerosis — years
Due to —
Other Conditions Hypertension —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 201 E Preston Street Date signed 1/4/44 M. D.

VS 3

G 12470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161a

G 12470 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) N. B.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1429 Hull St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Norman Morgan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days: 1 | If less than one day: hr. min.

9. Birthplace: Balto. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name: Jacob Morgan
13. Birthplace: Balto. Md.

MOTHER — 14. Maiden Name: Mildred Hood
15. Birthplace: Balto. Md.

16 (a) Informant: Mrs. Sallie Morgan
(b) Address: 1429 Hull St.

17 (a) (Burial, cremation, or removal) (b) Date thereof: 1 | 6 | 44 (month) (day) (year)
(c) Cemetery or crematory: St Mary's Cem.
Location

18 (a) Funeral director: Charles A Dill
(b) Address: 1501 E Fort Ave

JAN 6 - 1944 (Date filed by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4-44 1944 at 5:22 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4 1944 to 1-4 1944, and that I last saw h~~im~~ alive on 1-4 1944

Immediate cause of death ~~ate~~ Resp. failure — Duration

Due to atelectasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Merritt E. Robertson M. D.
Address Univ. Hosp. Date signed 1-5-44

G 12471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 12471 Registered No.

1. PLACE OF DEATH: (a) Baltimore City, Maryland 551 S. Caton Ave
(b) Street address 100 East St:
(c) Hospital or institution: 70

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 551 S. Caton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William O'Brien

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 77 | Months | Days | If less than one day ....hr. ....min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Orderly

11. Industry or business St. Agnes Hospital

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Chas W. Denhart

(b) Address 551 S. Caton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/44 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Balto, Md

18 (a) Funeral director William Cook Inc

(b) Address 1217 St. Paul St

19 (a) JAN 6 – 1944 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1944, at 12:40 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Occlusion

Due to arteriosclerotic cardiovascular disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Robert Lee Slater M.D. Medical Examiner.

Date signed January 3, 1944

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. C 12472

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town.....
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2642 N. Charles St
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Conrad Hughes

3 (b) If veteran, name war —
3 (c) Social Security Account No. 216-05-8684

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife.....
6 (c) If alive, give age —years

7. Birth date of deceased (mo., day, yr.) Jan 12th 1880

8. AGE: Years	Months	Days	If less than one day
63	11	23	...hr. ...min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation.....
11. Industry or business Hughes Furniture Mfg Co

FATHER
12. Name Jacob Hughes
13. Birthplace Germany

MOTHER
14. Maiden Name Helen Pauline Eberle
15. Birthplace Germany

16 (a) Informant Jacob Hughes Jr
(b) Address 2714 N. Calvert St.

17 (a) Burial (b) Date thereof 1/5/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~crematory~~ Mt Carmel
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

JAN 6 - 1944
(Date rec'd by registrar)

Huntington Williams, M.D.
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1944, at 2.10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1944, to Jan 5 1944, and that I last saw him alive on Jan. 5 1944

Immediate cause of death	Duration
Cardiac Failure	
Due to Bilateral Lobar Pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation.....
Major findings of operation:.....
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....at.....M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?.....While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature [illegible] M. D.
Address [illegible] Date signed 1/5/44

C 12473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 142 B

Registered No. C 12473

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Genl Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1336 E. W. Hollins (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Mrs. Gertrude Kelch

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: None

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Raymond M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10 1918

8. AGE: Years: 25 | Months: 3 | Days: 25 | If less than one day: hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: At Home

FATHER
12. Name: John Ferris
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Catherine Washenfeldt
15. Birthplace: Balto. Md.

16 (a) Informant: Raymond M. Kelch
(b) Address: 1336 Hollins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/44 (month) (day) (year)
(c) Cemetery or crematory: Western
Location: Balto Md.

18 (a) Funeral director: William Cook Inc
(b) Address: 1217 St. Paul St
(c) Date rec'd by registrar: JAN 6 1944 Director: Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/5/44 19 , at 1.35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/2 1944, to 1/5 1944, and that I last saw h.r alive on 1/5 1944.

Immediate cause of death: Post operative pneumonia — Duration:
Due to: Ruptured ectopic pregnancy
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: [illegible]
Address: Md. Genl. Hosp. Date signed 1/5/44 M. D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 Registered No. 3243

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Payne & Dukeland
(c) Hospital or institution: West Balt. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 307 S. Monroe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS TAYLOR

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	MARRIED

6 (b) Name of husband or wife LULA MAY TAYLOR
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 25, 1876

8. AGE: Years	Months	Days	If less than one day
67	4	9	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation RETIRED
11. Industry or business Carpenter

FATHER
12. Name Alick Taylor
13. Birthplace Md.

MOTHER
14. Maiden Name Amanda Wilson
15. Birthplace Del

16 (a) Informant ~~Husband~~ LULA MAY TAYLOR
(b) Address 307 S. MONROE ST.

17 (a) Burial (b) Date thereof 1/7/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 JAN 6 - 1944 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4- 1944, at 7:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/22/1943, to 1-4 1944, and that I last saw h alive on 1/4 1944.

Immediate cause of death CONGESTIVE HEART FAILURE

Due to

Due to

Other Conditions Bronchopneumonia ARTERIOSCLEROSIS
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. N. Friedman M. D.
Address West Balt Gen Date signed 1-5-44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. The correct age is especially important. Physicians: please write the causes clearly and legibly.

Frances Schaich ✓ G 12475

G 12475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3203 Tyndale Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3203 Tyndale Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Schaich

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Frederick G
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): July 17 1874
8. AGE: Years 69 Months 5 Days 18 If less than one day: hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Frederick F Schaich
(b) Address 2112 Hillsboro Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/44 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md
18 (a) Funeral director Wilhelm Bros Co Inc
(b) Address 1211 St Paul St
19 JAN 6 - 1944 (Date rec'd by registrar) Henrietta Lee Williams, Mgr. Registrar

V8 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1944, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-4 1940, to 1-5 1944, and that I last saw h[illegible] alive on 1-5 1944.

Immediate cause of death: Chronic Interstitial Nephritis

	Duration
Due to	4 yrs
Due to	
Other Conditions: Myocarditis Hypertension	3 weeks

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel Miller M. D.
Address 1500 N Broadway Date signed 1/6/44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

C 12476 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2221 Thornwood Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Wm. Woodridge Archer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Blanche V. Archer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1868

8. AGE: Years 75 | Months 10 | Days 4 | If less than one day hr. min.

9. Birthplace Virginia (Town, county and state)

10. Usual Occupation Retired Ins Agent

11. Industry or business Travelers Life Ins. Co.

FATHER 12. Name Wm. Ed. Archer

13. Birthplace Virginia

MOTHER 14. Maiden Name Caroline Woodridge

15. Birthplace Virginia

16 (a) Informant Blanche V. Archer

(b) Address 2221 Thornwood Ave.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 1/7/44 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto Md.

18 (a) Funeral director William Cook Inc

(b) Address 1217 St. Paul St

JAN 6 - 1944 Worthington Williams M.D.

(Date rec'd by registrar) (Registrar)

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/6 1944, at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/31 1943 to 1/1 1944 and that I last saw h(im) alive on 1/1 1943

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions Hypertension arthritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Carl Myers M.D.

Address Md. General Hospital Date signed 1/7/44

C 12477 ✓ C 12477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-2-A
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1505 Montpelier Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin F. Bowen

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ wife Edna M. Bowen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 16, 1878

8. AGE: Years	Months	Days	If less than one day
65	9	26	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Night Watchman
11. Industry or business Yacht Co.

FATHER
12. Name Josiah S. Bowen
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Ida E. Turner
15. Birthplace R. I.

16 (a) Informant Mrs Edna M. Bowen
(b) Address 1505 Montpelier St

17 (a) Burial (b) Date thereof 1/7/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Green Mount
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 217 St. Paul St

19 (a) JAN 6 1944 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4-44, at 4:45 P.M.

21. I certify that I took charge of the remains described above, held an Inspection + Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cardio. vascular Renal disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Maddox M.D.
Medical Examiner.
Date signed 1-5-44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~12478~~ BALTIMORE CITY HEALTH DEPARTMENT ✓ G 12478

CERTIFICATE OF DEATH 83a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 424 Walwyn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life 17

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 424 Walwyn Ave
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) **FULL NAME** Bertha Louise Bromelsick (Bromelsick.

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4 Sex: ~~Male~~ Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: ~~Married~~ Widowed

6 (b) Name of husband or wife: John W. Bromelsick

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept 21st 1876

8. AGE: Years 67 | Months 3 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at Home

FATHER 12. Name Carl Charles Garnhausen

13. Birthplace Unknown

MOTHER 14. Maiden Name Elizabeth Chaney

15. Birthplace .....

16 (a) Informant John W. Bromelsick

(b) Address 424 Walwyn Ave

17 (a) Burial (b) Date thereof 1/7/44
(Burial, cremation, removal) (month) (day) (year)

(c) Cemetery ~~.....~~ Western

Location Balto Md.

18 (a) Funeral director William Cook Inc

(b) Address 1217 St. Paul St

JAN 6 - 1944 (Huntington Williams Mgr.)
(Date rec'd by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3rd 1944, at 7h M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28 1943 to Jan 3 1944 and that I last saw h?? alive on Jan. 3 1944

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days.

Due to: Hypertension

Due to: .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Anthony F. Bianco M. D.

Address 5217 York Rd Date signed 1/14/44

(OVER)

MARGIN RESERVED FOR BINDING

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G 12479

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 202 St Dunstans Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2022 St. Dunstans Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Laura N. Zepp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife James A. Zepp

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan

8. AGE: Years	Months	Days	If less than one day
82			hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Wm S. Hinds
13. Birthplace Seaford Del

MOTHER 14. Maiden Name Emily
15. Birthplace

16 (a) Informant Mrs A. N. McCormick
(b) Address 7 E. 39th st

17 (a) Burial (b) Date thereof 1/6/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul st

JAN 6 - 1944
(Date rec'd by Registrar) (b) Huntington Williams M.D.
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4th 1944, at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1942 to Jan 4 1944, and that I last saw h.e. alive on Jan 4th 1944.

Immediate cause of death Cerebral Hemorrage — Duration 6 hours

Due to Arterial Sclerosis — 10 years

Due to Senile Debility — 2 years

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Herbert E. Zepp M. D.
Address 304 S. N. North Ave. Date signed Jan 5 '44.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Jo #85703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 12150

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals 19-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 86 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1822 Frederick Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Charlotte E. Bowman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Albert (D

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 4th, 1857

8. AGE: Years	Months	Days	If less than one day
86	1		hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William Chapman
13. Birthplace Maryland

MOTHER 14. Maiden Name Caroline De Shields
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/44 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore Md

18 (a) Funeral director Wilhelm & Lyle
(b) Address 1217 24 St

JAN 6 - 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/4 1944, at 12:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/30 1943, to 1/4 1944, and that I last saw h[illegible] alive on 1/4 1944.

Immediate cause of death [illegible] / ALL

Due to

Due to

Other Conditions ASCVD & mild decomp.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No post

Duration 3 d.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Seigman M.D.

Address BCH Date signed 1/5/44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30F

Registered No. G 12481

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 Smithson St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Evans

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years 46 | Months | Days | If less than one day hr. min.

9. Birthplace North Carolina (Town, county and state)

10. Usual Occupation Bricklayer

11. Industry or business

FATHER
12. Name Joe Evans
13. Birthplace North Carolina

MOTHER
14. Maiden Name Mollie Kerfoot
15. Birthplace North Carolina

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 1/7/44 (month) (day) (year)

(c) Cemetery or cremator Mt Carmel Cem

Geo. L. Buck

18 (a) Funeral director Commissioner of Health

(b) Address 1303 Hillman St

19 JAN 5 1944 (Date rec'd by registrar) Huntington Williams M.D. Registrar

JAN 5 - 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/23 1943 at 3:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/18 1943 to 12/23 1943, and that I last saw h.. alive on 12/23 1943

Immediate cause of death: Not determined — Duration

Due to

Due to

Other Conditions: Pulmonary tuberculosis, Syphilitic heart disease, Hypertension arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Francis R. Rozmiarek Jr. M.D.

Address University Hosp. Date signed 12/24/43

VS 150

F 0610

C 12482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 12482 Registered No. 93D

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2902 Alameda Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 2902 Alameda Blvd.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS G. HARDESTY

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bessie G. Hardesty
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 21, 1860

8. AGE: Years	Months	Days	If less than one day
83	9	12	hr. min.

9. Birthplace A. A. Co., Md.
(Town, county, and state)
10. Usual Occupation Retail Merchant
11. Industry or business Men's Hats

FATHER
12. Name James H. Hardesty
13. Birthplace Md.

MOTHER
14. Maiden Name Frances Gantt
15. Birthplace Md.

16 (a) Informant Mrs. Bessie G. Hardesty
(b) Address 2902 Alameda Blvd.

17 (a) Burial (b) Date thereof 1/6/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 6 - 1944 (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3 1944, at 10:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1943, to Jan 3 1944, and that I last saw h[illegible] alive on Jan 3 1944

Immediate cause of death	Duration
Cardiac Asthenia.	10 da.
Due to Cardiovascular disease.	2 mo
Due to Myocardial weakness	1 yr.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature E. A. Townsend M. D.
Address 506 N Fulton Av Date signed Jan 4 1944

Form—0.30—A. & Co.—250 Blks.

G 12483 X ✓ G 12483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107

1-PLACE OF DEATH 216 Ridgewood Rd.

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. Md. St. Ward)

2-FULL NAME Margaret Churchman Painter

(a) RESIDENCE No. Owings Mills. Md. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 20 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Owings Mills
(State or country) Balto Co Md

PARENTS

10 NAME OF FATHER Milton Painter

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Chester Co Pa.

12 MAIDEN NAME OF MOTHER Sarah Anne Hutchinson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Miss Gladys Hill
(Address) 218 Ridgewood Rd.

15 Rec'd JAN 6 1944 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4. 1944

17

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1940, to Jan 4, 1944

that I last saw him alive on Jan 4, 1944

and that death occurred, on the date stated above, at 7 45 P m.

The CAUSE OF DEATH* was as follows:

Arterio - sclerosis with hypertension.

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchio - pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P-E.

(Signed) Palmer H. Williams M. D.

Jan 5. 1944 (Address) Reisterstown. Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Thomas Garrison Forest — DATE OF BURIAL: Jan 6 1944

20 UNDERTAKER: Henry W. Jenkins & Sons Co — ADDRESS: McCulloh & Oscar Sts.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C 12484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

104 B

C 12484 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) N
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3931 Mt. Pleasant Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARTMAN, JAMES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-18-43

8. AGE: Years	Months	Days	If less than one day
	5	15 17	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation child

11. Industry or business

FATHER
12. Name James Hartman
13. Birthplace Md.

MOTHER
14. Maiden Name Josephine Ruth
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-1944 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Gwynn Hill Road

18 (a) Funeral director Lilly and Geiler Inc.
(b) Address 463 S. Wolfe St.

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 6 - 19 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6 1944, at 2 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1944, to 1-5 1944, and that I last saw h[illegible] alive on 1-5 1944.

Immediate cause of death	Duration
respiratory failure	
Due to thrombosis of superior longitudinal sinus	2 days
Due to dehydration	
Other Conditions bronchopneumonia (Include pregnancy within 3 months of death)	1 day

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret H. D. Smith M. D.
Address Sydenham Hosp Date signed 1-5-44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 16

G 12485 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hospital | 2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2606 Md Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Elmer Finney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1943

8. AGE: Years	Months	Days	If less than one day
	4	14	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name William Finney
13. Birthplace Virginia

MOTHER
14. Maiden Name Lizzie Matthews
15. Birthplace Md.

16 (a) Informant William Finney
(b) Address 2606 Maryland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8-44 (month) (day) (year)
(c) Cemetery or crematory Leisfield town.
Location Leisfield Md.

18 (a) Funeral director John Bradshaw
(b) Address Leisfield Md.

19 (a) (Date received by registrar) (b) Arlington Williams M.D. Registrar

VS 150 JAN 6 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/6 1944, at 5:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/30 1943, to 1/6 1944 and that I last saw h... alive on ... 19...

Immediate cause of death Strep. Hemolyticus Septicemia — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation 1/5/44

Major findings of operation: Empyema & Drainage of lumbar abscess

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Gal Myers M.D.

Address Md. Gen. Hosp. Date signed 1/6/44

C 12486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

Registered No. C 12486

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33[illegible] & Calvert sts.
(c) Hospital or institution: Union Memorial Hospital W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Abbeyville S. C. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Baby Jack Bernard Coggins Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days: 5 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jack Bernard Coggins
13. Birthplace Abbeyville, S.C.

MOTHER
14. Maiden Name Blanche Elizabeth Williams
15. Birthplace Montmorenci, S.C.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jany 7/44 (month) (day) (year)
(c) Cemetery or crematory Melrose Cemetery
Location Abbeyville, S.C.

18 (a) Funeral director John O. Mitchell
(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 180
JAN 6 - 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1944, at 12 Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1944 to Jan 5 1944 and that I last saw him alive on Jan 5 1944

Immediate cause of death Cardiorespiratory Failure — Duration

Due to Intracranial Hemorrhage 5 da

Due to Birth trauma

Other Conditions Atelectasis ?

(Include pregnancy within 3 months of death)
Date of operation Lumbar Puncture
Major findings of operation: Xanthochromic fluid.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James H. McCook Jr. M. D.
Address Union Memorial Hospital Date signed 1-5-44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12487 ✓ C 12487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45F

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1931 E. 30th St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-6
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1931 E. 30th St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Franklin G. Laudeman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Ella E. Rever

6 (c) If alive, give age , years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1864

8. AGE: Years	Months	Days	If less than one day
79	--	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Construction Manager

11. Industry or business Calvert Bldg. & Constr. Co.

FATHER
12. Name Wm C Laudeman
13. Birthplace Balto Md

MOTHER
14. Maiden Name Agatha Hitchcock
15. Birthplace Balto Md.

16 (a) Informant James D. Laudeman
(b) Address Fallston, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/44 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location 3310 Taylor Avenue

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) 6-1944 (Date rec'd by registrar) (b) [signature] for Williams, M.P. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1944, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1943 to Jan 4 1944, and that I last saw him alive on Jan 4 1944

Immediate cause of death Carcinoma of Ovaries — Duration 8 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Fa. Stevens M. D.
Address 2878 Harford Road Date signed 1-5-44

Dr. Stevens

G 12488 ✓ G 12483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4007 Orchard Ave.
(c) Hospital or institution: none

25-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4007 Orchard Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Edith Price Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife James B. Taylor
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 7/6/1861

8. AGE: Years	Months	Days	If less than one day
82	10	29	hr. min.

9. Birthplace Alexandria, Va. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Wm. H. H. Price
13. Birthplace Va.

MOTHER
14. Maiden Name Ella Virginia Madison
15. Birthplace Va.

16 (a) Informant Mrs. Ruth Brower
(b) Address 4007 Orchard Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/44 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3901 Frederick Ave.

18 (a) Funeral director John L. Whitehill & Sons, Inc.
(b) Address 1901 Eutaw Place

19 (a) (Date rec'd by registrar) JAN 6 1944 (b) Registered, M.F. Huntington Whitehill

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1944, at 10.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/5/1943, to 1/5/1944 and that I last saw her alive on 1/5/1944

Immediate cause of death Bronchial Cancer

Duration

Due to

Due to

Other Conditions myocarditis arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Rubin M. D.
Address 203 Patapsco Ave. Date signed

JVS 250

C 12489

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

830

C 12489 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Md
(c) Hospital or institution:
University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 410 N. Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH G. COLBERT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 55 Months Days If less than one day hr. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Police Dept.
(b) Address Central District

17 (a) Burial (b) Date thereof 1/6/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Anne Arundel County

18 (a) Funeral director Byrne & Magnie Wright
(b) Address 721 Cathedral St.

19 JAN 6 - 1944 Lester Williams M.D.
(Date rec'd by Registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1943, at 9:35 A. M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
(Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Cerebral hemorrhage

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wolfenstein M.D.
(Medical Examiner.)
Date signed 12-29-43

PRESS WRITE FIRMLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12490

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 12490 Registered No. 1246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [illegible] County Hosp
(c) Hospital or institution:
Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1 Commodore Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret Thomas
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) May 5. 1885

8. AGE: Years	Months	Days	If less than one day
58 57	8	-	hr. min.

9. Birthplace S. Wales
(Town, county, and state)
10. Usual Occupation Packing foreman
11. Industry or business

FATHER
12. Name Margan Thomas
13. Birthplace S. Wales

MOTHER
14. Maiden Name Jane Evans
15. Birthplace S. Wales

16 (a) Informant Mrs. Margaret Thomas
(b) Address 5 Arrowhill

17 (a) Burial (b) Date thereof Jan 8-
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Rural

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2004 E Oliver

19 (a) (b)
(Date rec'd by registrar) Registrar
JAN 6 1944 Huntington Williams, M.D.
VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5 19 44, at 9:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4-44 19 44, to 1-5-44 19 ..., and that I last saw h.r alive on 1-5- 19 44.

Immediate cause of death	Duration
Hemorrhage and shock	1 hr.
Due to Ruptured varicose vein	
Due to Hepatic cirrhosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Hepatic cirrhosis. Ruptured varicose vein

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Vernon Z. Howard M. D.
Address Church Home & Hosp. Date signed 1-5-44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12491

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 12491

CERTIFICATE OF DEATH 1314

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 615 Mt Holly Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ✓
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 615 Mt. Holly Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julia T. White.

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife ✓
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) March 14, 1877

8. AGE: Years	Months	Days	If less than one day
66.	9	21	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation House work
11. Industry or business at home

FATHER
12. Name Edward White.
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen T. McNally
15. Birthplace West Va.

16 (a) Informant Mrs Jane E. White.
(b) Address 615. Mt Holly Street.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/1944 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location 4300 Old Frederick Rd

18 (a) Funeral director John L. Cowan Son
(b) Address 901-03 Hollins Street.

19 (a) (b)
(Date rec'd by registrar) JAN 8 1944 VS 150

Huntington for William M. P. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4th 1944, at 11:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1943, to Jan 4 1944, and that I last saw h[illegible] alive on Jan 4 1944.

Immediate cause of death Pulmonary oedema — Duration 15 mins

Due to Hypertension & Cardio-Vas

Due to renal Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. P. VanSchuyver M. D.
Address 4818 Elsmere Ave Date signed 1/6/44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12492 ✓ G 12492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1002 S Eutaw St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 —
(e) Length of stay in Baltimore (yrs., mos., or days) 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1002 S Eutaw St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie Francis ✓

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Edmund Francis
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar 1872
8. AGE: Years 71 | Months 10 | Days | If less than one day hr. min.
9. Birthplace Calvert Co Md (Town, county, and state)
10. Usual Occupation O. & P.
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Edmunds Francis
(b) Address 1002 S Eutaw St (H)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/44 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Pk
Location B. & O to Md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 1619 Montgomery St

19 JAN 6 - 1944 (Date rec'd by registrar) (Signature) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/3/44 19 , at 10A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-26-1943, to 1-3-1944, and that I last saw him alive on 1-2-1944.

Immediate cause of death	Duration
Acute Lobar Pneumonia	
Due to —	
Due to —	
Other Conditions Age	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James G Carfora M. D.
Address 1016 S. Sharp St Date signed 1-6-44

C 12493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45F

Registered No. C 12493

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3412 Chesley Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3412 Chesley Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Gernand

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife. Maria M. Gernand 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24th 1870

8. AGE: Years	Months	Days	If less than one day
73	5	11	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Andrae Gernand
13. Birthplace Alsace-Lorraine

MOTHER
14. Maiden Name Margaret Fuhrman
15. Birthplace Germany

16 (a) Informant Mrs. E. Wolf
(b) Address 6901 Belair Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 7 44 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. Md.

18 (a) Funeral director Longshore Funeral Home
(b) Address 7401 Belair Rd.

JAN 6 - 1944 (Date rec'd by Registrar) (Signature for Williams, M.D.) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4th 1944, at 4:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1st 1943 to Jan 4 1944 and that I last saw h[illegible] alive on Jan 3rd 1944

Immediate cause of death Carcinoma of throat — Duration 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward [illegible] M. D.
Address 1 W. Preston Date signed 1/5/44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V314 W. North Ave

G 12494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

526

Registered No. G 12494

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2027 Presstbury St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2027 Presstbury St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Morris Schwartz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Rebecca

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Mrs. Esther Zuccis
(b) Address 2027 Presstbury St

17 (a) Burial (b) Date thereof 1-6-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Belair Rd & Rowlings Lane

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St

19 (a) JAN 6 - 1944 (b) Huntington Williamsport MD
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4-44 19 , at 8 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to Jan 4 1944
and that I last saw h. in life alive on Jan 4 1944

Immediate cause of death

Cardiac failure

Due to Coronary thrombosis (Coron)

Due to with metastases

Other Conditions

Duration
2 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. E. Needle M. D.
Address X314 - N. North Ave Date signed 1-5-44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~Cert~~ 12495

BALTIMORE CITY HEALTH DEPARTMENT ✓ ~~12495~~

CERTIFICATE OF DEATH 94a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rogers Ave & Dukeland St.
(c) Hospital or institution: W. B. & H. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Balto (If outside city or town limits, write RURAL and give town) 3
(d) Street No. 2215 Presstbury St (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME SAMUEL SCHNAPER Schnaper

3 (b) If veteran, name war .....

3 (c) Social Security Account No. 214-01-8247

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ida Schnaper

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 62 | Months ..... | Days ..... | If less than one day ..... hr. ..... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business .....

FATHER 12. Name Louis Schnaper

13. Birthplace Russia

MOTHER 14. Maiden Name Ethel -

15. Birthplace Russia

16 (a) Informant Ida Schnaper

(b) Address 2215 Pressbury St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-44 (month) (day) (year)

(c) Cemetery or crematory Smallwood Mt Cong

Location Pikesdale

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Balto St

19 (a) JAN 6 - 1944 (Date received by registrar) (b) ..... Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5-44 19 ..., at 9:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4-44 19 ..., to 1-5-44 19 ..., and that I last saw him alive on 1-5 19 44

Immediate cause of death	Duration
Coronary Occlusion	3 mos
Due to	.....
Due to	.....
Other Conditions	.....

(Include pregnancy within 3 months of death)

Date of operation /

Major findings of operation: .....

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature P. T. Friedman M. D.

Address West Balt Gen Hosp Date signed 1-5-44

G 12496 ✓ G 12496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raynor Ave
(c) Hospital or institution:
West Balt Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 45 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4012 Cold Spring L
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME IDA SILVER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife BENJ. SILVER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 62 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace RUSSIA
(Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name LOUIS FLEET
13. Birthplace RUSSIA

MOTHER
14. Maiden Name BESSIE
15. Birthplace RUSSIA

16 (a) Informant BEN. SILVER
(b) Address 4012 COLD SPRING LANE

17 (a) BURIAL (b) Date thereof 1-6-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory SHAARE ZION CEM
Location ROSEDALE

18 (a) Funeral director JACK LEWIS INC.
(b) Address 1439 E. BALTO. ST

19 (a) JAN 6 - 1944 Huntington Williams, M.D.
(Date received by Registrar) (Registrar) (b) Address West Balto Gen'l Hosp Date signed 1-5-44

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 4 1944 at 2 05 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-29 1943 to 1-4 1944 and that I last saw her alive on 1-4 1944

Immediate cause of death CORONARY THROMBOSIS — Duration 8 DAYS

Due to

Due to

Other Conditions INFARCTION OF LUNG Sero-Sanguineous pleural effusion
(Include pregnancy within 3 months of death)

Date of operation NO

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature O N Friedman M. D.
Address West Balto Gen'l Hosp Date signed 1-5-44

44695R 12497 G 12497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 401 N. Glover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Theophilia Matusz (MATUSZKIEWICZ)
3 (b) If veteran, name war
3 (c) Social Security Account No. 246-09-9244

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) UNKNOWN

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Poland. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Butler Bros

FATHER
12. Name ? ?
13. Birthplace ? ?

MOTHER
14. Maiden Name ? ?
15. Birthplace ? ?

16 (a) Informant Rhoda.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-44 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore Md.

18 (a) Funeral director George A. Weber
(b) Address 705 N. Arlington for Hilgenwalker

19 (a) (Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1944 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 31 1943, to Jan 1 1944, and that I last saw him alive on Jan 1 1944

Immediate cause of death: Heart failure — Duration:
Due to ? lung abscessed due to Dem staph aureus
Due to & staph septicaemia
Other Conditions: generalized enteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John R. Burningham J.H.H.
Address Date signed 1-3

G 12498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 c

G 12498

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2033 Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Max Levin

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	W

6 (b) Name of husband or wife Sara Celia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-16 1873

8. AGE: Years	Months	Days	If less than one day
70	3	20	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER
12. Name Kalmin Levin
13. Birthplace Russia

MOTHER
14. Maiden Name Chernia
15. Birthplace Russia

16 (a) Informant Ellis Levin
(b) Address 2216 Park ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1/7/44 (month) (day) (year)
(c) Cemetery or crematory Brai Israel
Location Southern ave.

18 (a) Funeral director Sol Levin Bros
(b) Address 1124-26 W Fayette St

19 (a) (Date rec'd by reg.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1944, at 11:30 AM P.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 6/5 P.

(a) Date of injury January 5, 1944 7:44 M.
(b) Where did injury occur? Corner of Broadway
(c) Did injury occur at home, on farm, industrial place, in public place? Public Place While at work? No
(d) Means of injury Pedestrian struck by auto

23. Signature [illegible] M.D. Medical Examiner.
Date signed January 6, 1944

G 12499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 929

G 12499 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4301 Roland avenue
(c) Hospital or institution:
Kirkleigh Villa
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4301 Roland ave.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME
NANNIE CHASE NEVILLE

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ----

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife -----

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 19, 1870

8. AGE: Years 73 | Months 9 | Days 15 | If less than one day ....hr. ....min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Patrick Neville
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Aspel
15. Birthplace Ireland

16 (a) Informant Rev. Sr. Wilhelmina
(b) Address Kirkleigh Villa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 7, 1944 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location [illegible]

18 (a) Funeral director Chas. J. Gorman & Son Inc
(b) Address 118 W. Mt. Royal Ave

19 (a) JAN 6 1944 (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4 1944 at 9:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to Jan 5 1944
and that I last saw h[illegible] alive on January 3rd 1944

Immediate cause of death — Duration
Arteriosclerosis
Due to Chr Endocarditis
Due to Cardiac Hypertrophy
Other Conditions & Debilitation

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. D. Nicky M. D.
Address 110 E North Ave Date signed 1/5/44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 12500

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Md. Gen. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5

(e) Length of stay in Baltimore (yrs., mos., or days) 5-1

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1916 Sulgrave Ave. (If not numbered, give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME James Bernard Rogers

3 (b) If veteran, name war: WORLD WAR #1

3 (c) Social Security Account No. 213-20-0470

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: NORA A. ROGERS

6 (c) If alive, give age: 39 years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1892

8. AGE: Years: 51 Months: 10 Days: 16 If less than one day: hr. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual Occupation: CHAUFFEUR

11. Industry or business

FATHER

12. Name: Peter Rogers

13. Birthplace: Md.

MOTHER

14. Maiden Name: Bridgett Staunton

15. Birthplace: Ireland

16 (a) Informant: Bridgett Rogers

(b) Address: 1916 Sulgrave Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/44 (month) (day) (year)

(c) Cemetery or crematory: CATHEDRAL

Location: Old Frederick Road

18 (a) Funeral director: J. Edgar Davis Son

(b) Address: 118 N. Mt. Royal Ave.

19 JAN 6 - 1944 (b) Registrar

(Date received by registrar)

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/3 1944 at 1:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1 1944 to 1/4 1944 and that I last saw him alive on 1/3 1944.

Immediate cause of death: Coma, Pneumonia

	Duration
Due to	
Due to	
Other Conditions: None	

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at P.M.

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: J. Carl Myers M.D.

Address: Md. Gen. Hosp. Date signed 1/4/44

12501 1 1944 G 12501

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93P Registered No.

Please write the causes of death clearly and legibly. Correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Hours
(e) Length of stay in Baltimore (yrs., mos., or days) 10 hours

2. USUAL RESIDENCE OF DECEASED: Baltimore
(a) State Md (b) County Near
(c) City or town Unknown Town
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dora Carlson (Nee-Strickland)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	?

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
70 ?			hr. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL J
Location JAN 5 - 1944

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JAN 6 1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1943, at 10:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1943 to Dec 28 1943, and that I last saw her alive on Dec 28 1943.

Immediate cause of death Hypertension
Cardiovascular Disease — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Bird M. D.
Address 3 University Hosp Date signed Dec 29 43

0611

Q 12502

BALTIMORE CITY HEALTH DEPARTMENT ✓ C 12502

CERTIFICATE OF DEATH 186a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th St
(c) Hospital or institution:
Home For Incurables 13
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 7
(If outside city or town limits, write RURAL and give town)
(d) Street No. 40th St & Kennedy Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida E. Griffith

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Widowed

6 (b) Name of husband or wife John H. Griffith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1866

8. AGE: Years	Months	Days	If less than one day
77	S.T. 4	23	hr. min.

9. Birthplace Upper Marlboro, Maryland
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Trufe
13. Birthplace Prince George Co.

MOTHER
14. Maiden Name Mary E. Barse
15. Birthplace Calvert County

16 (a) Informant Emile Barlotta
(b) Address 100 W. 40th Street

17 (a) Burial (b) Date thereof 1-6-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Trinity
Location Upper Marlboro, Md.

18 (a) Funeral director Tolson Brothers
(b) Address Upper Marlboro, Md.

19 (a) (b) Huntington Williamsport
(Date paid by registrar)

C-V 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1944, at 5:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑ suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Crushed Chest
Fractures left lower leg.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 13/7
(a) Date of injury January 5, 1944 5:00 P.M.
(b) Where did injury occur? Home For Incurables
(c) Did injury occur at home, on farm, industrial place, in public place? Home Col While at work? No
(d) Means of injury Fall from window

23. Signature Louis Lee Yeatman M.D.
Medical Examiner.
Date signed January 6, 1943

C 12503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

C 12503 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cherry Hill Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Cherry Hill Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maggie Ogle Boone

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	married

6 (b) Name of husband or wife Charles Boone

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1876

8. AGE: Years	Months	Days	If less than one day
67	8	21	hr. min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)

10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Henry Ogle
13. Birthplace Md

MOTHER
14. Maiden Name Mary Harris
15. Birthplace Md

16 (a) Informant Charles Boone
(b) Address Cherry Hill Rd.

17 (a) Burial (b) Date thereof 1/6/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1[illegible] Baltimore Ave

19 (a) JAN 6 1944 (b) Huntington Williams M.D.
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 — 1 — 19 44, at 3:15 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 1-20-43

C 12504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. C 12504

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1017 Pennsylvania Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1017 Pennsylvania Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leon Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years 45 | Months | Days | If less than one day hr. min.

9. Birthplace Norfolk Newse Va.
(Town, county, and state)

10. Usual Occupation Stamper

11. Industry or business Cudahy Morgan Co.

FATHER
12. Name Chas. M. Richardson
13. Birthplace Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Essie Thomas
(b) Address 1017 Penn. Ave.

17 (a) Burial (b) Date thereof 1/8/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 JAN 6 - 1944 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1944, at 9:05 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Lobar pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert A. Fraser M.D.
Medical Examiner.
Date signed January 3, 1943

C 12505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. C 12505

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
Baltimore, Maryland
(b) Street address
(c) Hospital or institution:
Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) d.o.a.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 523 Camel Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ARTHUR TREETER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years 47 | Months | Days | If less than one day hr. min.

9. Birthplace Cincinnati Ohio.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant

(b) Address

17 (a) Burial (b) Date thereof 1-7-44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location a.a. County

18 (a) Funeral director G. Halstead

(b) Address 916 Druid Hill Ave

19 (a) JAN 6 - 1944 (b) Huntington Willis Registrar
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4, 1944, at 9:45 A. M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed Jan. 4, 1944.

12506

BALTIMORE CITY HEALTH DEPARTMENT ✓ C 12506

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 7 -
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 528 St. Mary Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Carter

3 (b) If veteran, name war — | 3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1905

8. AGE: Years 38 | Months 39 | Days 5 | If less than one day 4 hr. min.

9. Birthplace Laurencetown S. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Henry Carter
13. Birthplace S. C.

MOTHER
14. Maiden Name Mamie Boyd
15. Birthplace Greenwood S. C.

16 (a) Informant Mamie Carter
(b) Address 1205 Jenkins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/44 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) JAN 6 - 1944 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2- 1944, at 8 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Acute Hemorrhage, Pontine

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Weaver M.D. Medical Examiner.
Date signed 1-3-44

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. [illegible]

Write the causes of death clearly and legibly. Physicians: please write age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital | 4

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 520 Wilson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Annie Hopkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. [illegible] | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace Franklin, Va.
(Town, county, and state)

10. Usual Occupation Schoolteacher

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) JAN 6 - 1944 (Date rec'd by registrar) [illegible] for Williams [illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 1944, at 8:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1943, to Jan 2 1944 and that I last saw h[illegible] alive on Jan 2 19 44

Immediate cause of death Generalized Arteriosclerosis

Due to

Due to

Other Conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. G. Barnard M. D.
Address Provident Hospital Date signed 1/14/44

C 12508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. C 12508

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1226 HANOVER ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1226 HANOVER ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME VERA. M. (VERONICA.) AMRHEIN

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-10-3214

4. Sex FEM. | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) JAN 27-189[illegible]

8. AGE: Years 52 | Months 11 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace BALTO. (Town, county, and state)

10. Usual Occupation SALES LADY

11. Industry or business BRAGER & BENBERG.

FATHER
12. Name GEO. J. AMRHEIN
13. Birthplace GERMANY

MOTHER
14. Maiden Name LOUISE M. WISSE
15. Birthplace BALTO MD

16 (a) Informant GEO. J. AMRHEIN
(b) Address 1309 N Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-44 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location AA Co

18 (a) Funeral director Bennett & Hunt
(b) Address [illegible] West St

19 (a) JAN 6 1944 (Date rec'd by registrar) (b) Huntingtown Prince Georges, Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 4 1944 at 10 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/19/1943 to 1/4/1944, and that I last saw her alive on 1/4/1944.

Immediate cause of death: Carcinoma of the liver. — Duration: About 7 mos.

Due to:

Due to:

Other Conditions: none

(Include pregnancy within 3 months of death)

Date of operation Aug. 23, 1943

Major findings of operation: As mentioned above.

of autopsy: - - no.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Deibel

Address 1226 Hanover St. Date signed 1/4/1944 (M. D. Y.)

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. C 12509

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1725 N. Carey St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1725 N. Carey St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Spriggs

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife Wm Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1870

8. AGE: Years	Months	Days	If less than one day
73	4	12	hr. min.

9. Birthplace Ellicott City, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Jango Cromwell
13. Birthplace Ellicott City, Md.

MOTHER
14. Maiden Name Mary Brown
15. Birthplace Ellicott City, Md.

16 (a) Informant Mrs. John Murphy
(b) Address 1720 N. Carey St.

17 (a) Burial (b) Date thereof Jan. 6, 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Lois A. Holland
(b) Address 1631 Druid Hill Ave

19 (a) JAN 6 1944 (b)
(Date received by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2- 1944 at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-10- 1942 to 1-2- 1944, and that I last saw her alive on 1-2- 1944

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 Day

Due to: Cardio-Vascular-Renal Disease. — 1 yr.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George E. Page M. D.
Address 1816 N. Mount St. (17) Date signed 1-3- 44

Huntington Williams, M.D.

correct age is especially important. Physicians: please write the

C 12510 ✓ C 12510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1318 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 926 Homestead St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 926 Homestead St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Manner

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16 1876

8. AGE: Years	Months	Days	If less than one day
67	5	19	hr. min.

9. Birthplace Maryland.
(Town, county, and state)
10. Usual Occupation Lumberman
11. Industry or business Court House

FATHER
12. Name Emanuel Manner
13. Birthplace Germany.

MOTHER
14. Maiden Name Caroline Heberman
15. Birthplace Germany.

16 (a) Informant Harry Manner
(b) Address 926 Homestead St

17 (a) Burial (b) Date thereof 1-8th 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road
18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N. Patterson Park Ave
19 (a) JAN 6 — 1944 Registrar for Baltimore, Md.
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1944, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1944 to June 4 1944, and that I last saw h[illegible] alive on June 4 1944.

Immediate cause of death	Duration
Mitral Regurgitation Decompensation	4 days 2 hrs
Due to Arteriosclerosis	
Due to	
Other Conditions Chr. Pernic Anemia Nephritis	4 d

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature F. F. O Stevens M. D.
Address 2878 Harford Rd Date signed 1-5-44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12511 G 12511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 331 N. Fulton Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 331 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SARAH H. CROSS

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/1/1870

8. AGE: Years	Months	Days	If less than one day
73	8	3	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John W. P. Cross
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth A. R. Fairbank
15. Birthplace

16 (a) Informant Mr. George W. Cross
(b) Address 331 N. Fulton Ave.

17 (a) Burial (b) Date thereof 1/7/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 6 - 1944 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4, 1944 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1943 to Jan 4th 1944, and that I last saw h[illegible] alive on Jan 2nd 1944.

	Duration
Immediate cause of death Cerebral Hemorrhage	10 days
Due to Arterial Sclerosis.	10 years.
Due to Paralysis of Rt Side	10 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —
23. Signature Herbert E. Zell M. D.
Address 3048 N. Howard St. Date signed 1/6/44

Please write the cause of death clearly and legibly. Physicians: please write the correct age in especially important.

G 12512 G 12512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2104 Poplar Grove St.
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County .....
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2104 POPLAR GROVE ST.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country .....

3 (a) FULL NAME CORA MAY HOLLOWAY

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	WHITE	MARRIED

6 (b) Name of husband or wife SAELTON H. HOLLOWAY, SR 6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) SEPT 21, 1879

8. AGE: Years	Months	Days	If less than one day
64	3	13	..... hr. ..... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business .....

FATHER
12. Name MR. W. F. MORRIS
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Griffith
15. Birthplace Md.

16 (a) Informant HUSBAND - S.H. HOLLOWAY
(b) Address 2104 POPLAR GROVE ST., BALTIMORE

17 (a) Burial (b) Date thereof 11/7/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Balto. Md.

18 (a) Funeral director Wm. J. Frolemer & Son
(b) Address Balto., Md.

19 (a) ..... (b) .....
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JANUARY 4 1944, at 9:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from JAN. 4 1944, to JAN. 4 1944, and that I last saw HER alive on JAN. 4 1944.

Immediate cause of death	Duration
Cardio - respiratory failure	
Due to Coronary occlusion	3 days
Due to Arteria - sclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature George W. Mungavin Jr. M. D.
Address 332 E. University Pkwy. Date signed 1/4/44

Huntington Williams, M.D.

Please write the causes of death clearly and legibly. Physicians: please write in ink, and OUTSIDE ALONG THIS LINE. The correct age is especially important.

G 12513

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 12513 Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton Rd.
(c) Hospital or institution:
Shriner Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6015 Pimlico Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL F. ROCHE, SR.

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Annie B.

6 (c) If alive, give age 18 years

7. Birth date of deceased (mo., day, yr.) June 17, 1872

8. AGE: Years 71 | Months 6 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation R'td. Carriage Builder

11. Industry or business

FATHER
12. Name Samuel F. Roche
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Dohoney
15. Birthplace Ireland

16 (a) Informant Mr. Samuel F. Roche, Jr.
(b) Address 6015 Pimlico Rd.

17 (a) Burial (b) Date thereof 1/7/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 8 - 1944 (b) Registrar
(Date rec'd by registrar)

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4, 1944, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1943 to Jan 4 1944
and that I last saw her alive on Jan 4 1944

	Duration
Immediate cause of death: Pneumonia Bronchial	10 days
Due to Senility	2
Due to Arteriosclerosis	3
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel H Culver M. D.
Address 516 N Paca St Date signed Jan 8 1944

(OVER)

CULVER

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12514

Registered No. 61

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1714 Thomas Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 Thomas Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary J. McQuay

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Augustus B. McQuay

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/6/1882

8. AGE: Years	Months	Days	If less than one day
61	5	29	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Malachy J. Lyons
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret A. Winn
15. Birthplace Ireland

16 (a) Informant Mr. Joseph V. McQuay
(b) Address 1714 Thomas Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/44 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

JAN 6 - 1944

19 (a) (Date rec'd by registrar) (Huntington Williams M.D.) Registrar

VS 180

MEDICAL CERTIFICATION A

20. DATE OF DEATH Jan. 5, 1944, at 6:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1936, to Jan. 5 1944, and that I last saw her alive on Jan 4 1944.

Immediate cause of death	Duration
Diabetis Mellitus	7 Yrs.
Due to Coma	1 Day
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. L. C. Helm
Address 2757 W. Lex. Date signed 1/6/44 M. D.

F. L. C. Helm

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12515 12515

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1701 Harlem Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 3

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits write RURAL and give town)
(d) Street No. 1701 Harlem Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM B. RUTTER

3 (b) If veteran, name war --

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Blanche E. Rutter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/16/1879

8. AGE: Years	Months	Days	If less than one day
64	8	19	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Optician

11. Industry or business Castleberg's

FATHER
12. Name Thomas Rutter
13. Birthplace Md.

MOTHER
14. Maiden Name - Jenness
15. Birthplace Md.

16 (a) Informant Mrs. Blanche E. Rutter
(b) Address 1701 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/44 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

JAN 6 - 1944

MEDICAL CERTIFICATION A

20. DATE OF DEATH 1/5/ 19 44 at 10:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 19 44 to Jan 5 19 44, and that I last saw h[illegible] alive on Jan 5 19 44

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to Hypertension & arteriosclerosis	15 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W Benson Hood M. D.
Address 2200 Jarrett Blvd Date signed 1/6/44

Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

M. D. B. 1200-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 Eversham Ave St., 7-12 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

2. FULL NAME Howard T. Davenport

(a) Residence: No. 415 Eversham Ave St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ella M.

6. DATE OF BIRTH (month, day, year) Sept. 4, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O.

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Charles E. Davenport

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Laura Tuckerworth

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Ella M. Davenport

(Address) 415 Eversham Ave.

18. BURIAL, CREMATION, OR REMOVAL Springfield Presb. Place ~~NYP~~ Date Jan 7 1944

19. UNDERTAKER J. Wm. Stuckert & Son

(Address) Baltimore, Md.

20. JAN 6 - 1944 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1944

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1943, to Jan 5, 1944

I last saw h.. alive on Jan 5, 1944 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1939
Chronic Myocarditis	1940
Chr. Interstitial Nephritis	1942
Other contributory causes of importance: Influenza	1944

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?.....Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) D. W. Bishop M. D.

(Address) 501 Sheridan Ave

OCCUPATION is very important. See instructions on back of certificate.

G 12517 G 12517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

PLEASE WRITE PLAINLY, with ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3901 Wilkens ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~life~~
(e) Length of stay in Baltimore (yrs., mos., or days) life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3901 Wilkens ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Marie Virginia Schaeffer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Wm. H. Schaeffer

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov-17-1861

8. AGE: Years 82 | Months 1 | Days 16 | If less than one day ... hr. ... min.

9. Birthplace Balto Md
(Town, county and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name James McCrea
13. Birthplace R.I.

MOTHER
14. Maiden Name Eliza Lockwood
15. Birthplace Md

16 (a) Informant Mrs. J. M. Cuffley
(b) Address 3901 Wilkens ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-44 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Geo. E. Boyer Jr
(b) Address 1512 Hollins St

19 (c) JAN 6 - 1944 (Date rec'd by registrar) ... Registrar

VS 210

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3. 1944, at 9.25 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1938, to Jan 3 1944, and that I last saw her alive on Jan 3. 1944.

Immediate cause of death: Influenza — Duration: 13 days

Due to: ...

Due to: ...

Other Conditions: Cardio Vascular Renal Disease C. Hypertension — 10 Yrs.
(Include pregnancy within 3 months of death)

Date of operation: ...

Major findings of operation: ...

of autopsy: ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ... at ... M
(c) Where did injury occur? ...
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work? ...
(Specify type of place)
(e) Means of injury ...

23. Signature Elliot W Jackson M. D.
Address 2432 Druid Hill Ave Date signed ...

12518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 12518

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Rural - Parkton (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Francis Curtis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife C

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1866

8. AGE: Years	Months	Days	If less than one day
77 73	8	25	hr. min.

9. Birthplace Butler, Balto. Co. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Levi Naylor
13. Birthplace Balto Co. Md

MOTHER
14. Maiden Name Sarah Rockwell
15. Birthplace Balto. Co. Md

16 (a) Informant John J. Troyer Mayor
(b) Address Sparks, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6, 1944 (month) (day) (year)
(c) Cemetery or crematory Falls Rd. Chapel
Location Sparks, Md.

18 (a) Funeral director Landon M. Brooks
(b) Address Sparks, Md.

JAN 6 - 1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Give correct age in all cases. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1944 at 2.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1944 to Jan 5 1944, and that I last saw her alive on Jan 5 1944.

Immediate cause of death	Duration
Arteriosclerotic Cardiovascular Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Same Vascular Nephritis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. G. Bird M. D.
Address University Hosp. Date signed 1-6-44

445410 G 12519

BALTIMORE CITY HEALTH DEPARTMENT X G 12519

CERTIFICATE OF DEATH 63B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item to be answered. Where there is no entry, write "None," "Unknown," or "Not applicable," as the case may be. Do not use ditto marks. Be sure to give the causes of death clearly and legibly. Physicians: please write the cause of death in such a way that the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Tenn (b) County
(c) City or town Blountsville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vera B. Coe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Arthur

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 39 | Months | Days | If less than one day hr. min.

9. Birthplace Tenn (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Murray Berry
13. Birthplace Tenn.

MOTHER
14. Maiden Name Addie Monteith
15. Birthplace Tenn.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/6/44 (month) (day) (year)
(c) Cemetery or crematory Blountville
Location Bristol, Va.

18 (a) Funeral director M. W. Dopells Sons
(b) Address Lombard & Ann Sts.

19 (a) (Date rec'd by reg.) JAN 6 - 1944 (b) Hunterstown Hillcrest, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1944 at 1 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 30 1943 to Jan 5 1944 and that I last saw her alive on Jan 5 1944

Immediate cause of death Ventricular fibrillation — Duration

Due to Hypertrophy Arteriosclerosis

Due to

Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Date of operation 1/5/44

Major findings of operation: Hypoplasia of thyroid

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John W. Saunders
Address Johns Hopkins Hosp. Date signed 1/5/44

G 12520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 311 S Maderia St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 17
(e) Length of stay in Baltimore (yrs., mos., or days) 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 311 S. Maderia St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Victoria C. Sikora (or) Sickoria

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-1464

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 26 1921

8. AGE: Years 22 | Months 1 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace New Jersey
(Town, county, and state)

10. Usual Occupation Machine. op(caps.)

11. Industry or business Operator

FATHER
12. Name Michael Sikora
13. Birthplace Poland.

MOTHER
14. Maiden Name Julia Shober
15. Birthplace Poland.

16 (a) Informant Michael Sikora
(b) Address 311 S. Maderia St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 10 44 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location O'DONNELL ST. RD.

18 (a) Funeral director MARTIN N. EDIPPEL SONS
(b) Address LOMBARD + ANN STS.

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 6 - 1944

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1944 at 1:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 25 1943 to Jan 5 1944
and that I last saw h[illegible] alive on Jan 4 1944

Immediate cause of death: Advanced Chr. Pulmonary Tuberculosis — Duration 1 yr.
Due to: Hemorrhage Pneumothorax
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2079 Eastern Date signed 1/5/44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered; if none, write none. Be sure the causes of death clearly and legibly. correct age is especially important. Physicians: please write the

G 12521 G 12521

JL - 83169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 466

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 - 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1909 E. Fairmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Holthaus

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 219-18-7456

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1883

8. AGE: Years 60 | Months 5 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business Fish industry

FATHER
12. Name Phillip Holthaus
13. Birthplace Md.

MOTHER
14. Maiden Name Margarat Ellis
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/44 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director M. W. E. Dyer's Son
(b) Address Lombard & Ann St. Attending for Holthaus Hse

19 (a) (Date rec'd by Registrar) JAN 6 (b) 1944 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5 1944, at 7 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-3 1943, to 1-5 1944, and that I last saw him alive on 1-5 1944.

Immediate cause of death: Sarcoma Zilicum — Duration: 3 mos

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Donald A. Kelly M. D.

Address Balto City Hosp Date signed 1-5-44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Where exact data are not known, write the causes of death clearly and legibly. correct age is especially important. Physicians: please write

(3) G 12522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81a

G 12522 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga 6
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 3/4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 31 N. Kenwood Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Rauh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1870

8. AGE: Years	Months	Days	If less than one day
73	5	6 21	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation General work; South. Pack. Co.
11. Industry or business Packing Ind.

FATHER
12. Name Frank Bayer
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Eckerman
15. Birthplace Germany

16 (a) Informant Miss Mary Bayer
(b) Address 4175 Collington Ave Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/44 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director M. W. E. Dippel's Sons
(b) Address Lombard & Ann Sts.

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 6 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 5 1944 at 3 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4, 1944 to Jan 5 1944, and that I last saw her alive on Jan 4 1944

Immediate cause of death Respiratory failure — Duration

Due to Pneumococcic Meningitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. R. Gunther, M.D.
Address Mercy Hosp Date signed 1/5/44

Write the causes of death clearly and legibly. Physician: please write plainly.

G 12523 ✗ G 12523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution:
Church Home & Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Sparrows Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. 917 F. Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Caroline E Wellings

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mr. Isaac Wellings
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-13-89

8. AGE: Years 54 | Months 11 | Days 23 | If less than one day ... hr. ... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Tauber
13. Birthplace Germany

MOTHER
14. Maiden Name Annie Eckstein
15. Birthplace Baltimore, Md

16 (a) Informant Mrs. C. E. Wellings
(b) Address 917 F St. Sparrows Point Md

17 (a) Burial (b) Date thereof 1-8-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location 7225 Eastern Ave

18 (a) Funeral director William M Marsch
(b) Address 1414 Light St

JAN 6 1944

(Date rec'd by registrar) Evelyn Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5 19 44, at 5:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-30 19 44 to 1-5 19 44, and that I last saw h alive on 1-5 19 44.

Immediate cause of death: Bronchopneumonia — Duration

Due to:

Due to:

Other Conditions: Pulmonary injections

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E Oglesby M. D.
Address Church Home & Hospital Date signed 1/5/44

VS 150

Physician: Please write the cause of death clearly and legibly.

G 12524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161a

Registered No. G 12524

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1813 Light St.
(c) Hospital or institution South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 Brookwood Rd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Clatterbuck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 5 1944

8. AGE: Years	Months	Days	If less than one day
	—		9 hr. 45 min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation —
11. Industry or business

FATHER
12. Name Silas B Clatterbuck
13. Birthplace Culpeper Co Va

MOTHER
14. Maiden Name Mary Morris
15. Birthplace Va

16 (a) Informant Mr Silas B Clatterbuck
(b) Address 211 Brookwood Rd (Brookwood Rd)

17 (a) Burial (b) Date thereof Jan 7 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Salem Cemetery
Location Culpeper Co Va

18 (a) Funeral director William M Mareck
(b) Address 215 Light St

19 Jan 6 - 1944 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5-44 19..., at 6.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5 1944 to 1-5 1944.
and that I last saw h/m alive on 1-5-44 19...

Immediate cause of death
a Atelectasis — Duration 9 hrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work
(Specify type of place)
(e) Means of injury

23. Signature Milton B. Appold M. D.
Address 213 Light St Date signed 1-6-44

VS 3

G 12525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G 12525

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 835 Pavera St.
(c) Hospital or institution: 13

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 835 Pavera St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura V. Harrison.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife James W. Harrison
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 4, 1867

8. AGE: Years: 76 | Months: 10 | Days: 1 | If less than one day: hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name George W. Simms.
13. Birthplace Md.

MOTHER
14. Maiden Name Louisa Snyder.
15. Birthplace Md.

16 (a) Informant Mrs Lora L Harrison
(b) Address 835 Pavera St

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Jan 8 1944 (month) (day) (year)
(c) Cemetery or crematory St Johns.
Location Ellicott City.

18 (a) Funeral director L Hemmett Bt + Daughter
(b) Address 3615-17 Chestnut Ave.

19 (a) [illegible] by registrar) Huntington Williams M.D.

JAN 6 1944

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5, 1944, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1943, to Jan 5 1944 and that I last saw her alive on Jan 4 1943.

Immediate cause of death Heart Failure — Duration
Rheumatic Heart Disease

Due to

Due to

Other Conditions Diabetes

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas H Wallenstein M.D.
Address 748 W 36th St Date signed 1/6/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3333 Belair Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3333 Belair Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George E. Trefill.

3 (b) If veteran, name war

(c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Irene Trefill

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 20, 1885

8. AGE: Years 59 | Months 9 | Days 5 | If less than one day hr. min.

9. Birthplace Greece
(Town, county, and state)

10. Usual Occupation Confectioner.

11. Industry or business Own business.

FATHER
12. Name Emanuel Trefill
13. Birthplace Greece

MOTHER
14. Maiden Name Stavroula Dukakis
15. Birthplace Greece

16 (a) Informant Irene Trefill.
(b) Address 3333 Belair Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7, 1944 (month) (day) (year)

(c) Cemetery or crematory Woodlawn.
Location Woodlawn Md.

18 (a) Funeral director Edward H. Dorsey
(b) Address 2615-17 Edmondson Ave. Hunting for Williams

19 (a) JAN 6 - 1944 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1944, at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1942 to Jan 5 1944, and that I last saw him alive on Jan 4 1944.

Immediate cause of death: Cerebral Hemorrhage. — Duration: from 1 wk.

Due to: Severe hypertension Cardio-Vascular disease — 5 yrs.

Due to: Cerebral Thrombosis 1939, followed by partial hemiplegia.

Other Conditions: Recent influenza complicated by prostatitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]

Address 3408 Edmondson Ave. Date signed 1/5/44 M. D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

12527 G 12527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45c

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 N. Caroline St.
(c) Hospital or Institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 500 W. Linward Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George W Hofherr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8 - 1860

8. AGE: Years	Months	Days	If less than one day
83	6	27	hr. min.

9. Birthplace New York
(Town, county and state)

10. Usual Occupation Retired

11. Industry or business

MOTHER / FATHER

12. Name Wm Hofherr

13. Birthplace New York

14. Maiden Name Dorothea Knox

15. Birthplace

16 (a) Informant Anna Hofherr

(b) Address 500 N. Linwood Ave

17 (a) Burial (b) Date thereof Jan. 7 - 44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director John G. Morgan

(b) Address 300 E. Balto. St.

19 JAN 6 - 1944 Courtesy for Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 4 · 1944 at 7 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-31 1943 to 1-4 1944, and that I last saw h(im) alive on 1-4 1944

Immediate cause of death Carcinoma of mouth with metastasis

Due to

Due to

Other Conditions Osteomyelitis of mandible - resection.
(Include pregnancy within 3 months of death)

Date of operation Jan. 5, 1943

Major findings of operation: Carcinoma of mouth; osteomyelitis of mandible.

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Stanley B. Klemmer M. D.

Address St. Joseph's Hospital Date signed 1-4-44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45F

Registered No. G 12528

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun
(c) Hospital or institution: Franklin Square
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 314 N. Strieker St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gardner Long

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widow

6 (b) Name of husband or wife Laura Long
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1866

8. AGE: Years	Months	Days	If less than one day
77 7 8	10	15	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Ellen Mason
15. Birthplace Va

16 (a) Informant Elmira Burgess
(b) Address 314 N. Strieker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6, 44 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-3-44 19 , at 3 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2-44 19 , to 1-3-44 19 , and that I last saw him alive on 1-3-44 19 .

Immediate cause of death	Duration
Acute Hemorrhage	
Due to Carcinoma of Tonsilar Fossa	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas R. Lusby M. D.
Address Franklin Square Date signed 1/4/44

G 12529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8 | a

G 12529 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 8
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 Pierce St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lauretta Johns

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8 | 17 | 1935

8. AGE: Years	Months	Days	If less than one day
8	4	18	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation School - child

11. Industry or business

FATHER
12. Name Irvin Johns
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Lewis
15. Birthplace Md.

16 (a) Informant Irvin Johns
(b) Address 916 Pierce St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 8 - 44 (month) (day) (year)

(c) Cemetery or crematory W. Lawrence
Location Baltimore Md.

18 (a) Funeral director Williams & Jackson
(b) Address 916 Pierce ave

19 JAN 6 - 1944 (Date rec'd by registrar) (b) Registrar Huntington Williams, MD

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1944, at 3:40 P.M.

21. I certify that I took charge of the remains described above, held an Inspection + Spinal Tap thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Purulent Meningitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed January 6, 1943

G 12530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 12580 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3224 Elmley Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 65

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3224 Elmley Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA MURAWSKI

3 (b) If veteran, name war ----- | 3 (c) Social Security Account No. -------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Stefan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1861

8. AGE: Years	Months	Days	If less than one day
82	5	8	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ------ Gurajewski
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mrs. Agnes Barthell
(b) Address 3224 Elmley Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/44 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director M. J. Sadowski & Sons
(b) Address 1808 Eastern Ave.

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar
JAN 8 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1944, at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1943, to Jan 4 1944, and that I last saw alive on Jan 4 1944

Immediate cause of death Hypostatic Congestion (Pneumonia) — Duration

Due to Chronic Myocarditis — Duration

Due to Chronic Nephritis — Duration

Other Conditions Edema & Uremia — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter A Anderson M. D.
Address 3001 Shannon Drive
Date signed Jan 5 44

please write the causes of death clearly and legibly. Physicians: please see that the correct age is especially important.

F 3 - 12531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 12531

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 451 W Lutridge Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 451 W Lutridge Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Lillian M Garrison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9- 12- 1878

8. AGE: Years 66 | Months 3 | Days 21 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Matthew Clark
13. Birthplace Balto Md

MOTHER
14. Maiden Name Catherine McDonald Williams
15. Birthplace Ireland

16 (a) Informant Mrs Lillian Smith
(b) Address 451 W Lutridge Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 7 1943 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cemetery
Location +

18 (a) Funeral director Mary M Weisfeld
(b) Address 501 E 32nd St

19 (a) JAN 6 - 1943 (Date rec'd by registrar) (b) Huntington Wilkinson 11

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1943 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939 to Jan 3 1943, and that I last saw him alive on Jan 3 1943.

Immediate cause of death: Cardiac Failure — Duration 16 yr

Due to: Hypertension - Duration 1 yr

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jos. B Travis

Address 231 N Calhoun St Date signed 1/6/43 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

C 12532 C 12532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 811 W. Lombard Street
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 811 W. Lombard Street
(If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME Thomas James McKenna

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife -------
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) Dec. 19, 1873

8. AGE: Years	Months	Days	If less than one day
70	0	14	-- hr. -- min.

9. Birthplace Fallston, Harford Co., Md. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business B. & O. Railroad

FATHER
12. Name Thomas McKenna
13. Birthplace Ireland

MOTHER
14. Maiden Name Anne McGee
15. Birthplace Ireland

16 (a) Informant Miss Mary Anne McKenna
(b) Address 811 W. Lombard Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/44 (month) (day) (year)
(c) Cemetery or crematory St. John's
Location Long Green, Md.

18 (a) Funeral director H. W. Means & Son
(b) Address 805 N. Calvert Street

19 (a) (Date rec'd by registrar) JAN 8 1944 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3, 1944 at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1, 1943 to Jan. 3 1944, and that I last saw him alive on Jan. 3 1944.

Immediate cause of death	Duration
Senility	
Hypertensive Cardio Vascular Disease.	
Due to	
Due to	
Other Conditions Pulmonary Oedema.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert E. Welsh M. D.
Address 3151 W. Lombard Date signed 1-4-44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12533 G 12533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3909 Forest Park Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 65 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3909 Forest Park Avenue
(If rural give location)
(e) Citizen of foreign country? -------- (Yes or No)
If yes, name country --------

3 (a) FULL NAME Oscar A. Flannery

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth Knight
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1878

8. AGE: Years	Months	Days	If less than one day
65	2	24	--- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Purchasing Agent
11. Industry or business Balto. Electric Supply Co.

FATHER
12. Name Patrick Flannery
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Margaret Cain
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Elizabeth K. Flannery
(b) Address 3909 Forest Park Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/44 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Meears and Son
(b) Address 805 N. Calvert Street

19 (a) ---- (Date rec'd by registrar) (b) ---- Registrar

JAN 6 - 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4 1944, at --- M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-1-1943, to 1-4-1944, and that I last saw him alive on Jan. 2nd 1944

Immediate cause of death	Duration
Acute Coronary Embolism (Suddenly)	
Due to Chronic Hypertrophic Disease,	
Due to Ceramic Pericarditis	1 yrs.
Due to Tuberculosis +	5 days
Acute Pleurisy	
Other Conditions ----	

(Include pregnancy within 3 months of death)
Date of operation ----
Major findings of operation: ----
of autopsy: ----

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John T. O'Mara M. D.
Address 804 Aetna St. Date signed 1/6/44

Huntington Williams, M.D. John T. O'MARA

Physicians: please write the correct age in especially important. Every item of information should be carefully ... ONE READING INK. Every ... the causes of death clearly and legibly.

2584 446207 90388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1190

Registered No. G 12534

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-2
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 16 W Preston St. (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country.....

3 (a) **FULL NAME** Robert Thomas

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife.....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 11-30-43

8. AGE: Years | Months | Days 15 | If less than one day ..... hr. ..... min.
2 weeks

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Irvin Thomas
13. Birthplace Ky.

MOTHER
14. Maiden Name Mattie Matthews
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a)..... (Burial, cremation, or removal) (b) Date thereof..... (month) (day) (year)
(c) Cemetery or crematory.....
Location JOHN HOPKINS MEDICAL SCHOOL JAN 5 - 1944

18 (a) Funeral director Commissioner of Health
(b) Address.....

JAN 6 1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 19 43 at 10 3/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 19 43 to Dec 15 19 43 and that I last saw him alive on Dec 14 19 43

Immediate cause of death..... Acidosis, dehydration | Duration
Due to Diarrhea of newborn
Due to.....
Other Conditions.....
(Include pregnancy within 3 months of death)

Date of operation.....
Major findings of operation:.....
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?.....
(e) Means of injury.....

23. Signature Helen Bowie
Address Johns Hopkins Hosp Date signed 12/15/43 M.D.

VS 150

0614

Please write plainly, with unfading ink. Every question must be answered. Information should be furnished by person best qualified to know the correct facts. Physicians: please write the causes of death clearly and legibly.

535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 12535
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
The Johns Hopkins Hospital 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 603 North Central Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Lynch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 22, 1943

8. AGE: Years	Months	Days	If less than one day
			7 hr. 55 min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Elton Morris Lynch
13. Birthplace Virginia

MOTHER
14. Maiden Name Lydia Young
15. Birthplace Virginia

16 (a) Informant Hospital records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 5 - 1944

18 (a) Funeral director Commissioner of Health
(b) Address

JAN 6 1944 (Date rec'd by registrar) Hunter H. Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23 1943, 4.15A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 22 1943, to Dec. 23 1943, and that I last saw him alive on Dec. 23 1943

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Philip D. Stephen, M. D.
Address Johns Hopkins Hospital Date signed 12-24-43

VS 150

0613

Please write the causes of death clearly and legibly. Correct age is especially important. Physicians: please write

536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 12536 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
The Johns Hopkins Hospital 14-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 556 Gold Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Bailey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 27, 1943

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Linwood Bailey
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Mildred Hinston
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 5 - 1944

18 (a) Funeral director Commissioner of Health
(b) Address

JAN 6 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1943, at 7:30PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 27 1943, to Dec. 28 1943, and that I last saw him alive on Dec. 28 1943

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip F. Stefano, Jr. M. D.
Address Johns Hopkins Hospital Date signed 12-30-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V8 150

0612

G 12537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 12537 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4610 Park Heights
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 4610 Park Hgts. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME A. M. Fellows

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
69 (?)			hr. min.

9. Birthplace unknown (Town, county, and state)
10. Usual Occupation, Typeographical Worker
11. Industry or business Newspaper

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name
15. Birthplace "

16 (a) Informant Mrs. Brickner
(b) Address 4610 Park Hgts. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-44 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Ceme.
Location Baltimore Co.

18 (a) Funeral director C. Vernon Zimmerman
(b) Address 4611 Park Hgts Ave

(a) Date received JAN 6 - 1944 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2-44 19 , at 8:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1944, to Jan 2 1944, and that I last saw him alive on Jan 2 1944

Immediate cause of death: Cerebral hemorrhage — Duration 36 hrs
Due to Arterio Sclerosis
Due to Hypertension
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank L. De Barbieri M. D.
Address 4723 Park Heights Ave Date signed 1-5-44

VS 150

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

G 12538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. G 12538

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4605 Park Heights Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 1/6

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 4605 Park Heights
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie R. Schoenhals

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Henry Schoenhals

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 3, 1866

8. AGE: Years	Months	Days	If less than one day
78	0	0	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Housewife at home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Miss Clara Warner

(b) Address 4605 Park Heights Ave.

17 (a) Burial (b) Date thereof 1/6/44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore City

18 (a) Funeral director C. Vernon Lemmon

(b) Address 4611 Park Hgts.

(c) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

JAN 6 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3, 1944 at 8 10 a M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1943, to Jan 2 1944, and that I last saw h[illegible] alive on Jan 2 1944.

Immediate cause of death	Duration
Carcinoma of Stomach	
Due to	
Due to	
Other Conditions Anaemia	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Benj. Kahn M. D.

Address 2306 Eutaw Place Date signed

PLEASE WRITE PLAINLY, WITH [illegible] write the causes of death clearly and legibly. correct age is especially important. Physicians: please

VS 150

G 12539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G [illegible] Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4503 Pimlico Road
(c) Hospital or institution:

27-16

(d) Length of stay in hospital or inst. (yrs., mos., or days) 40-yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4503 Pimlico Rd. (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME George Russell North

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ann K. North
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1888

8. AGE: Years	Months	Days	If less than one day
55	2	22	hr. ..... min. .....

9. Birthplace Dorchester Co. Md. (Town, county, and state)
10. Usual Occupation News Dealer
11. Industry or business Newspaper

FATHER
12. Name Henry Clay North
13. Birthplace Dorchester Co., Md.

MOTHER
14. Maiden Name Sarah North
15. Birthplace Dorchester Co., Md.

16 (a) Informant Mrs. Ann K. North
(b) Address 4503 Pimlico Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/44 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location .....

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Hgts.

19 (a) JAN 6 - 1944 Huntington Williams Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1944 at 9:10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1943, to Jan 4 1944, and that I last saw h[illegible] alive on Jan 4 1944

Immediate cause of death	Duration
Diabetes Mellitus	7
Due to Uremic Coloma	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Alan D Pickert M. D.
Address 4805 Park Heights Ave Date signed 1/7/44

PLEASE WRITE PLAINLY, with ink. Fill in all blanks by typewriter or print the causes of death clearly and legibly. Give full name of deceased, and correct age is especially important. Physicians: please write your certificates promptly.

G 12540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12540 Registered No. 1318

PLEASE WRITE PLAINLY, with pen or pencil. Do not use ink. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4724 Park Hgtx. Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4724 Park Hgts. Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna M. Wilmering

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1872

8. AGE: Years	Months	Days	If less than one day
71	10	20 10	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business At home

FATHER
12. Name Frank Wilmering
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Tuschen
15. Birthplace Germany

16 (a) Informant Mrs. H. J. Wade
(b) Address 4724 Park Hgts. Ave.

17 (a) Burial (b) Date thereof 1-6-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore City

18 (a) Funeral director L. Vernon Lemmon.
(b) Address 4611 Park Hgts. Ave.

19 (a) 1944 Huntington Williams, M.D.
(Date received) (Registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2, 1944 at 5:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7, 43 19 to Jan 2 1944, and that I last saw h[illegible] alive on Jan 2 1944

Immediate cause of death Chronic Nephritis — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. D. Bubert

Address 4803 Park Heights Ave Date signed 1/7/44
M. D.

G 12541 — BALTIMORE CITY HEALTH DEPARTMENT — G 12541 — Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Just arrived

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Toledo (If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 Fernwood (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN LEWIS BROWN

3 (b) If veteran, name war WORLD WAR # 2
3 (c) Social Security Account No.
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife Eileen Murphy
6 (c) If alive, give age 27 years
7. Birth date of deceased (mo., day, yr.) Oct. 16, 1913
8. AGE: Years 30 Months 2 Days 20 If less than one day hr. min.
9. Birthplace Warren, Ohio (Town, county, and state)
10. Usual Occupation CMM (AA) U.S.Navy
11. Industry or business

FATHER
12. Name Geo. L. Black
13. Birthplace Adams County, Ohio

MOTHER
14. Maiden Name Bessie Bayless
15. Birthplace Clinton County, Ohio

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) SHIPPED (Burial, cremation, or removal) (b) Date thereof JAN. 6 - 1944 (month) (day) (year)
(c) Cemetery or crematory CALVARY CEMETERY TOLEDO, OHIO
Location

18 (a) Funeral director Edward J. Evans & Son
(b) Address 118 N. Pkt. Royal Ave

JAN 6 - 1944 (b) Registrar
(Date received by registrar)

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5, 1944, at 11:58 M

21. I certify that death occurred on the date above stated; that I attended deceased from January 3, 1944, to January 5 1944, and that I last saw him alive on January 5 1944.

Immediate cause of death Meningococcus meningitis — Duration Several days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Quinn

Address Baltimore, Md. Date signed

PLEASE WRITE PLAINLY. Use ink. Do not use pencil. Be sure to write the causes of death clearly and legibly. Be sure that the information you write is correct are is especially important. Physicians: please write the underlying cause of death on line (a).

VS 180 50180

G 12542 G 12542

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1610

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution:
Md. Gen. Hosp. 27-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 7110 Harford Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Rehus

3 (b) If veteran, name war — | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-31-43

8. AGE: Years	Months	Days	If less than one day
		6	hr. min.

9. Birthplace Md Gen. Hosp Balto Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Mr Simon Rehus
13. Birthplace Balto.

MOTHER
14. Maiden Name Pauline Agnew
15. Birthplace Balto.

16 (a) Informant Simon Rehus
(b) Address 7110 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6 44 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Joseph Kaminska
(b) Address 617 Aisquith Blvd

(Date received by Registrar) (b) Huntington Willis Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/5 1944, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/31 1943 to 1/5 1944, and that I last saw h.. alive on 1/5 1944

Immediate cause of death Hemorrhage of Umbilicus 7 Minutes.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 4 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William A. Mitchell
Address Md Gen Hosp Date signed 1/6/1944 M. D.

12543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1600

G 12543 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1719 Maryland Ave —
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME David Beverly

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day 5 hr. 15 min.

9. Birthplace Baltimore, Maryland
(Town, county and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Eugene Beverly
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Mary Gibson
15. Birthplace Hopkins, S.C.

16 (a) Informant Mother.
(b) Address 1719 Maryland Ave Baltimore

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 5 - 1944

18 (a) Funeral director Commissioner of Health
(b) Address

19 (Date received by Registrar) JAN 6 1944 Huntington Williams M.D. Registrar

0815

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 3 1944, at 2:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1 - 2 - 1944, to 1 - 3 - 1944, and that I last saw him alive on 1 - 3 1944

Immediate cause of death	Duration
Intracranial hemorrhage	
Due to	
Due to	
Other Conditions Premature Separation of Placenta (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Thomason M. D.
Address Univ. Hosp. Date signed 1-3-44

2544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 12544 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital 321
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 306 Mason Court (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Baby Cass

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 14, 1943

8. AGE: Years | Months | Days | If less than one day: 15 hr. 30 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Walter Cass
13. Birthplace Virginia

MOTHER
14. Maiden Name Lenora Powell
15. Birthplace North Carolina

16 (a) Informant Hospital records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 5 - 1944

18 (a) Funeral director Commissioner of Health
(b) Address

19 JAN 6 1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 15, 1943, at 9.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14 1943, to Dec. 15 1943, and that I last saw him alive on Dec. 15 1943.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Rena Smith

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip D. Stoppe, Jr. M. D.
Address Johns Hopkins Hospital Date signed 12-17-43

VS 150

0615

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

G 12515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30F

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1320 Division St.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Baby Boy Glenn

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Bl.	S.

6 (b) Name of husband or wife —
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 20, 1943

8. AGE: Years	Months	Days	If less than one day
—	—	8	..... hr. ..... min.

9. Birthplace University Hosp.
(Town, county, and state)
10. Usual Occupation .....
11. Industry or business —

FATHER
12. Name Alonzo Glenn
13. Birthplace Orkens, S. C.

MOTHER
14. Maiden Name Lucille Glenn
15. Birthplace Pelzer, S. C.

16 (a) Informant Lucille Glenn
(b) Address 1320 Division Street

17 (a) ..... (b) Date thereof .....
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory .....
Location JOHN HOPKINS MEDICAL SCHOOL JAN 5 - 1944

18 (a) Funeral director Commissioner of Health
(b) Address .....

19 (d) JAN 6 1944 Huntington Williams, M.D.
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1943, at 12 00 Noon

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 20 1943, to Dec. 28 1943, and that I last saw ~~him~~ alive on Dec. 28 1943

Immediate cause of death	Duration
Intracranial Hemorrhage	1 day
Due to Prematurity	
Due to	
Other Conditions Congenital Syphilis	
(Include pregnancy within 3 months of death)	

Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Dorothy H. Brown
Address University Hospital Date signed 12/28/43

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and fully. Also correct age is especially important.

L 0617

G 12526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 12526 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5106 Wesley Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5106 Wesley Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Lillie McNeil

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Samuel McNeil
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) November 23, 1873

8. AGE: Years	Months	Days	If less than one day
70	1	11	....hr. ....min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Louis Binnix
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ellen Sticher
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Lawrence McNeil
(b) Address 5106 Wesley Ave.

17 (a) Burial (b) Date thereof Jan. 6, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn, Md.

18 (a) Funeral director E. Wells Lawrence
(b) Address 4510 Liberty Heights Ave.

19 (a) (Date rec'd by Registrar) (b) Huntington Williams M.D.

JAN 6 - 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1944, at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/18 1943, to Jan. 4 1944, and that I last saw her alive on Dec. 30 1943.

Immediate cause of death — Duration
1) Coronary Thrombosis — 1½ yrs
Due to
Due to
Other Conditions - Arterio-Sclerotic Heart Disease. — ?
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Earl L. Chambers M.D.
Address 4108 Liberty Hgts Ave. Date signed

G 12547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1930

G 12547 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 345 S. Furrow St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) L 70 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 345 S. Furrow St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christine Ehman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed

6 (b) Name of husband or wife Rudolph Ehman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1862.

8. AGE: Years	Months	Days	If less than one day
81	1	4	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name Charles Wieward
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Herman J. Ehman
(b) Address 345 S. Furrow St.

17 (a) Burial (b) Date thereof Jan. 6, 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Md.

18 (a) Funeral director Studenek & Cole
(b) Address 2003 W. Lombard St

1944 Date rec'd by reg. Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3, 1944, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1943 to Jan 3 1944
and that I last saw h. alive on Jan 3 1944

Immediate cause of death Embolism — Duration: few hrs.
Due to Arterio Sclerosis — 10 yrs
Due to Bronchopneumonia — 3 days
Due to Mitro Condities — Fur days
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard Kahn
Address 702 W Pratt St Date signed 1/5/44

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

G 12518 — G 12518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 966 N. Chester St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 966 N. Chester St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Howard E. Elliott

3 (b) If veteran, name war: World War #1

3 (c) Social Security Account No. 218-22-8242

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife: Ada Elliott
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Aug. 25, 1896

8. AGE: Years	Months	Days	If less than one day
47	4	8	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Agent, Collector
11. Industry or business

FATHER
12. Name Charles Elliott
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Blanch Tress
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Ada Elliott
(b) Address 966 N. Chester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 7, 1944 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Fred Lamb Cole
(b) Address 200 W. Lanvale St. Huntington for Williamson, W. Va.

19 (a) [illegible] (Filed by registrar) Registrar

1944
48 130

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 5, 1944 at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28 1943 to Jan. 3, 1944 and that I last saw him alive on Jan. 2, 1944

Immediate cause of death	Duration
Coronary thrombosis	12 hrs
Due to Pleurisy with effusion	5 days
Influenza.	"
Due to	
Other Conditions Fracture of L. Tibia	6 wks

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 14, 1943 M
(c) Where did injury occur? 966 N. Chester St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? Not
(e) Means of injury Slipped & fell down stairs

23. Signature Albert E. Fitzgerald M.D.
Address 613 E. Hoffman St. Date signed 1-5-43.

Approved by Thomas J. Watkins, M.D.

Write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

JL- 85696 G 12549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12549 / 186a

Registered No. _____

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County _____

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 423 N. Bradford St.
(If rural give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3 (a) FULL NAME Christian Becker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife _____

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 14, 1873

8. AGE: Years	Months	Days	If less than one day
70	5	21	____ hr. ____ min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation ? Laborer

11. Industry or business

FATHER
12. Name Christian Becker
13. Birthplace Germany

MOTHER
14. Maiden Name Louisa Brandt
15. Birthplace ?

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-44 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location Balto Md

18 (a) Funeral director Frank Brockbon Son

(b) Address 900 N. Chester St

19 (a) Date received JAN 6 1944 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-9 1944, at 10:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-29 1943, to 1-4 1944, and that I last saw alive on 1-4 1944.

Immediate cause of death _____ Duration

Uremia — 4 days

Due to Arteriosclerotic C. V. Disease — ?

Due to _____

Other Conditions Fracture Rt Tibia — 6 days

(Include pregnancy within 3 months of death)

Date of operation _____

Major findings of operation: _____

of autopsy: _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 12-30-43 at M

(c) Where did injury occur? 423 N. Bradford St (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No

(e) Means of injury Slipped and fell to floor

23. Signature Dr. Addie P. Lobe M. D.

Address Balto City Hosp Date signed 1-5-44

Approved: Robert Lee Graham MD Jan 25 1944

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12550 — G 32550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3506 Marmon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3506 Marmon Ave.
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Albert A. Abey

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife. Emma Abey
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 1st, 1866

8. AGE: Years	Months	Days	If less than one day
77	10	4	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired Motorman
11. Industry or business Street Transit Co.

FATHER
12. Name Don't Know
13. Birthplace

MOTHER
14. Maiden Name Don't Know
15. Birthplace

16 (a) Informant Mrs. Pauline E. Watkins
(b) Address 3506 Marmon Ave (Daughter)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8 1944 (month) (day) (year)
(c) Cemetery or crematory Greenlawn Cemetery
Location Baltimore, Md.

18 (a) Funeral director Edward Evans
(b) Address 1400 E. Chase St. Balto.

JAN 6 - 1944
(Date rec'd by registrar)

19 (a) — (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 5, 1944 at 11:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1942 to Jan. 6 1944 and that I last saw h— alive on Jan 4 1944.

Immediate cause of death: Coronary thrombosis — Duration 1 hour
Due to: Arteriosclerosis — 10 yrs
Due to: Cardiovascular disease
Other Conditions: Chronic Cholecystitis
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature W. H. Kreuger, M.D.
Address 402 E. Lanvale St. Date signed 1-6-44

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Kesecker G 12551

G 12551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/163H

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3800 Glenmyle Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3800 Glenmyle ave.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Adrian E. Kesecker

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	216-07-6435

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Virginia
6 (c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1910

8. AGE: Years	Months	Days	If less than one day
33	4	15	..... hr. ..... min.

9. Birthplace Cherry Run, W. Va.
(Town, county, and state)
10. Usual Occupation Coal Surgeon.
11. Industry or business

FATHER
12. Name Luther Kesecker
13. Birthplace Hedgesville, W. Va.

MOTHER
14. Maiden Name Florence Butts
15. Birthplace Hedgesville, W. Va.

16 (a) Informant Loring Byers
(b) Address 505 Park Heights Ave

17 (a) Burial (b) Date thereof 1/8/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Providence Church Cem.
Location Hedgesville W. Va.

18 (a) Funeral director Loring Byers
(b) Address 505 Park Heights Ave.

19 (a) ..... (b) ..... Registrar
(Date rec'd by registrar)

VS 151

JAN 6 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4- 1944, at 7:5 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑ homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Asphyxiation
Due to Illuminating gas
Other Conditions Unfounded
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 1-4-44 at ..... P.M.
(b) Where did injury occur? 3800 Glenmyle Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Burning, unlit gas.

23. Signature Howard J. Sheridan M.D.
Medical Examiner.
Date signed 1-5-44

G 12552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √107

G 12552 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvedere & Greenspring Lines
(c) Hospital or institution:
Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 3/4 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere & Greenspring
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Sarah Gottlieb

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Leib Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years: 74 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace: Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business: None

FATHER
12. Name: William Lachinsky
13. Birthplace: Russia

MOTHER
14. Maiden Name: Rachael ?
15. Birthplace: Russia

16 (a) Informant: Bessie Bruckheimer
(b) Address: 3527 Pk Heights ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory: New York City
Location: New York

18 (a) Funeral director: Sol Levinson & Bros.
(b) Address: 1124-26 W North ave

19 (a) (Signature by registrar) for Williams, M.D. Registrar

6-1944
vs 116

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5, 1944, at 10:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1939, to Jan. 5 1944, and that I last saw her alive on Jan 5 1944.

Immediate cause of death	Duration
Broncho pneumonia. Arteriosclerosis	
Hypertension	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H Edmund Levin M.D.
Address Levindale Date signed 1/5/43

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

12553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12553
Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution:
University Hospital, Baltimore Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town Springfield
(If outside city or town limits, write RURAL and give town)
(d) Street No 757 N. Clinton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EARL H WALTERS

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife Divorced
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1897

8. AGE: Years	Months	Days	If less than one day
43	2		hr. min.

9. Birthplace Springfield Mo (Town, county, and state)
10. Usual Occupation Pipe inspector
11. Industry or business

FATHER
12. Name Calvin H. Walters
13. Birthplace Ga

MOTHER
14. Maiden Name Sarah E. Reynolds
15. Birthplace Mo

16 (a) Informant Mrs R. Walters
(b) Address 777 Harwood St Wing, Minneapolis

17 (a) Burial (b) Date thereof Jan 10/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Maple Park
Location Springfield Mo

18 (a) Funeral director Henry H. Witzke
(b) Address 401 Edmondson Ave

JAN 7 - 1944
(Date rec'd by local registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1944 at 2:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/3 1944 to 1/5 1944 and that I last saw him alive on 1/5 1944

Immediate cause of death Lobar Pneumonia
Pneumococcic Meningitis
Cardiac + Respiratory failure.

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C V Latimer Jr MD
M. D.

Address Date signed

PLEASE WRITE PLAINLY. Please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

12554

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ 93D

G 12554
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hosp 3-2

(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 868 Stiles St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara Lavagnini Lavagnini

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1865

8. AGE: Years	Months	Days	If less than one day
79			hr. min.

9. Birthplace Santa Maria Genova Italy (Town, county, and state)
10. Usual Occupation Housewive
11. Industry or business

FATHER
12. Name Giovanni Lavagnini
13. Birthplace Italy

MOTHER
14. Maiden Name Maria ?
15. Birthplace Italy

16 (a) Informant Mrs. Clementina Boggio
(b) Address 1019 Stiles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 7/44 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) JAN 7 1944 (Date rec'd by Local Registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH January 3 1944, at 12:45 M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerosis
cardiovascular disease

Due to

Other Conditions Emphysema

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Jan. 3, 1944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. G 12555

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home and Hospital 2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4208 Durell Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Bercowitz

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mina Bercowitz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1893

8. AGE: Years 50 | Months 0 | Days 12 11 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Buyer
11. Industry or business

FATHER
12. Name Abraham Bercowitz
13. Birthplace Russia

MOTHER
14. Maiden Name Rachell Edlowitz
15. Birthplace Russia

16 (a) Informant Mina Bercowitz
(b) Address 4208 Durell Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-44 (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew
Location

18 (a) Funeral director Jack Peirce Inc
(b) Address 1439 E. Balto. St

19 JAN 7 - 1944 (Date rec'd by registrar) (Signature) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1944 at 5:37 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 20 1943, to Jan 6 1944, and that I last saw h.i.m alive on Jan 6 1944.

Immediate cause of death: Ruptured Carcinoma of Liver — Duration ?

Due to

Due to

Other Conditions Thrombophlebitis, Pulmonary Infarct ? — Duration ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Goldsberg M. D.
Address Church Home & Hospital Date signed 1/6/44

D 12556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. D 12556

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution:
Union Memorial Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County BALTIMORE
(c) City or town BALTIMORE 12
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2816 ULMAN AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN AUSTRIAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Mrs John Austrian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 71 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Russia EUROPE
(Town, county, and state)

10. Usual Occupation RETIRED

11. Industry or business

FATHER
12. Name ABRAM AUSTRIAN
13. Birthplace Russia

MOTHER
14. Maiden Name
15. Birthplace Russia

16 (a) Informant ADMISSION HISTORY
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-44 (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew
Location

18 (a) Funeral director Jacob Lewis and
(b) Address 439 E Balto St

19 JAN 7 - 1944 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 15e

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 6 1944, at 7 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 4 1944, to JAN 6 1944, and that I last saw him alive on Jan 5 1944.

Immediate cause of death CORONARY HEART DISEASE — Duration

Due to

Due to

Other Conditions Lobar Pneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stephen J Van Hall III M. D.

Address Admin Memorial Hosp Date signed 1-6-44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

12557 — BALTIMORE CITY HEALTH DEPARTMENT — ✓ — 0 32557

CERTIFICATE OF DEATH

111c

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 106 S. Addison st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-4
(e) Length of stay in Baltimore (yrs., mos., or days) 56 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 106 S. Addison st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie M. Leitch

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Robert L. Leitch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 30th 1861

8. AGE: Years 82 | Months 0 | Days 6 | If less than one day hr. min.

9. Birthplace Hanover Pa. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER 12. Name John B. Brady
13. Birthplace Pa

MOTHER 14. Maiden Name Elizabeth E.
15. Birthplace Pa

16 (a) Informant Robert L. Leitch
(b) Address 106 S. Addison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/44 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Md

18 (a) Funeral director Williams Cook Inc
(b) Address 1217 St. Paul St

JAN 7 - 1944 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

PLEASE WRITE PLAINLY, WITH CAP ALONG LINE. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6th 1944, at 3a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 19 24, to Jan 5 1944, and that I last saw h alive on 19

Immediate cause of death	Duration
Cardiac Arrhythmia	
Due to	
Due to Senescence Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore Kaelber M. D.
Address 1715 N Pratt Date signed 1/6/44

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1723 Barclay St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-3
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1701 Barclay St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Limerick

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Elsie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2. 1872

8. AGE: Years 71 | Months 10 | Days 2 | If less than one day hr. min.

9. Birthplace Fredericksburg Va (town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace "

MOTHER 14. Maiden Name "
15. Birthplace "

16 (a) Informant Elsie Miller
(b) Address 1723 Barclay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/44 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Baltimore Md

18 (a) Funeral director Milton Burk Sons
(b) Address 1214 Park Ave

19. JAN 7 - 1944 (b) Filed by (Signature) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1944, at 10 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3 1944, to Jan 4 1944, and that I last saw h. alive on Jan 6 1944

Immediate cause of death Bronchopneumonia — Duration 3 da.

Due to

Due to

Other Conditions Arteriosclerotic Cardiovascular Disease

(Include pregnancy within three months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Blum, M.D.
Address 206 E. Preston St Date signed 1/6/44

VS 160

12559 BALTIMORE CITY HEALTH DEPARTMENT X V C 12559

CERTIFICATE OF DEATH 124B

Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bon Secours Hospital
(c) Hospital or institution:

20

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Westgate
(If outside city or town limits, write RURAL and give town)
(d) Street No. 616 Overbrook Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Margaret Crouse

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: F | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mr. Oliver R. Crouse
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct 20 1898

8. AGE: Years: 45 | Months: 2 | Days: 16 | If less than one day: hr. min.

9. Birthplace: Phila. Pa.
(Town, county, and state)

10. Usual Occupation: Housewife
11. Industry or business: At Home

FATHER
12. Name: (Unknown) Somers
13. Birthplace: Pa

MOTHER
14. Maiden Name: Delia (Unknown)
15. Birthplace: "

16 (a) Informant: Mr O. R. Crouse
(b) Address: 616 Overbrook Rd

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/10/44 (month) (day) (year)
(c) Cemetery or crematory: Holy Cross
Location: Phila. Pa.

18 (a) Funeral director: Wilhelm Cook Inc.
(b) Address: 127 St. Paul St.

19 (a) 1-10-1944 (Date rec'd by local registrar) (b) Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 6 1944, at 1 20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4 1944, to 1-6 1944, and that I last saw her alive on 1-6 1944.

Immediate cause of death: Congestive Heart Failure — Duration: 2 days.
Due to: Cerebral Lues
Due to:
Other Conditions: Perm. Anemia!
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Louis Vogel, Jr. M. D.
Address: Bon Secours Hosp. Date signed 1-6-44

VS 8

12560 G 12560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No.

Write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves
(c) Hospital or institution: St. Agnes Hospital 23
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Wash. Blvd & Kitchenhouse Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George Arnold

3 (b) If veteran, name war: W

3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Wife - Anna L

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 5-16-92

8. AGE: Years: 51 | Months: 7 | Days: 20 | If less than one day: hr. min.

9. Birthplace: Balto. Maryland (Town, county, and state)

10. Usual Occupation: Store Keeper

11. Industry or business: Sales

FATHER
12. Name: Gotlieb Arnold
13. Birthplace: Germany

MOTHER
14. Maiden Name: Margaret Buehl
15. Birthplace: Baltimore Md.

16 (a) Informant: Mrs Anna Arnold
(b) Address: Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/44 (month) (day) (year)
(c) Cemetery: Western
Location: Balto. Md.

18 (a) Funeral director: William Cook Inc
(b) Address: 1217 St. Paul St

19 (a) JAN 7 - 1944 (Date rec'd by Local Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1944 at 11:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1944 to 1-6 1944 and that I last saw him alive on 1-6 1944

Immediate cause of death: Septicemia & Multiple Abscesses — Duration

Due to: Pyelonephritis, bilateral

Due to:

Other Conditions: Severe Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Multiple Abscesses

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Clifford Rosberg

Address: St. Agnes Hosp. Date signed 1/6/44

12561 BALTIMORE CITY HEALTH DEPARTMENT X V G 12561

CERTIFICATE OF DEATH

120 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1108 N. Gilmor St.
(c) Hospital or institution:

16-3

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4½ Mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State N.J. (b) County
(c) City or town Penns Grove, N.J. (If outside city or town limits, write RURAL and give town)
(d) Street No. 118 Tyrone St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Arie Rivers

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	None	F	C	Married

6 (b) Name of husband or wife Nelson
6 (c) If alive, give age 56 years
7. Birth date of deceased (mo., day, yr.) 7/9/1897

8. AGE: Years	Months	Days	If less than one day
46	5	27 2/6	hr. min.

9. Birthplace Fla. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm. Williams
13. Birthplace Fla.

MOTHER
14. Maiden Name Rebecca ?
15. Birthplace Fla.

16 (a) Informant Nelson Rivers
(b) Address 118 Tyrone St, Penns Grove N.J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/44 (month) (day) (year)
(c) Cemetery or crematory Oak Grove
Location Penns Grove, N.J.
18 (a) Funeral director Charles G. Cooper
(b) Address 512 N. Carrollton Ave
19 (a) (Signature of local registrar) (b) Registrar

JAN 7 1944

VS 150

MEDICAL CERTIFICATION

P

20. DATE OF DEATH 1/5/44 19 , at 11:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 21 19XX, to Jan 5 19XX, and that I last saw her alive on Jan 5 19XX.

Immediate cause of death Tuberculosis of Lungs — Duration 6 months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ewallace Frey M. D.
Address 1928 Pa Ave Date signed 1/6/XX

Huntington Williams, M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

G 12562 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital, Dept.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 Ensor St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George P O'Connor

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: W

6 (b) Name of husband or wife: Mary Ellen O'Connor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 19, 1869

8. AGE: Years 74 | Months 9 | Days 17 | If less than one day hr. min. 16

9. Birthplace Baltimore Md
(town, county, and state)

10. Usual Occupation Retired Clerk of
11. Industry or business People Court Balto City

FATHER
12. Name Patrick O'Connor
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary McGlone
15. Birthplace Ireland

16 (a) Informant Mrs George P. O'Connor
(b) Address 1113 Ensor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8/44 (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral Cem.
Location 4300 Old Frederick Rd

18 (a) Funeral director Elmer W. Conklin Sons
(b) Address 924 E. Eager St

JAN 7 - 1944 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/5 1944, at 6 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/2 1944, to 1/5 1944, and that I last saw h.i.m. alive on 1/4 1944

Immediate cause of death Pneumonia

Due to Hypostatic Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward J. Arnick M. D.
Address Sinai Hosp. Date signed 1/5/44

Please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

G 12563 ✓ G 12563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1417 Aisquith St.
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 Aisquith St.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Margaret B. Albrecht

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: William J. Albrecht

6 (c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): Oct. 9, 1882

8. AGE: Years	Months	Days	If less than one day
59	2	29	hr. ..... min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual Occupation: Home Work

11. Industry or business: At Home

FATHER
12. Name: John McQuillen
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Mary O'Brien
15. Birthplace: Ireland

16 (a) Informant: Catherine McQuillen
(b) Address: 1417 Aisquith St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 6/44 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cem.
Location: 4300 Old Frederick Rd.

18 (a) Funeral director: Edward W. Conklin & Son
(b) Address: 924 E. Eager St.

19 (a) JAN 7 - 1944 (b) (Date rec'd by registrar) Huntington, W. Va.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 5th, 1944, at 10:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 23 1943, to Jan 5 1944, and that I last saw her alive on Jan 4, 1944.

Immediate cause of death: Lobar Pneumonia — Duration: 2 weeks

Due to: .....

Due to: .....

Other Conditions: Arteriosclerosis Cardiac Vascular Renal Disease — Duration: ?
(Include pregnancy within 3 months of death)

Date of operation: .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature: Joseph S. Blum, M.D.
Address: 126 E. Preston St. Date signed: 1/6/44

(OVER)

Physicians: please write the correct age is especially important. ... the States of death clearly and legibly.

G 12564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

G 12564 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1021 Forest St.
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1021 Forest St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary C. Kramer

3 (b) If veteran, name war: no

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1860

8. AGE: Years 83 | Months 3 | Days 28-27 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Home Work

11. Industry or business at Home

FATHER 12. Name Jacob Kramer

13. Birthplace Germany

MOTHER 14. Maiden Name Annie Miller

15. Birthplace Germany

16 (a) Informant Mr. James Kramer

(b) Address 1021 Forest St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 7/44 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem. Location 4430 Belair Road

18 (a) Funeral director Edwin W. Conklin Sons

(b) Address 924 E. Eager St.

19 (a) JAN 7 — 1944 (Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 5th, 1944, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/43 19 43, to Jan 4 19 44 and that I last saw h[illegible] alive on Jan 4 19 44

Immediate cause of death: Acute Cerebral Hemorrhage — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. L. Hometown M. D.

Address 733 Argyle St Date signed 1/6/44

PLEASE WRITE PLAINLY. Fill in the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

G 12565 ✓ G 12565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No.....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1724 N.Chester Street
(c) Hospital or institution:
8 6
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1724 N. Chester Street
(If rural give location)
(e) If foreign born, how long in U. S. A.?.....years

3 (a) FULL NAME Ernest C. Braun

3 (b) If veteran, name war	3 (c) Social Security Account No.
No.	212-14-0275

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug.6,1879

8. AGE: Years	Months	Days	If less than one day
64	4	29	.....hr. .....min.

9. Birthplace Frankfort Germany
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Conrad Braun
13. Birthplace Germany

MOTHER
14. Maiden Name Minna Finzel
15. Birthplace Germany

16 (a) Informant Mrs. Louis M Richter
(b) Address 1724 N.Chester Street

17 (a) Burial (b) Date thereof 1-8-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmondson Av. Balto. Md.

18 (a) Funeral director Albert L. Hilly Jr.
(b) Address 1606 N.Chester Street

JAN 7 - 1944 (b).....
(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1944; at 7 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1 1944 to 1/5 1944 and that I last saw him alive on 1/3 1944.

Immediate cause of death	Duration
Myocardial insufficiency	5 wks.
Due to Arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature Robert A. Reitz M. D.
Address 340 W Lafayette Ave. Date signed 1/6/44

Huntington Williams, M.D.

Physician is especially important. Physicians please write correct age

G 12566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12566

Registered No. 61

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 430 Powell Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine Kraft.
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: William Kraft
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11th 1870

8. AGE: Years: 73 y | Months: 0 | Days: 24 | If less than one day: hr. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business:

FATHER
12. Name: John Kreile
13. Birthplace: Germany

MOTHER
14. Maiden Name: Katherine Pirsch
15. Birthplace: Germany

16 (a) Informant: Mrs. J. Boyd Lassahn
(b) Address: 6903 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 8, 1944 (month) (day) (year)
(c) Cemetery or crematory: Immanuel Cemetery
Location: Brinden Lane Balto. Md.

18 (a) Funeral director: Lassahn Funeral Home
(b) Address: 7401 Belair Road

19 (a) Date received by Local Registrar: JAN 7 1944 Registered by: Wm. [illegible]

JFS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given and the causes of death clearly and legibly. correct age is especially important. Physicians: please write the

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-6 1944 at 12:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-27 1943 to 1-6 1944
and that I last saw h alive on 19

Immediate cause of death: Congestive Heart Failure

	Duration
Due to: Arteriosclerotic H.	
Due to: Diabetes Mellitus	
Other Conditions: Gangrene leg	

(Include pregnancy within 3 months of death)

Date of operation 12-31-43.
Major findings of operation: Gangrene leg
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Stanley B. Klyanovics
Address: St. Joseph's Hosp. Date signed 1-6-44
M. D.

G 12562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

G 12567

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4303 Belmar Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles R. Collier

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-2134

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Married

6 (b) Name of husband or wife Lavinia B. Collier
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8th 1874

8. AGE: Years	Months	Days	If less than one day
69	8	28	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Maintainance Dept.
11. Industry or business Arundel Corp.

FATHER
12. Name Bart Collier
13. Birthplace Virginia

MOTHER
14. Maiden Name Kate A. Phillipes
15. Birthplace Virginia

16 (a) Informant Mrs Joseph A Naegele
(b) Address 4306 Belmar Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8th 1944 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Lasdon Funeral Home
(b) Address 7401 Belair Road

19 (a) (Date received by registrar) (b) [illegible] Huntington Williams, M.D. Registrar

VS 151

Correct age is especially important, as it affects insurance payments.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6 1944, at 8:15 A.M.

21. I certify that I took charge of the remains described above, held an Inquestion thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Jan. 6 at 1944 6:30 A.M.
(b) Where did injury occur? 4303 Belmar Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Fell down stairs

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Jan. 6 1944.

G 12568 — JL - 74295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12568 — Registered No. 130

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 7 da. 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1226 N. Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gerlene Hicks Rice

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Howard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1922

8. AGE: Years	Months	Days	If less than one day
21	10	20	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Hicks
13. Birthplace Md.

MOTHER
14. Maiden Name Elsie McQuay
15. Birthplace Md

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-44 (month) (day) (year)
(c) Cemetery or crematory Christus Mem. Park
Location Balto. Co., Md.

18 (a) Funeral director Mrs. Francis A. Hemsley
(b) Address 578 W. Biddle St.

JAN 7 - 14 (Date rec'd by registrar) Harrington Williams, M.D. Registrar

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made for each item. Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/4 1944, at 10 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-28 1942 to 1-4 1944; and that I last saw h[illegible] alive on 1/4 1944.

Immediate cause of death
Pulmonary TBC
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
3

Date of operation
Major findings of operations
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Mead M. D.
Address B. C. H. Date signed 1/6/44

G 12569 — BALTIMORE CITY HEALTH DEPARTMENT — G 12569

CERTIFICATE OF DEATH

93D — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 822 N. Carrollton Ave.
(c) Hospital or institution:
N. M. Carroll Aged Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 822 N. Carrollton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Harry Hiner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 74 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Harry Hiner
13. Birthplace Md.

MOTHER
14. Maiden Name Mary E. Thomas
15. Birthplace Md.

16 (a) Informant Miss Rosa Stewart
(b) Address 822 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-44 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (b) (Date received by registrar) Registrar

JAN 7 1944

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 5, '44 19 , at 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 5 1943 to Jan 5 1944 and that I last saw h/ alive on Jan 5 1944.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 Weeks
Due to: Hypertension
Due to: Senility from Natural Cause
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Redlon M.D.
Address 4 & N. Gilmor Date signed 1/6/44

Certification for Williams, M.D.

Delia Queen

12570

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

33a

Registered No. G 12570

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 629 Mulberry St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-2
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 629 W. Mulberry St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Delia Queen

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex F.

5. Color or race B

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife George Queen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 - 1887

8. AGE: Years 56 | Months 6 | Days — | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Private

FATHER
12. Name Alexander Thomas
13. Birthplace Md

MOTHER
14. Maiden Name Laura Garrett
15. Birthplace Md

16 (a) Informant William S. Stenson
(b) Address 629 W. Mulberry St

17 (a) Burial (b) Date thereof July 8-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. Co.

18 (a) Funeral director Sam'l. N. Chase & Son
(b) Address 638 N. Gilmor St

19 (a) JUL 7 - 1940 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1940 10:40 P M

21. I certify that death occurred on the date above stated, that I attended deceased from July 3 1940 to July 4 1940 and that I last saw him alive on July 4 1940

Immediate cause of death Bronchopneumonia — Duration 4 days

Due to Following Stroke

Due to Arteriosclerosis Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. L. Sheps M. D.

Address 3 W Mt Rd Date signed July 7 1940

correct age is especially important if systematic picture will be made. Write the causes of death clearly and legibly.

G 12571

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

8 1a

G 12571 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1706 Brady St.
(c) Hospital or institution:

25-b

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore - Fairfield
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 Brady St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joan C Leeper

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29-1936

8. AGE: Years	Months	Days	If less than one day
7	3	7	hr. min.

9. Birthplace Balto City
(Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name Elwood Leeper
13. Birthplace N C

MOTHER
14. Maiden Name Odessa Johnson
15. Birthplace N C

16 (a) Informant Elwood Leeper
(b) Address 1706 Brady Ave

17 (a) Burial (b) Date thereof Jan. 8-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Old Annapolis Rd

18 (a) Funeral director Clinton Williams
(b) Address 1515 McElderry St

19 (a) 1-7-1943 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1943, at 9:00 A M

21. I certify that I took charge of the remains described above, held an Inspection + spinal tap thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Purulent meningitis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed January 6, 1943

VS 151

G 12572 G 12572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 83a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 S Eutaw Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits write RURAL and give town)
(d) Street No. 1000 S Eutaw
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isaiah W Watkins

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1 1871

8. AGE: Years: 72 | Months: 2 | Days: 3 | If less than one day: hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation C. A P.

11. Industry or business

FATHER
12. Name Owen Watkins
13. Birthplace Md

MOTHER
14. Maiden Name Susie Carey
15. Birthplace Md

16 (a) Informant Susie Burton
(b) Address 918 S Sharp Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/44 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location B A & W Md

18 (a) Funeral director Isaiah L Brown Son
(b) Address 1058 W Montgomery St

(c) JAN 7 - 1944 (Date received by Registrar) (d) Huntington for William [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/4/44 19 , at 3 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/19 45 to 1/4 19 44 and that I last saw h alive on 19

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H Adelcome

Address 113 Harlem Date signed 1/6/44

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

G 12573 G 12573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160C

Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Any statement of date of birth or age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St Saratoga & Ho
(c) Hospital or institution:
Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) Admitted
(e) Length of stay in Baltimore (yrs., mos., or days) 10 mins

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 Collington Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Baby Boy Perkins

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.W.	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1944

8. AGE: Years	Months	Days	If less than one day
0	0	0	0 hr. 10 min.

9. Birthplace Balto, Md
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Kenneth Perkins
13. Birthplace Balto, Md

MOTHER
14. Maiden Name Evelyn Cook
15. Birthplace Balto. Md.

16 (a) Informant Mrs Evelyn Perkins
(b) Address 1805 N. Collington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7 1944 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Rd Balto, Md

18 (a) Funeral director George J Roth Inc.
(b) Address 1735 Hanford Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JAN 7 - 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6, 1944, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6, 1944, to Jan 6, 1944, and that I last saw h[illegible] alive on Jan 6, 1944

Immediate cause of death	Duration
Emphysema	
Due to Three loops of cord around neck	
Due to: Frank Breech Presentation	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Robert A. Tunney, M.D.
Address Mercy Hosp Date signed 1/6/44

G 12574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 12574 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2701 Allendale Rd.
(c) Hospital or institution:

15-8

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2701 Allendale Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DANIEL W. HOWES

3 (b) If veteran, name war: --

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Victoria
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1866

8. AGE: Years	Months	Days	If less than one day
77	11	16	hr. min.

9. Birthplace Valverta Co., Md.
(Town, county, and state)
10. Usual Occupation Tobacco Business
11. Industry or business Tobacco Growers Assn. of Md.

FATHER
12. Name --
13. Birthplace

MOTHER
14. Maiden Name Willie Ann Lyons
15. Birthplace Md.

16 (a) Informant Mrs. Mary Howes Graham
(b) Address 2701 Allendale Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/44 (month) (day) (year)
(c) Cemetery or crematory WOODLAWN CEM.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address [illegible] Co., Md.

19 (a) JAN 7 - 1944 (Date received by registrar) (b) Kenneth Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/6/ 19 44 at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/3/44 19 , to 1/5/44 19 , and that I last saw h[illegible] alive on 1/5/44 19

Immediate cause of death	Duration
Coronary Occlusion	10 min.
Due to Coronary disease	?
Due to	
Other Conditions Arteriosclerosis (Include pregnancy within 3 months of death)	?

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hallie Stubbs M. D.
Address 2220 Garrison Blvd

1/10/44

G 12575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 12575 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33RD + CALVERT
(c) Hospital or institution: UNION MEMORIAL HOSPITAL 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 68 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town) 1
(d) Street No. 17 YORK COURT (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY SKEEN GARDNER

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-09-8866

4. Sex MALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. MARRIED (Jennie E.)

6 (b) Name of husband or wife MRS HARRY S. GARDNER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT 8, 1875

8. AGE: Years 68 | Months 3 | Days 28 | If less than one day ... hr. ... min.

9. Birthplace BALTIMORE MARYLAND (Town, county, and state)

10. Usual Occupation INSURANCE ADJUSTER

11. Industry or business FIRE INSURANCE Adj. Bureau

FATHER
12. Name JAMES GARDNER
13. Birthplace MD PENNSYLVANIA

MOTHER
14. Maiden Name MARY SKEEN
15. Birthplace PENNSYLVANIA

16 (a) Informant MRS H.S. GARDNER
(b) Address 17 YORK COURT BALTIMORE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/44 (month) (day) (year)
(c) Cemetery or crematory London Pk.
Location Balto

18 (a) Funeral director Wm. J. Tagland & Sons
(b) Address Balto Md

19 (a) JAN 7 1944 (Date received by registrar) for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JANUARY 6 1944, at 7:30 P M

21. I certify that death occurred on the date above stated: that I attended deceased from JANUARY 5 1944, to JANUARY 6 1944, and that I last saw h/M alive on JANUARY 6 1944

Immediate cause of death HEMORRHAGE - CONCEALED — Duration

Due to HYPERTENSIVE CARDIO-VASCULAR DISEASE

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stephen J Van Lill M. D.
Address The Union Memorial Hosp. Date signed 1-6-44

PLEASE WRITE correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12576 G 12576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1248

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703 N. Monroe St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703 N. Monroe St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hugh Hinton (Hugh Franklin Hinton)

3 (b) If veteran, name war: World

3 (c) Social Security Account No. 216-09-3551

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Stella
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1898

8. AGE: Years	Months	Days	If less than one day
45	11	1	hr. min.

9. Birthplace Morrisville, Va.
(Town, county, and state)

10. Usual Occupation Chef
11. Industry or business

FATHER
12. Name Hinton
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. Margaret Munday
(b) Address 703 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/44 (month) (day) (year)
(c) Cemetery or crematory Balto. Nat'l. Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 7 - 1944 (Date filed by Registrar) (b) Hunting for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1944, at M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Ruptured esophageal Varices.

Due to Cirrhosis of Liver

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Feather M.D.
Medical Examiner.
Date signed Jan 6 1944

VS 151

G 12077 G 12577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 N. Longwood St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John E. Reeder

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	married

6 (b) Name of husband or wife Mary Louise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19, 1862

8. AGE: Years	Months	Days	If less than one day
81	9	18	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Retired Clerk
11. Industry or business

FATHER
12. Name Jacob Reeder
13. Birthplace Pa.

MOTHER
14. Maiden Name Rosa Everhart
15. Birthplace Md.

16 (a) Informant Miss Nettie T. Reeder
(b) Address 1123 N. Longwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/44 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 7 - 1944 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1944, at 2.10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5 1944 to 1-6 1944 and that I last saw him alive on 1-6 1944

Immediate cause of death	Duration
~~Lobar Pneumonia~~ Cardiac Failure	
Due to Lobar Pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. M. Foncoop, M. D.
Address Date signed

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

~~12578~~ G 12578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 12578

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1713 BAKER (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bessie Rollins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-18-97

8. AGE: Years	Months	Days	If less than one day
46	4	18	hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Jones
13. Birthplace VA

MOTHER
14. Maiden Name Rhea Hill
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/44 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. U. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) JAN 7 1944 (Date received by Registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 6 1944, at 4:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 5 1944, to JAN 6 1944, and that I last saw her alive on JAN 6 1944.

Immediate cause of death Multiple Infarcts — Duration 3 days

Due to Hypertensive C-V disease — 3-4 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John R. Birmingham M.D.
Address L.H.H. Date signed 1-7

C 12579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 12579 Registered No. 168

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A.
(c) City or town Linthicum Heights
(If outside city or town limits, write RURAL and give town)
(d) Street No. Trailer Camp.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie C Docherty DOCHERTY

3 (b) If veteran, name war —

3 (c) Social Security Account No. — —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife — —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 1st 1943

8. AGE: Years | Months: 1 | Days: 4 | If less than one day: hr. min.

9. Birthplace: Balto Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Robert Docherty
13. Birthplace Conn

MOTHER
14. Maiden Name Mary Williamson
15. Birthplace Scotland

16 (a) Informant Robert Docherty.
(b) Address Linthicum Heights.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 8th 44 (month) (day) (year)
(c) Cemetery or crematory Chester Pa
Location "

18 (a) Funeral director Bernard C Harle
(b) Address 121 E West St

19 (a) Jan 7 1944 (Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5-1944, at 8 A.M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 1-4-44 at P M.
(b) Where did injury occur? Trailer Camp. Linthicum Heights, Md.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Blunt Force

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 1-6-44

12580 ✓ G 12580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 108 W. Work
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs –

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 108 W Work (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Cora Harrison

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 4 1880

8. AGE: Years	Months	Days	If less than one day
63	–	1	hr. min.

9. Birthplace Prince George Co Md (Town, county and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name Emmanuel Harrison
13. Birthplace Prince George Co. Md

MOTHER
14. Maiden Name Caroline Harris
15. Birthplace Prince George Co. Md

16 (a) Informant Mary St Hyre
(b) Address 10 E Wilson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10-44 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location

18 (a) Funeral director James A Stayne
(b) Address 142 W Fifth St

19 JAN 7 - 1944 (Date rec'd by registrar) (b) Huntington Williams, Myr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943, at 1.10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov-20 1943 to June 5 1944 and that I last saw h alive on June 4 1944.

Immediate cause of death Carcinoma — Duration
Decubitus ulcer —
Chronic Pulmonary edema —
Due to My post mortem findings
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dan Grauden M. D.
Address Owen Lee Date signed 6/5/1944

VS 2

12581

JL - 84849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G 12581

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 812 E. Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Graham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1859

8. AGE: Years 84 | Months 9 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name Lennen, Harry
13. Birthplace France

MOTHER
14. Maiden Name Augusta Volkman
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 7. 1944 (month) (day) (year)
(c) Cemetery or crematory St Louis Episcopal Church
Location Catalpa and Highland Ave

18 (a) Funeral director Mitchell & Lloyd
(b) Address 312 S. Highland Ave

(Date filed) JAN 7 1944 (Registrar) Hunting for Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/3 1944, at 6:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/13 1943, to 1/3 1944.
and that I last saw her alive on 1/3 1944.

Immediate cause of death
~~Acute cardiac failure~~
Due to HCVD & decomp. | Duration ?

Due to

Other Conditions Gen. arterio-sclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Sergman M.D.
Address BCH Date signed 1/4/44

PHYSICIAN
Underline the cause to which death should be charged statistically.

PLEASE WRITE PLAINLY, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12562 G 12562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124 B

Registered No.

PLEASE WRITE PLAINLY, with pen and ink. Use no abbreviations. Fill all blanks. Be sure and answer every question. Do not omit the causes of death clearly and legibly. Physicians: please write the correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2706 Hilkene Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 V 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life V

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2706 Hilkene Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman Penski

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1910

8. AGE: Years	Months	Days	If less than one day
42	6	27	hr. min.

9. Birthplace Balto. Maryland
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name John Penski
13. Birthplace Germany

MOTHER
14. Maiden Name Martha Gries
15. Birthplace Germany

16 (a) Informant Mrs. Adolph A. Penski
(b) Address 2706 Hilkene Ave.

17 (a) Burial (b) Date thereof 1-8-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director Harry H. Witzke
(b) Address 4101 Edmondson Ave Huntington Hollands, Md.

19 (a) JAN 7 - 1944 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1944, at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1943, to Jan 5 1944, and that I last saw h alive on Jan 4 1944.

Immediate cause of death	Duration
Ruptured Esophogeal Varices	1 day
Due to Cirrhosis of Liver	9 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Kennard M. D.
Address 1934 Wilkens Av Date signed 1/6/44

VS 150

12583 ✓ G 12583

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp. 19

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 37. So. Stricker St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy (Baily)

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Infant

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29 '43

8. AGE: Years	Months	Days	If less than one day
—	—	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Wm. L. Baker
13. Birthplace Kentucky

MOTHER
14. Maiden Name Mary E. Moore
15. Birthplace W. Virginia

16 (a) Informant Mary E. Bailey
(b) Address 37. So. Stricker St. Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/44 (month) (day) (year)
(c) Cemetery or crematory Westlawn Cemetery
Location Baltimore, Md.

18 (a) Funeral director Harry H. Weitzke
(b) Address 4/0 Edmondson Ave

19 JAN 7 - 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 5, 1944, at 3:00 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 29 1944, to Jan. 5, 1944 and that I last saw him alive on Jan. 4 1944.

Immediate cause of death Pneumonia — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature H. P. Friedman M. D.
Address 1319 Eutaw St Date signed —

2584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

Registered No. C 12584

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 605 N. Charles St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Myers.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			2 hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name John Myers
13. Birthplace

MOTHER
14. Maiden Name Charlotte Shanahan
15. Birthplace Covington, Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Cremation (b) Date thereof 12-29-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Union Memorial Hospital

18 (a) Funeral director
(b) Address

JAN 7 - 1944
(Date rec'd by registrar)

Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1943, at 9 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1943, to Dec 28 1943, and that I last saw h/m. alive on 19

Immediate cause of death	Duration
Cardiac-respiratory Failure	
Due to Intracranial Hemorrhage (Sub-arachnoid)	2 hrs.
Due to Pelvic Dystocia	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Intracranial Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James N. McCosh M. D.
Address Union Memorial Hosp. Date signed 12-30-43

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

VS 150

G 12585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 12585 Registered No.

write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor 10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Turner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Philadelphia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Francis
13. Birthplace Ireland

MOTHER
14. Maiden Name Anna Linne
15. Birthplace Ireland

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8, 1944 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) (Date received by Registrar) (b) Registrar

JAN 8 1944

MEDICAL CERTIFICATION 10.309.

20. DATE OF DEATH Jan. 6 1944, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1943, to Jan 6 1944, and that I last saw him alive on Jan 6 1944

Immediate cause of death: Edema of Lungs — Duration: 1 day
Due to: Chronic Myocarditis — Duration: 1 yr.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Ave Date signed 1/5/44

G 12586 ✓ G 12586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161C

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 615 S. Deckerke
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 615 S. Deckerke
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Francis James

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 24-43

8. AGE: Years | Months 3 | Days 13 | If less than one day 2 hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Henry James
13. Birthplace Balto

MOTHER 14. Maiden Name Tresa Creamer
15. Birthplace Balto

16 (a) Informant Mother
(b) Address 615 S. Deckerke

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/44 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director M. W. E. Dysart's Son
(b) Address Lombard & Hanover Sts

19 (a) (b) Registrar

JAN 7 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1944 at 2:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 24 1943 to Jany 6 1944, and that I last saw him alive on Jan 6 1944.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Icterus Neonatorum	
Due to: Intestinal indigestion	
Due to: Anemia - malnutrition	

Other Conditions: T.H.K. gave transfusion Blood & treatment Intestinal cond.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. V. Clift M. D.
Address 5010 Greenleaf Rd. Date signed 1-6-44

Correct age is especially important. Physicians, please write plainly and fill in all items. Cause of death clearly and legibly.

G 12587 ✓ X G 12587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 17

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Cockeysville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RAYMOND albert ~~Edwin~~ TRACEY

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	216-07-3926

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Mildred E. (Albright)
6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) June 28, 1906

8. AGE: Years	Months	Days	If less than one day
37	5 6	109	hr. min.

9. Birthplace Cockeysville, Md
(Town, county, and state)
10. Usual Occupation Maintenance
11. Industry or business Veneer

FATHER
12. Name Wm. F. Tracey
13. Birthplace Balto Co. Md

MOTHER
14. Maiden Name Delia Howard
15. Birthplace Balto Co. Md

16 (a) Informant Mrs. R. A. Tracey
(b) Address Cockeysville Md

17 (a) Burial (b) Date thereof 1 9 44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Poplar
Location Cockeysville, Md.

18 (a) Funeral director Jackson M. Brooks
(b) Address Parkton, Md.

19 JAN 7 - 1944
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7, 1944 at 1 35 M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 1-6-44 at 3:15 P. M.
(b) Where did injury occur? Cockeysville, Balt.
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? -
(d) Means of injury slipped & fell from freight car

23. Signature W. T. Wallenmeier M.D.
Medical Examiner.
Date signed 1-7-44

G 12588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 12588 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Belvoy
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17da
(e) Length of stay in Baltimore (yrs., mos., or days) 40yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3307 Walbrook Ave (If rural give location)
(e) Citizen of foreign country? — No — (Yes or No)
If yes, name country

3 (a) FULL NAME Mannie Slothower (Mannie Eccles Slothower)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Henry Slothower

6 (c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.) 9-21-63

8. AGE: Years 80 | Months 3 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Samuel Eccles

13. Birthplace England

MOTHER 14. Maiden Name Gorsed ?

15. Birthplace Pennsylvania

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-44 (month) (day) (year)

(c) Cemetery or crematory Linden Park

Location Baltimore

18 (a) Funeral director Shirard Monroe Co.

(b) 1000 York Ave

19 (a) JAN 7 1944 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1944, at 2:23 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 20 1943, to Jan 6 1944 and that I last saw her alive on Jan 6 1944.

Immediate cause of death Cardiac Insufficiency — Duration

Due to pneumonia

Due to arteriosclerotic heart dis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John R. Birmingham M.D.

Address JHH Date signed 1-7

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

VS 150

G 12589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 12589

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2234 Essex Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2234 Essex Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Poland

3 (a) FULL NAME KATARZYNA ZACZEK

3 (b) If veteran, name war	3 (c) Social Security Account No.
---------	----------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1878

8. AGE: Years	Months	Days	If less than one day
65	1	20	hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name Lawrence Zaczek
13. Birthplace Poland

MOTHER
14. Maiden Name Josephine Kuc
15. Birthplace Poland

16 (a) Informant Mrs. Mary Hennish
(b) Address 2234 Essex Street

17 (a) Burial (b) Date thereof 1/8/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Road

18 (a) Funeral director M. J. Sudorth Son
(b) Address 1808 Eastern Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS Form JAN 7 - 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 5 1944, at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3 1944, to Jan 5 1944, and that I last saw deceased alive on Jan 5 1944.

Immediate cause of death CHRONIC MYOCARDITIS — Duration 1942
Due to GENERALIZED VASCULAR SCLEROSIS
Due to
Other Conditions BRONCHO-PNEUMONIA — 2 DAYS
(Include pregnancy within 3 months of death)
Date of operation NONE
Major findings of operation: —
of autopsy: NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Joseph F. Menga M.D.
Address 2918 Chester St Date signed 1/6/44

Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

Morgan 12590 — BALTIMORE CITY HEALTH DEPARTMENT — G 12590 — Registered No.

CERTIFICATE OF DEATH

94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1634 S. Charles St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Elmer M. Vickers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Lillian Vickers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1886

8. AGE: Years 57 | Months 9 | Days 6 | If less than one day hr. min.

9. Birthplace Snow Hill-Worcester-Maryland
(Town, county, and state)

10. Usual Occupation Electrician

11. Industry or business Electric Power Plant

FATHER
12. Name Hampton Vickers
13. Birthplace Snow Hill, Md.

MOTHER
14. Maiden Name Annie Davis
15. Birthplace Snow Hill, Md

16 (a) Informant Mrs Reubin Bridges
(b) Address Pocomoke City, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9 1944 (month) (day) (year)
(c) Cemetery or crematory Salem Methodist Cemetery
Location Pocomoke City Md.

18 (a) Funeral director H. Harvey Bradshaw
(b) Address Pocomoke City Md.

19 (a) JAN 7 - 1944 (Date received by registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1, 1944 at 3:25 A. M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner.
Date signed 1-7-44

Huntington Williams M.D.

G 12591 G 12591

BALTIMORE CITY HEALTH DEPARTMENT Registered No.

CERTIFICATE OF DEATH 93a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution:
Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Woodstock
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph S Alesnire

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1874

8. AGE: Years	Months	Days	If less than one day
69	11	22	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation None Salesman
11. Industry or business

FATHER
12. Name Unknown - Deceased
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Mizia Riddle
(b) Address Woodstock, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10, 1944 (month) (day) (year)
(c) Cemetery or crematory Prod Hefkardt Cem.
Location Pocklard, Holland Co Md

18 (a) Funeral director Easton Sons
(b) Address Ellicott City

19 JAN 7 - 1944 Date rec'd by Local Registrar Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/7 1944, at 11:39 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/27 1943, to 1/7 1944, and that I last saw him alive on 1/7 1944.

	Duration
Immediate cause of death Respiratory failure	
Due to Cerebrovascular accident	11 days
Due to	
Other Conditions Uremia Acidosis	48 hrs.

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. R. Guyther
Address Mercy Hosp Date signed 1/3/44 M D

PLEASE WRITE PLAINLY. Physicians: please write the correct age is especially important.

G 12592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1579

G 12592 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution:
South Balto Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3039 Eastern Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Vincent McGINITY

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed~~, or ~~divorced~~.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 19 1943

8. AGE: Years	Months	Days	If less than one day
		18	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name F. Roland Mc-Ginity
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Edelyn Toffar
15. Birthplace Hanover Pa

16 (a) Informant F. Roland Mc-Ginity
(b) Address 3039 Eastern Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8/1944 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave
18 (a) Funeral director John L Sheehan
(b) Address 3060 E Baltimore St
19 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

JAN 7 VS 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 19 44, at 12.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 19 44, to Jan 7 19 44, and that I last saw him alive on Jan 7 19 44.

Immediate cause of death	Duration
Acute suppurative Endocarditis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles D Mansdell M. D.
Address 1213 Light St Date signed 1-7-44

12593 ✓ G 12593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2115 Wilhelm St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby boy Christie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	w	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-28-43

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Eugene
13. Birthplace

MOTHER
14. Maiden Name Hubecle
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 7 - 1944

18 (a) Funeral director Commissioner of Health
(b) Address

JAN 7 1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-30 1943, at 1 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-28 1943 to 12-30 1943 and that I last saw him alive on 12-30 1943

Immediate cause of death

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isadora Siegel M. D.
Address Rondelay & Hop Date signed

correct age is especially important. Typewrite or print plainly with pen and black ink.

T0624

12594 C 12594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Butler & Monument St.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore - 15
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3608 Meade Dr.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Wallack

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	NB

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11, 1943

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Murray Wallack
13. Birthplace New York, N.Y.

MOTHER 14. Maiden Name Ruth Fischstein
15. Birthplace Brooklyn, N.Y.

16 (a) Informant Ruth Wallack
(b) Address 3608 Meade Dr.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 7 - 1944

18 (a) Funeral director Commissioner of Health
(b) Address

19 JAN 7 1944 (Date rec'd by registrar) (b) by direction of Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12 1943, at 4:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 11 1943, to Dec. 13 1943, and that I last saw him alive on Dec. 12 1943

Immediate cause of death Congenital heart disease — Duration

Due to

Due to

Other Conditions Achondroplastic dwarf
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Glenn Anderson M. D.
Address 3 Wyndcrest Apts Date signed 12-19-43

VS 8

0623

G 12595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

G 12595 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 23
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 W. Fort Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Christian Ramach

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Barbara C. Ramach
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 77 | Months | Days | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Conrad Ramach
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10 1944 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Balto City

18 (a) Funeral director H. Howard Evans
(b) Address 1400 N Charles St

19 (a) Jan 1944 (Filed by registrar) (b) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7 1944 at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw him alive on Jan. 7 1944

Immediate cause of death: Cardiac decompensation
Due to: hypostatic, bronchopneumonia
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration: 1 mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Glenn O. Summerlin M. D.
Address University Hosp. Date signed 1/7/44

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

12596 — BALTIMORE CITY HEALTH DEPARTMENT — 12596

CERTIFICATE OF DEATH

92B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1924 Jackson St
(c) Hospital or institution: 24-4

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1724 Jackson St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles J Ryer

3 (b) If veteran, name war No | 3 (c) Social Security Account No. none

4 Sex Male | 5 Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Matilda

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2 1885

8. AGE: Years 58 | Months 11 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Keeper

11. Industry or business Maryland Drydock

FATHER 12. Name John Ryer
13. Birthplace Grand York N.Y.

MOTHER 14. Maiden Name Eveline Thompson
15. Birthplace New York N.Y.

16 (a) Informant Matilda Ryer
(b) Address 1924 Jackson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/44 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem Md
Location Baltimore Md

18 (a) Funeral director Wilson & Dove
(b) Address 1217 E Fayette St

DATE RECEIVED (Registrar) Huntington Williams M.D.
JAN 8 1944

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1944, at 3:4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 24 1943 to Jan 5 1944
and that I last saw ~~him~~ alive on Jan 5 1944

Immediate cause of death Acute dilitation of heart — Duration 2 days
Due to Mitral Regurgitation — Duration Life
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Campbell M. D.
Address 1427 Hanover St Date signed 1/6/44

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 Registered No. G 32567

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Lexington St
(c) Hospital or institution:
Aged Mens + Womens Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 1/2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 1942

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 N Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alice Whittle

3 (b) If veteran, name war — 3 (c) Social Security Account No. none

4. Sex: Female — 5. Color or race: White — 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 26 1860

8. AGE: Years 83 | Months 11 | Days | If less than one day ..... hr. ..... min.

9. Birthplace Hartburg Penn (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER — 12. Name Frederick Engert
13. Birthplace Germany

MOTHER — 14. Maiden Name Christina Krumgrow
15. Birthplace Germany

16 (a) Informant Aged Womens + Mens Home
(b) Address 1400 N Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/44 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Wilkerson Hood Inc
(b) Address 1400 N Lexington St

JAN 8 - 1944 Huntington Williams M.D.
(Date rec'd by Registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1944, at 2 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/14/1939 19..., to 1/7/1944 19..., and that I last saw h. or alive on 1/6/1944 9

Immediate cause of death Cardio-vascular-renal disease — Duration ?

Due to

Due to

Other Conditions Diabetes mellitus — ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature Edwin B Jones M.D.
Address 11 E. Chase St., City. Date signed 1/7/44

GARRETT

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12563 V G 12598

JL 16213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 120

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
4940 Eastern Ave.
(b) Street address
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 - 7 - 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2813 Maisel St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry R. Werner

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	NNE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7, 1879

8. AGE: Years	Months	Days	If less than one day
65	1	0 29	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name Edward
13. Birthplace Germany

MOTHER
14. Maiden Name Agusta Sheman
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 1/10/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 JAN 8 1944 Huntington Willis, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-6 1944, at 8:59 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15-1943 to 1-6-1944, and that I last saw him alive on 1-6-1944.

Immediate cause of death	Duration
Pulmonary tuberculosis	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Klett M. D.
Address B. C. H. Date signed 1-6-44

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

G 12599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 832a

Registered No. G 12599

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1320 Mt Cullob St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1320 Mt Cullob St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Carroll Chambers

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	M

6 (b) Name of husband or wife Beachy L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1898

8. AGE: Years	Months	Days	If less than one day
45	3	26	hr. min.

9. Birthplace Baltimore Md
(town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name Catherine Holmes
13. Birthplace Maryland

MOTHER
14. Maiden Name Alfred L Chambers
15. Birthplace Maryland

16 (a) Informant Beachy L. Chambers
(b) Address 1325 Mt Cullob St

17 (a) Burial (b) Date thereof 1/8/1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Cathedral
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) JAN 8 – 1944 (b)
(Date received by Registrar) Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/6 19 44 at 10:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/5 – 1944 to 1/6 1944 and that I last saw him alive on 1/6 1944.

Immediate cause of death Cerebral Apoplexy

Due to Paralysis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Burkett M. D.
Address 24 Date signed

Please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

G 12600 — Ex Hilary – 622 N. Smith St — G 12600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Give exact place of death and full name of deceased. Do not use abbreviations. The information requested must be answered in full, as the certificate cannot be filed unless all questions are properly answered. Underlining the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1537 Mc Kean Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1537 Mc Kean Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Knapp

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Ella V. Knapp (nee Shoemaker)
6 (c) If alive, give age 69 years
7. Birth date of deceased (mo., day, yr.) May 3rd 1866

8. AGE: Years	Months	Days	If less than one day
77	8	3	....hr. ....min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Painter

FATHER
12. Name Henry Knapp
13. Birthplace Ft Wayne Indiana

MOTHER
14. Maiden Name Anna Kay
15. Birthplace Germany

16 (a) Informant Mrs. Ella V. Knapp
(b) Address 1537 Mc Kean Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8th 1944 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Jno. Weber & Son
(b) Address 2503 Edmondson Ave

19 (a) ....(b) Huntington Pittsburgh
(Date rec'd by registrar) Registrar

JAN 8 - 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6th 1944, at 3:10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1943, to Jan 6 1944, and that I last saw him alive on Jan 5 1944.

Immediate cause of death: Cerebral Hemorrhage — Duration 2 days
Due to:
Due to Arteriosclerosis — 1 yrs.
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ....at ....M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature H L Long
Address 622 N. Smith St Date signed 1/7/44 (M.D.)

G 12601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 12601

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave
(c) Hospital or institution: Sinai Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Reisterstown 6
(If outside city or town limits, write RURAL and give town)
(d) Street No. Ridge Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Mohr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Charles Mohr, dead

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 25, 1862

8. AGE: Years 81 | Months 4 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Simon Kern
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Family Records
(b) Address

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 10, 1944 (month) (day) (year)
(c) Cemetery or crematory Zion Lutheran
Location Stemmers Run, Md.

18 (a) Funeral director Lowe & Sons Funeral Home
(b) Address 7401 Belair Road

19 (a) 8 — 1944 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 180

PLEASE WRITE PLAINLY, with pen and ink. Be sure to state the causes of death clearly and legibly. Do not use abbreviations or symbols. Be sure to state correct age in every case. Every item is especially important. Physicians: please write the cause of death in plain terms.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1944; at 3.3A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1944 to Jan 7 1944 and that I last saw her alive on Jan 6 1944.

Immediate cause of death	Duration
Cardiac failure	
Due to pneumonia	3 weeks
Due to hypertensive cardiovascular disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harold Pillon M. D.
Address Sinai Hosp. Date signed Jan 7, 1944

G 12602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1944

G 12602 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution:
Church Home & Hospital 26

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5½ days
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3521 E. Lombard
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Minch

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-9-69

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Barrel manufacturer
11. Industry or business Cooper stores

FATHER
12. Name Louis Minch
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Klinger
15. Birthplace Baltimore

16 (a) Informant Mrs. Elizabeth Bolkhart
(b) Address 4600 Belair Road

17 (a) Burial (b) Date thereof Jan 8-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Welsh Funeral Home
(b) Address 2004 E. Oliver St.

19 JAN 8 - 1944 (b) Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5 1944, at 4:51 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5 1944, to 1-5 1944, and that I last saw him alive on 1-5 1944.

Immediate cause of death	Duration
Pulmonary edema	1 hr.
Due to Arteriosclerotic heart disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. Goodberg M. D.
Address Church Home and Hospital Date signed 1/5/44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as to each item. Use black ink and write the causes of death clearly and legibly. Omissions or errors will delay issuance of permit. Be sure that the age is correct age is especially important. Physicians: please write

12603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 12603 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 313 S. Bouldin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lee Grandruth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Laura Grandruth

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Nov 3.

8. AGE: Years 62 | Months | Days | If less than one day ....hr. ....min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Jobber. General

11. Industry or business

FATHER
12. Name Wm G Grandruth
13. Birthplace Balto

MOTHER
14. Maiden Name Margaret Hartson
15. Birthplace Balto

16 (a) Informant Laura Grandruth
(b) Address 313 S Bouldin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location City

18 (a) Funeral director Wells & Funeral Home
(b) Address 200 E. Orleans

19 (a) JAN 8 - 1943 (Date rec'd by registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1943, at 12:20 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic Myocardial Degeneration

Due to marked Pulmonary Emphysema

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham, M.D. M.D. (Medical Examiner.)
Date signed January 8 1943
By Howard J. Andersen, M.D.

correct age is especially important. Typewrite or print plainly in ink.

2604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12604
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Phoenix 2
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? ND (Yes or No)
If yes, name country

3 (a) **FULL NAME** Otho Lee

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	colored	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28. 1928

8. AGE: Years	Months	Days	If less than one day
15			hr. min.

9. Birthplace Phoenix, Md.
(Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Frederick Lee
13. Birthplace Phoenix, Md

MOTHER
14. Maiden Name Dorothy Jones
15. Birthplace Glenarm, Md.

16 (a) Informant Frederick Lee
(b) Address Phoenix, Md.

17 (a) Burial (b) Date thereof 1/9/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Long Green, Md.

18 (a) Funeral director William L. Chatman Jr
(b) Address 6801 Everett ave. Balto. Md.

19 (a) JAN 8 1944 (b) Huntingtown Williamsport, Md.
(Date received by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6 1944 at 4:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1944 to Jan. 6 1944, and that I last saw h.im alive on Jan. 6 1944

Immediate cause of death	Duration
Cardiac decompensation	
Due to Rheumatic cardio-vascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John L Haught M. D.
Address Univ. Hosp. Redwood & Green Sts. Date signed 1/7/44

G 12605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92c

Registered No. G 12605

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1840 N. North Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1840 N. North Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Henry

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 27-1871

8. AGE: Years	Months	Days	If less than one day
72	—	8	hr. min.

9. Birthplace Baltimore, Maryland (town, county, and state)
10. Usual Occupation Public School Teacher
11. Industry or business Retired

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Leitra K. Batchelor
(b) Address 2-978 Druid Park Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10- 1944 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

19 (a) (Date rec'd by registrar) JAN 8- 1944 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 5- 1944, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/36 19 to 1/5/44 19, and that I last saw her alive on 1/5/44.

Immediate cause of death:
Acute Dilitation +
Coronary Thrombosis
Due to Chronic Rheumatic Endocarditis.

Duration
Sudden
8 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry C. Haenck M.D.
Address 1629 W. Mount Ave Date signed 1/7/44

Huntington Williams, M.D. Registrar

Print the Causes of Death Clearly and Legibly. Physician's Certificate of Death

G 12666 G 12666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 940

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2919 N. Calvert Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 ~~2~~

(e) Length of stay in Baltimore (yrs., mos., or days) 9 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2919 N. Calvert Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Edwin Chapin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Sarah Hood Chapin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12 - 1855

8. AGE: Years 88 | Months 11 | Days 24 | If less than one day hr. min.

9. Birthplace Council Bluffs, Iowa (Town, county, and state)

10. Usual Occupation Farmer & Grain Buyer

11. Industry or business Retired 20 years

FATHER
12. Name Adolphus Chapin
13. Birthplace Massachusetts

MOTHER
14. Maiden Name Laura Fisher
15. Birthplace Massachusetts

16 (a) Informant Mrs. Harrison L. Stires
(b) Address 2919 N. Calvert St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 8 1944 (month) (day) (year)
(c) Cemetery or crematory Columbus
Location Columbus, Nebraska

18 (a) Funeral director Burger Funeral Home
(b) Address 3631 Falls Road

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 8 - 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6 1944, at 5:40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1943, to Jan 6 1944, and that I last saw h~~im~~ alive on Jan 6 1944.

Immediate cause of death Coronary occlusion — Duration 2 days

Due to advanced arteriosclerosis — ?

Due to

Other Conditions arteriosclerosis — ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter S. Hublett M. D.
Address 2220 Garrison Blvd Date signed Jan 6/44

Correct age is especially important. Physicians: please write plainly.

G 12647 G 12647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1944

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2405 Elsinore Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2405 Elsinore Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bartlett C. Broderick

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-5509

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Martha Barnes
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1878

8. AGE: Years	Months	Days	If less than one day
65	2	7	..... hr. ..... min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Wholesale Paper
11. Industry or business Mgr.-H. A. Lengick Co

FATHER
12. Name John T. Broderick
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sarah Jane Burgan
15. Birthplace Penn

16 (a) Informant Mrs. Martha Broderick
(b) Address 2405 Elsinore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10, 1944 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) ..... (b) ..... Registrar
(Date rec'd by registrar)

JAN 8 - 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1944 at 10.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1944 to Jan 5 - 1944 and that I last saw him alive on Jan 2 1944

Immediate cause of death Angina Pectoris -
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration
15 Months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard H. Warner M. D.
Address 2604 Garrison Blvd Date signed 1-7-44

2604 Garrison Blvd.

Spec—12-23-21—E.B.R.S.—400 Bks.

2608 HEALTH DEPARTMENT—CITY OF BALTIMORE 2608

CERTIFICATE OF DEATH. 195F

1-PLACE OF DEATH

City of BALTIMORE: (No. 2nd E. Oakham St. ..... Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Lyon
2nd E. Oakham

(a) Residence No. ..... St., 26-7 Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5h 14 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M | 4-COLOR OR RACE, W | 5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1/6/44

7-AGE. ....yrs. ....mos. 5 6/24 da. | If LESS than 1 day, 5 hrs. or ....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md

PARENTS.

10-NAME OF FATHER Ray Earl Lyon

11-BIRTHPLACE OF FATHER (city or town) Clinton (State or Country), Miss

12-MAIDEN NAME OF MOTHER Alpha Bronstetter

13-BIRTHPLACE OF MOTHER (city or town) Tijuana (State or Country), Mexico

14- Father (Informant).....
(Address) 2nd E. Oakham

15- JAN 8 1944 192.....
Registrar.
Harriet for Hilliard, Jr.

instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1/6/44

17- I HEREBY CERTIFY, That I attended deceased from 1/6 1944 to 1/6 1944
that I last saw h.[illegible] alive on 1/6 1944
and that death occurred, on the date stated above, at 5 A.m.
The CAUSE OF DEATH* was as follows:

Le Posure

(Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....da.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) [illegible] Greenberg M. D.

1/7 1944 (Address) 4613 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Oak Lawn Cem. | DATE OF BURIAL, 1-8-, 1944

20-UNDERTAKER, Durward D. Cornpton | ADDRESS 21 W 23rd St

C 12609

C 12609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 506 Aisquith St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 Aisquith St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Ferguson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race b | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John H. Ferguson | 6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Oct. 15th 1881

8. AGE: Years 62 | Months 2 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name unknown

13. Birthplace "

MOTHER 14. Maiden Name Leah Purnell

15. Birthplace Cambridge Md

16 (a) Informant John H. Ferguson

(b) Address 506 Aisquith St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-1944 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Balto Co, Md.

18 (a) Funeral director Byron Mamie W. Wright

(b) Address 721 Aisquith St

19 (a) ..... (Date rec'd by registrar) (b) Huntington Hill Printing Co.

JAN 8 - 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5-1944 at 12 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-23-1943 to 1-5-1944 and that I last saw h[illegible] alive on 1-2-1944

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertension

Due to

Other Conditions La Grippe

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. W. Purnell M. D.

Address 1422 E. Chase Date signed 1-6-44

PLEASE WRITE PLAINLY. Physicians: please write the cause of death clearly and legibly. Undertakers: please see that correct age is especially important.

G 136.0

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 7497

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Md.
(c) Hospital or institution: University Hospital 4

(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 517 W. Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN M. CLINTON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/4/1893

8. AGE: Years	Months	Days	If less than one day
50	9	21	hr. min.

9. Birthplace St. Mary's Co., Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Alfred Clinton
13. Birthplace St. Mary's Co., Md.

MOTHER
14. Maiden Name Jennie Jones
15. Birthplace St. Mary's Co., Md.

16 (a) Informant Wm. Clinton
(b) Address 400 N. Carey St.

17 (a) Burial (b) Date thereof 1/8/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto. Md.

18 (a) Funeral director Chas H Grupe
(b) Address 512 Cathedral Ave.

19 (a) JAN 8 1944 (b)
(Date rec'd by Registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26, 1943, 7:10 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic alcoholism

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H Z Wollenweber M.D.
Asst Medical Examiner.
Date signed 12-27-43

A 12611 G 12611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 238 Beal Ct.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-3
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 238 Beal St
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia Allen

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 15, 1869

8. AGE: Years 74 | Months 10 | Days 22 | If less than one day hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Benjamin Douglas
(b) Address 238 Beal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-44 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto. Co.

18 (a) Funeral director Charles R. Lawe
(b) Address 902 Harlem Ave.

JAN 8 1944 (b)
(Date rec'd by registrar) Registrar

correct age if apparently improbable

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1944, at 12:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1943, to Jan 6 1944, and that I last saw her alive on Jan 5 1944.

Immediate cause of death Chronic Interstitial Nephritis — Duration 2 or 3 yrs.

Due to

Due to

Other Conditions Arthritis Deformans with Arteriosclerosis of Kidneys and Aorta — 8 yrs.
(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: none

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph L. Young M. D.

Address 1429 Eutaw Pl. Date signed

12612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52 B

G 12612 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3805 Belair Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3805 Belair Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** MAY R. COMEN

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Edgar P. Comen
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1887

8. AGE: Years	Months	Days	If less than one day
56	--	26	hr. min.

9. Birthplace West Virginia (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Charles Brown
13. Birthplace Winchester, Va.

MOTHER
14. Maiden Name Rebecca Moore
15. Birthplace West Virginia

16 (a) Informant Edgar Phillip Comen
(b) Address 3805 Belair Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway

19 (a) 1944 (Date received by registrar) (b) Livingston Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1944, at 6.10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1943, to January 5 1944, and that I last saw h alive on 19

Immediate cause of death: Epithelioma of Bladder — Duration 3 mos +
Due to —
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Gibson Porter
Address 4422 Roland Ave Date signed 1/7/44 M. D.

Correct age is especially important. Physicians: please write the

VS 150

G 12613

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83a

G 12613

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 36 E. Davey St.
(c) Hospital or institution: 23

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 36 E Davey St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Bitzer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M. | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Dora Bitzer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 13, 1860

8. AGE: Years 83 | Months 9 | Days 23 | If less than one day hr. min.

9. Birthplace New Jersey (Town, county and state)
10. Usual Occupation Farm Worker
11. Industry or business Ret.

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Family
(b) Address 36 E. Davey St.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 1-8-44 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Ave.

18 (a) Funeral director Emmett K. McCurley
(b) Address 130 E. Fort Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Hillcrest, Md.

JAN 8 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1944, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1943 to Jan 6 1944, and that I last saw him alive on Jan 6 1944.

Immediate cause of death	Duration
Exhaustion	2 ds
Due to Cerebral Hemorrhage	Indef
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. E. Campbell M.D.
Address 1644 Hanover St Date signed 1/8/44

Physicians: please write the causes of death clearly and legibly.

G 12614

G 12614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58 B

Registered No. 1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 426 W. Henrietta St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) ~~Street~~ No. 426 W. Henrietta St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Jane Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	School girl

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1 1934

8. AGE: Years	Months	Days	If less than one day
9	4	2	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation School girl
11. Industry or business

FATHER
12. Name Isaiah Scott
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Myrtle Lockes
15. Birthplace Baltimore Md

16 (a) Informant Myrtle Scott
(b) Address 426 Henrietta Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/44 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location Baltimore Md

18 (a) Funeral director Isaiah L Brown Son
(b) Address 108 W Montgomery St

19 (a) (b)

Registered in register of deaths, vol. 218 JAN 8 1944 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3, 1944, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 23, 1943, to Jan. 3, 1944, and that I last saw her alive on Jan. 3, 1944.

Immediate cause of death	Duration
Endocarditis	2 days.
Due to Rheumatic Fever	13 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. McDonald Bando M. D.
Address 2445 W Hill Ave. Date signed 1-6-44

G 12615

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 12615 Registered No. 1940

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 519 Robert Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 519 Robert Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Scott

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Chas N. Scott
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 12-25-1895

8. AGE: Years	Months	Days	If less than one day
48	-	11	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Maid
11. Industry or business

FATHER
12. Name Charles Johnson
13. Birthplace Kent Co, Md

MOTHER
14. Maiden Name Susan Bailey
15. Birthplace Blackstone, Va

16 (a) Informant Charles N. Scott
(b) Address 519 Robert St

17 (a) C (Burial, cremation, or removal) (b) Date thereof 1-9-44 (month) (day) (year)
(c) Cemetery or crematory Columbus Memorial Park
Location Balto Co, Md

18 (a) Funeral director J. P. Lukemy
(b) Address 579 Mosher St

19 (a) JAN 8 1944 (Registrar) Hunter for Williams

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1944, at 2.40 P. M.

21. I certify that I took charge of the remains described above, held an Inquest Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. J. Wollenweber M.D.
Acting Medical Examiner.
Date signed 1-7-44

G 12613 — G 12616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No.

Write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2422 E. Eager Street.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2422 E. Eager Street. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME William H. Schelhaus Sr.,

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Wilhelmina J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 18, 1886

8. AGE: Years	Months	Days	If less than one day
57	3	18	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Special Police
11. Industry or business Public Square

FATHER
12. Name William H. Schelhaus
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Wife
(b) Address 2422 E. Eagers St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/44 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery.
Location North Ave.,

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street.

19 (a) Date received JAN 8 1944 (b) Huntington Wilkinson, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1944, at 9 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 9 1943, to Jan 6 1944, and that I last saw h[im] alive on Jan 6 1944.

Immediate cause of death: myocardial failure
Due to: coron-ver eulat renal fibr
Due to: arterio-S clerosis
Other Conditions: Walter Wellbelove

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

Duration: 4 days, 4 yrs, 5 yrs, 5 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Louis B. Crummen M. D.
Address 22 E. Ramwood Ave Date signed 1/8/44

G 12617 G 12617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 170 C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 25-4
(c) Hospital or institution:
South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3836 8th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Krause

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ or wife Dorothy (Fountain)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 19, 1908

8. AGE: Years	Months	Days	If less than one day
35	9	17	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Bethlehem Steel, Fairfield

11. Industry or business

FATHER
12. Name Paul Krause
13. Birthplace Germany

MOTHER
14. Maiden Name Lefkey
15. Birthplace Austria

16 (a) Informant John Krause (brother)
(b) Address 3833 Ashland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/44 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director C. F. Schinnerer
(b) Address 2601 E. Madison St.

19 (a) JAN 8 1944 (Date rec'd by Registrar) (b) [illegible] Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1944, at 12:35 A. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury January 5 1943 12:00 M. 25/4 Midnight
(b) Where did injury occur? Patapsco Ave near 7th Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Public Place While at work? No
(d) Means of injury Pedestrian struck by auto

23. Signature Robert A. Graham M.D.
Medical Examiner.
Date signed January 6, 1944

G 12618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12618 Registered No.

111C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Ward or address North Broadway
(c) Hospital or institution:
Church Home & Hospital 8

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2817 E. Chase St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Rzycka

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna Rzycka
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-7-94

8. AGE: Years	Months	Days	If less than one day
49	6 5	28	hr. min.

9. Birthplace Czechoslovakia
(Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name John Rzycka
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Katherine Nowak
15. Birthplace Czechoslovakia

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/44 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Oak Hill
Location Phila Rd. Balto. Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) (Date rec'd by registrar) (b) Registrar

VS 1

JAN 8 - 1944 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5-1944, at 4:18 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-9-1943, to 1-5-1944, and that I last saw h[illegible] alive on 1-5-1944.

Immediate cause of death	Duration
Pulmonary edema	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Church Home and Hospital Date signed 1/5/44 M. D.

Please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

G 12619 BALTIMORE CITY HEALTH DEPARTMENT G 12619

CERTIFICATE OF DEATH 108

Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 E. Lombard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-1
(e) Length of stay in Baltimore (yrs., mos., or days) YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 E. Lombard St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-5247

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Single

6 (b) Name of husband or wife –
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 1886

8. AGE: Years	Months	Days	If less than one day
57	5	13	hr. min.

9. Birthplace Essex Co., Va.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Robert Johnson
13. Birthplace Va.

MOTHER
14. Maiden Name Margaret Beverly
15. Birthplace Va.

16 (a) Informant Arnette German
(b) Address 1639 E. Fayette St.

17 (a) Burial (b) Date thereof 1/8/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 3 - 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 5th 1944, at 9 20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1944 to Jan 5 1944 and that I last saw him alive on January 4 1944.

Immediate cause of death Lobar Pneumonia — Duration one week

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Silverstein M. D.
Address 722 N. Broadway Date signed Jan 7- 1944

G 12620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1622 E. Lombard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-1

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1622 E. Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arden Evans

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Widow

6 (b) Name of husband or wife Lucie Evans
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
67	66		hr. min.

9. Birthplace Greenville, N. C.
(Town, county, and state)
10. Usual Occupation Unemployed.
11. Industry or business

FATHER
12. Name Moses Evans
13. Birthplace N. C

MOTHER
14. Maiden Name Tiller ?
15. Birthplace N. C.

16 (a) Informant Martha Ellison
(b) Address 1622 E. Lombard St

17 (a) Burial (b) Date thereof 1/8/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenville, N. C.
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley Ave

19 (a) (b) Registrar
(Date rec'd by registrar)

JAN 8 - 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-6- 1944 at 9:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5- 1944, to 1-6- 1944, and that I last saw h/it alive on 1-6- 1944

Immediate cause of death Respiratory Failure

Due to Atelectasis.

Due to Myocarditis.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1 week
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lewis E. Thomas M. D.
Address 2345 Madison Ave. Date signed 1-7-44

Please write plainly with pen or pencil. Physicians please write the causes of death clearly and legibly.

G 12621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G 12621

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1415 N. Central Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and name town)
(d) Street No. 1415 N. Central Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosie Chapman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widow

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1859

8. AGE: Years	Months	Days	If less than one day
84	11		hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business None

FATHER
12. Name Joseph H Cooper
13. Birthplace Maryland

MOTHER
14. Maiden Name Clara ?
15. Birthplace Maryland

16 (a) Informant Sadie Cornick
(b) Address 1415 N. Central Ave

17 (a) Burial (b) Date thereof 1, [illegible] 44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Cemetery
Location Baltimore City

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 (a) [illegible] 1944 (b) [illegible]
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-6-1944, at 8 A M

21. I certify that death occurred on the date above stated, that I attended deceased from 12-21 1943 to 1-6 1944
and that I last saw him alive on 1-6 1944

Immediate cause of death: Cardio-Vascular disease and nephritis — Duration: Indefinite

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jas. R. Blake

Address 1327 N. Central Ave Date signed 1/8/1944

C 12622

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 12622 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5006 Walther Blvd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5006 Walther Blvd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George H. Duvall

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sarah A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 7 - 1884

8. AGE: Years	Months	Days	If less than one day
59	9	-	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Accountant
11. Industry or business Leggewell Construction Co

FATHER
12. Name Andrew J. Duvall
13. Birthplace Md

MOTHER
14. Maiden Name Maria C. Benest
15. Birthplace Md

16 (a) Informant Mrs. Sarah A. Duvall
(b) Address 5006 Walther Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-44
(month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location

18 (a) Funeral director Leonard Krug
(b) Address 3305 Harford Rd

19 (a) JAN 8 - 1944 (Date rec'd by registrar) (b) Interred from Residence, Md.
Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1944 at 1:15 P.M.

21. I certify that I took charge of the remains described above, held an Inquest Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Hypertensive Cardiovascular disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature J. L. Wollenweber M.D.
Medical Examiner.
Date signed 1-7-44

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. C 126523

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1659 Clifton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1659 Clifton Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Alice Smith

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Divorced
6 (b) Name of husband or wife James Harmon Smith
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 26 - 1863
8. AGE: Years 80 Months 4 Days 12 If less than one day hr. min.
9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business At Home

FATHER
12. Name Robert F Forsythe
13. Birthplace Maryland

MOTHER
14. Maiden Name Harriet Smith
15. Birthplace Unknown

16 (a) Informant Mrs A L Sprigg (daughter)
(b) Address 1659 Clifton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location

18 (a) Funeral director Leonard Hartman
(b) Address 5305 Reisterstown Rd

19 JAN 8 - 1944 (Date rec'd by registrar) (b) Huntington-Wilkins Funeral Home

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1944; at 5 am M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1943 to June 7 1944, and that I last saw her alive on June 6 1944.

Immediate cause of death Bronchial Pneumonia — Duration 2 d,
Due to Influenza — 2 d,
Due to — 5 yrs
Other Conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: ✓
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature I Fa Stevens M. D.
Address 2878 Harford Rd Date signed 1-7-44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

12654 X G 12624

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1228

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun
(c) Hospital or institution Franklin Square
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Hanover
(If outside city or town limits, write RURAL and give town)
(d) Street No. R. F. D # 39
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Carl Grube

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Eliz. A.

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1-26-04

8. AGE: Years	Months	Days	If less than one day
39	11	10	..... hr. ..... min.

9. Birthplace ..... (Town, county, and state)

10. Usual Occupation Acid operator

11. Industry or business

FATHER
12. Name Frederick Grube
13. Birthplace Germany

MOTHER
14. Maiden name Agnes Muller
15. Birthplace Germany

16 (a) Informant Elizabeth Grube (wife)
(b) Address Hanover P.O. Box 39

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-44 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cemetery
Location A. G. Co. Md.

18 (a) Funeral director Flynn & Fleming
(b) Address 1116 Light St.

19 (a) JAN 8 - 1944 (Date rec'd by registrar) (b) Lucretia Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/4 1944, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/3 1944 to 1/4 1944 and that I last saw h[illegible] alive on 1/4 1944

Immediate cause of death Megacolon with obstruction — Duration

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings: Of operations Cecostomy

Of autopsy Megacolon

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Thomas J. Lustig M. D.
Address Frank. Square Date signed 1/5/44

VS 3

Please write the causes of death clearly and legibly. Physicians are requested to report cases promptly. Delay causes unnecessary correspondence.

12625 AHH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1543

Registered No. C 12625

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 Cereal St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cynthia Lucille Borkoski

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Aug. 31 - 1942
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 1 | Months 4 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Joseph Borkoski
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Antonette Marturanska
15. Birthplace Baltimore Md

16 (a) Informant Joseph Borkoski
(b) Address 1610 Cereal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-44 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location g.d. Co. Md.

18 (a) Funeral director Flynn & Flannery
(b) Address 1406 Light St.

19 (a) [illegible] (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6 1944, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3 1944, to Jan. 6 1944, and that I last saw her alive on Jan. 6 1944.

Immediate cause of death Cancerous tumor of left frontal & parietal lobes of brain - intraventricular — Duration

Due to

Due to

Other Conditions Hydrocephalus

(Include pregnancy within 3 months of death)
Date of operation Jan. 4, 1944
Major findings of operation: Same as above
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Lukats M. D.
Address 1213 Light St. Date signed 1-6-44

VS 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 15060

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 24 Bon Secour Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 d
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL, and give town)
(d) Street No. 3625 Geloton Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. John Carden

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-3213

4 Male | 5 Color or race White | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Mary Hurlbaw

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22. 1877

8. AGE: Years 66 | Months 1 | Days 15 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Iron Worker

11. Industry or business Bethlehem Steel

FATHER
12. Name John Carden
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Ford
15. Birthplace Ireland

16 (a) Informant John J. Carden
(b) Address 84 N. Augusta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-44 (month) (day) (year)

(c) Cemetery or crematory Cathedral
Location Baltimore Md.

18 (a) Funeral director Flynn & Flynning
(b) Address 1476 Light St.

19 (a) JAN 8 1944 (Registered Number) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/7 1944, at 12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/2 1944, to 1/7 1944 and that I last saw him alive on 1/7 1944.

Immediate cause of death Congestive Heart Failure — Duration 2 Days

Due to

Due to

Other Conditions C.A. Complications — 8 months

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund Long M.D.
Address 84 E. Lanvale St. Date signed 1/7/44

C 12627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

Registered No. C 12627

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4501 Mannasota Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4501 Mannasota (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Philomena A. Ruth

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife John A. Ruth
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1833

8. AGE: Years	Months	Days	If less than one day
85	4	28	hr. min.

9. Birthplace Baltimore Co.
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Henry B. Roesner
13. Birthplace Holland

MOTHER
14. Maiden Name Adelaide M. ?
15. Birthplace Holland

16 (a) Informant Mrs. Henry B. Ruth
(b) Address 119 Forest Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-44 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Leonard J. Keck
(b) Address 5305 Harford Road

JAN 8 - 1944 (Date rec'd by registrar) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1944 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1937 to January 4 1944
and that I last saw h er alive on Jan 4 1944.

Immediate cause of death Cerebral Thrombus — Duration 3 days
Due to Arteriosclerosis — 15 yrs
Due to Senility
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George L Bayley M. D.
Residence 4501 Mannasota Ave Baltimore Md Date signed 1/5/44

Please write the causes of death clearly and legibly. Physicians: please state the cause of death in such terms as to indicate clearly the nature of disease, injury, or complication which caused death. Do not use terms of mode of dying, such as heart failure, asphyxia, anemia, or uremia. Indefinite or unsatisfactory terms will be returned for correction. Statement of contributory causes of death is important. Physicians: please write the cause of death clearly and legibly. Physicians: please state the cause of death in such terms as to indicate clearly the nature of disease, injury, or complication which caused death. Do not use terms of mode of dying, such as heart failure, asphyxia, anemia, or uremia. Indefinite or unsatisfactory terms will be returned for correction. Statement of contributory causes of death is especially important. Physicians: please write the cause of death clearly and legibly.

2648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 154

G 12628 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St. 22
(c) Hospital or institution:
South Balt General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 518 Hanover St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Ingram

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12-31-43

8. AGE: Years | Months | Days: 3 | If less than one day: hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Ray K Ingram
13. Birthplace W. Va.

MOTHER
14. Maiden Name Wilma Boster
15. Birthplace Huntington W Va

16 (a) Informant Ray Kenneth Ingram
(b) Address 518 Hanover st

17 (a) Burial (b) Date thereof 1-8-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location Baltimore Md

18 (a) Funeral director William M Marack
(b) Address 715 Light St

19 (a) Registered by registrar JAN 8 1944 (b) Signature for William M Marack

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3 1944, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 31 1943 to Jan. 3 1944, and that I last saw h.e.r. alive on Jan. 3 1944.

	Duration
Immediate cause of death Prematurity	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul A Lukatis M.D.
Address 1213 Light St. Date signed 1/3/44

Please write the causes of death clearly, and legibly. Physicians: please write correct age is especially important.

12529 G 12529

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 166

Registered No. G 12529

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 11

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 926 N. Calvert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clyde W. Smith

3 (b) If veteran, name war No
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 30, 1923

8. AGE: Years 20 | Months 1 | Days 7 | If less than one day hr. min.

9. Birthplace Glen Lynn Va
(Town, county and state)

10. Usual Occupation Electric Welder
11. Industry or business

FATHER
12. Name Clyde W Smith
13. Birthplace Glen Lynn Va

MOTHER
14. Maiden Name Lydia Lovett
15. Birthplace Shenandoah Co Va

16 (a) Informant Next of Kin
(b) Address 926 N Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/44 (month) (day) (year)
(c) Cemetery or crematory Glen Lynn
Location Glen Lynn Va

18 (a) Funeral director Millstone Co Inc
(b) Address 2102 E Pratt St

19 (a) JAN 8 1944 (Date rec'd by Local Reg.) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1944, at 6:25 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Hypostatic Pneumonia

Due to Bullet wound of spinal cord

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury January 2, 1944 10.20 P M.
(b) Where did injury occur? St. Paul & Hamilton St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public Place. While at work? No
(d) Means of injury Bullet wound back.

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed January 8, 1944

12630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12630

Registered No. 170c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 9-8

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1912 Aisquith Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm Wyatt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Ethel Wyatt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1894

8. AGE: Years	Months	Days	If less than one day
49 50	7		hr. min.

9. Birthplace Gloucester Co Virginia
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business city of Balto

FATHER
12. Name Adams Wyatt
13. Birthplace Va

MOTHER
14. Maiden Name Alice P.
15. Birthplace Va

16 (a) Informant Ethel Wyatt
(b) Address 1912 Aisquith St

17 (a) Burial (b) Date thereof 1-8-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Shepard-to Va
Location Gloucester - Va

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) JAN 8 - 1944 (Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5- 1944, at 7 30 A.M.

21. I certify that I took charge of the remains described above, held an Inspection - Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured skull

Due to

Other Conditions Multiple fractures

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 12/5

(a) Date of injury 1-5-44 at 7.15 A M.
(b) Where did injury occur? North ave & Colvert St
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian struck by automobile

23. Signature Howard J. Madden M.D.
Medical Examiner.

Date signed 1-5-44

12631 — BALTIMORE CITY HEALTH DEPARTMENT — G 12631

CERTIFICATE OF DEATH 1/61

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address 1618 Cereal St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 Cereal St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Josephine Koszubinski

3 (b) If veteran, name war —
3 (c) Social Security Account No. None 217-01-3795

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Frank Koszubinski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
59	—	—	— hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at Home

FATHER
12. Name John Kanuski
13. Birthplace Poland

MOTHER
14. Maiden Name ? Kanuski
15. Birthplace Poland.

16 (a) Informant Pearl Koszubinski
(b) Address 1618 Cereal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10/44 (month) (day) (year)
(c) Cemetery or crematory Holy Cross a.a.Co
Location Baltimore

18 (a) Funeral director Fred W Ozazewski
(b) Address 1930 Eastern Ave.

JAN 8 - 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1944, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/7 1944, to 1/7 1944 and that I last saw her alive on 1/7/44 19

Immediate cause of death
Diabetes Coma
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Aaron M. D.
Address 203 Autopsy Date signed

Please write the causes of death clearly and legibly. Physicians: please state the correct age is especially important.

G 12652 ✓ G 12652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

154 Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 340 N. Carey St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 2hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 340 N. Carey St.
(Institution or location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3 (a) FULL NAME Infant George

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	Single

6 (b) Name of husband or wife Infant
6 (c) If alive, give age ..... years

7. Birth ... deceased (mo., day, yr.) 1-7-44

8. AGE: ...	Months	Days	If less than one day
—	—	—	2 hr. ..... min.

9. Birthplace Baltimore City.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name William L. George
13. Birthplace West Moreland Co. Va.

MOTHER
14. Maiden Name E. Stella George
15. Birthplace Portsmouth Va.

16 (a) Informant E. Stella George
(b) Address 340 N. Carey St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan. 8, 1944 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location .....

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St Baltimore or Pulaski, Md.

19 (a) JAN 6 1944 (Date received by registrar) (b) ..... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-7 1944, at 2 M
21. I certify that death occurred on the date above stated; that I attended deceased from 1-6 1944 to 1-7 1944 and that I last saw her alive on 1-7 1944.

Immediate cause of death	Duration
Premature Birth	2hrs
Due to Not Known	
Due to —	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation .....
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....
23. Signature O. T. Grason M. D.
Address 542 N. Arlington Ave Date signed 1-7-44

Be sure the causes of death are stated clearly and legibly. Physicians: please write the correct age as especially important.

G 12633 G 12633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Washington
(c) City or town Rural Williamsport
(If outside city or town limits, write RURAL and give town)
(d) Street No. 106 N. Artizan St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry George Kaplan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	(married)

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11 1878

8. AGE: Years	Months	Days	If less than one day
65	2	27	hr. min.

9. Birthplace Lithuania
(Town, county and state)

10. Usual Occupation Merchant

11. Industry or business

FATHER
12. Name Mr. Louis Kaplan (D)
13. Birthplace Lithuania

MOTHER
14. Maiden Name Mary Koppel
15. Birthplace Lithuania

16 (a) Informant Hospital Records
(b) Address U. M. H.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Hagerstown Md

18 (a) Funeral director Jack Lewis
(b) Address 1434 E Baltimore

19 (a) 1-9-1944 (b) Registrar
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 1944 at 12:55 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1943 to Jan 8 1944 and that I last saw him alive on Jan 8 1944

Immediate cause of death Cardio-Respiratory Arrest

Due to Pneumonia, hypostatic

I

Due to Intestinal Obstruction & Peritonitis

Other Conditions Gastric Perforation

(Include pregnancy within 3 months of death)

Date of operation Dec. 27 and Jan 5

Major findings of operation: Gastric perforation (lat. Dp.) & Intest. adhesions

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Stephen J Vern Lilly M. D.
Address The Union Memorial Hosp Date signed 1-8-44

G 12634 ✓ G 12634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4C
(c) Hospital or institution: Jersey Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. J. (b) County
(c) City or town Newark
(If outside city or town limits, write RURAL and give town)
(d) Street No. 19 Cleveland Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christopher Civelli (or) Civelli

3 (b) If veteran, name war —

3 (c) Social Security Account No. ?

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Antoinette

6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) April 25, 1918

8. AGE: Years 25 | Months 8 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace Newark, N.J.
(Town, county, and state)

10. Usual Occupation Taxi-cab driver

11. Industry or business

FATHER 12. Name Michael Cebelli

FATHER 13. Birthplace Italy

MOTHER 14. Maiden Name Anna Renga

MOTHER 15. Birthplace Italy

16 (a) Informant Michael Cebelli

(b) Address 205 New St. Newark, N.J.

17 (a) Removal (b) Date thereof 1/8/44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory

Location Newark, N. J.

18 (a) Funeral director M. W. F. Dippel's Sons

(b) Address Lombard & Ann Sts.

19 (a) ..... (b) ..... Registrar
(Date rec'd by registrar)

JAN 8 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-7- 1944, at 8 40 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Gunshot wound of chest involving lungs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 1-7-44 at 5 P M.

(b) Where did injury occur? Tavern, 5 [illegible] St.

(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No

(d) Means of injury Bullet wounds

23. Signature Howard J. Wurden M.D.
Medical Examiner.

Date signed 1-8-44

G 12635 Caplan ✓ G 12635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 168

Registered No. ....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3859 Boarman ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 1
(e) Length of stay in Baltimore (yrs., mos., or days) ....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3859 Boarman ave
(If rural give location)
(e) Citizen of foreign country? .... (Yes or No)
If yes, name country ....

3 (a) FULL NAME Rosalie Caplan

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	—

6 (b) Name of husband or wife — 6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 26 - 1942

8. AGE: Years	Months	Days	If less than one day
2	10	12	.... hr. .... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation ....
11. Industry or business ....

FATHER
12. Name Sylvan Caplan
13. Birthplace Baltimore

MOTHER
14. Maiden Name Lillian Karlinsky
15. Birthplace Baltimore

16 (a) Informant Sylvan Caplan
(b) Address 3859 Boarman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9, 1944 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cem.
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) JAN 9 - 1944 (Date rec'd by registrar) (b) ....

Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-7-1944, at 5:30 P M

21. I certify that I took charge of the remains described above, held an Inspection + Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to ... death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Asphyxiation
Due to Illuminating Gas
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 1-7-44 at .... P. M.
(b) Where did injury occur? 3859 Boarman Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? ....
(d) Means of injury Illuminating gas from range

23. Signature Howard J Albert M.D.
Medical Examiner.
Date signed 1-8-44

G 12636 G 12636

BALTIMORE CITY HEALTH DEPARTMENT ✓

CERTIFICATE OF DEATH 163H

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3859 Boarman Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3859 Boarman Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Caplan

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sylvan

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) 1912

8. AGE: Years 32 | Months | Days | If less than one day ....hr. ....min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Myer Karlinsky
13. Birthplace Russia

MOTHER
14. Maiden Name Rose Fisher
15. Birthplace Russia

16 (a) Informant Sylvan Caplan
(b) Address 3859 Boarman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan, 7, 1944 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cem
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) JAN 9-1944 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-7- 1944, at 5:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation

Due to Illuminating Gas

Other Conditions Unknown

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 1-2-44 at P M.
(b) Where did injury occur? 3859 Boarman Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Gas range, gas to unlit

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 1-8-44

E 12612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 1263757

Please write the causes of death clearly and legibly. Physicians: please see that the information is correct as is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Hebrew Home for Aged & Infirm AT LEVINDALE
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 years
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits, write RURAL and give town)
(d) Street No. Levindale (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Sarah Schenker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife.....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
70 69	—	—	..... hr. ..... min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Maid
11. Industry or business

FATHER
12. Name U K
13. Birthplace UK

MOTHER
14. Maiden Name U.K.
15. Birthplace U. K.

16 (a) Informant Hebrew Aged Home
(b) Address Belvedere Ave + Greenspring

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9/44 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel
Location German Hill Road

18 (a) Funeral director Sol Levinson + Bro
(b) Address 1124-26 W. North ave

19 (a) 1944 (Date received by registrar) (b) Washington William Registrar

FS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8 1944, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-3 1939, to 1-8 1944, and that I last saw h.r alive on 1-8 1944.

Immediate cause of death: Arterio sclerosis, Hypertension Chr. card. vas. disease — Duration .....
Due to.....
Due to.....
Other Conditions.....
(Include pregnancy within 3 months of death)
Date of operation.....
Major findings of operation:.....
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at..... M
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature H Edmund Levin
Address Levindale Date signed 1/8/44 (M.D.)

G 12638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G 12638 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 years
(e) Length of stay in Baltimore (yrs., mos., or days) 33 "

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hebrew Home for Aged & Infirm
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Greenstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years 79 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name —
13. Birthplace Russia

MOTHER
14. Maiden Name —
15. Birthplace Russia

16 (a) Informant Frank Greenstein
(b) Address 2914 Hillsdale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-44 (month) (day) (year)
(c) Cemetery or crematory Mount Kidush Cem
Location Fairview Ave

18 (a) Funeral director Chas Penna Inc
(b) Address 1439 E. Balto St

19 (a) JAN 9 1944 (Date received by registrar) (b) Livingston Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8 1944, at 12 35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-17 1935 to 1-8 1944, and that I last saw h[illegible] alive on 1-8 1944.

Immediate cause of death: Carcinoma of small intestine — Duration

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edmund Penna M. D.

Address Lansdale Date signed 1/8/44

G 12639 G 12639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Weeks
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town 3611
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hebrew Home for Aged & Infirm
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) **FULL NAME** Edith Novick

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 73 77 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Ellis —
13. Birthplace Russia

MOTHER
14. Maiden Name Hannah —
15. Birthplace Russia

16 (a) Informant Mrs Wechsman (Dau)
(b) Address 3314 Dulont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-44 (month) (day) (year)
(c) Cemetery or crematory Lyredale
Location Pikesville, Md.

18 (a) Funeral director Jos Levin Inc
(b) Address 1439 E. Balto. St

19 JAN 9 1944 (Date received by registrar) (b) Huntington Willis (Signature of registrar) M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-7 1944, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-24 1943 to 1-7 1944 and that I last saw h[er] alive on 1-7 1944.

Immediate cause of death..... Duration
Hypertension
Chr. card. Vascular Disease
Due to.....
Due to.....
Other Conditions.....
(Include pregnancy within 3 months of death)
Date of operation.....
Major findings of operation:.....
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at..... M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....
23. Signature H Edmund Levin M.D.
Address Levindale Date signed 1/7/44

Please write the causes of death clearly and legibly. Physicians: please write immediately important.

G 136-0 Gary Konycki G 136-0

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1334 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 33 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 323 S. Ann St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gary Konycki

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 4, 1943

8. AGE: Years	Months	Days	If less than one day
	1	3	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Ray Konycki
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elinor Janczewski
15. Birthplace Baltimore, Md

16 (a) Informant Mrs. Elinor Konycki
(b) Address 323 S. Ann St. Baltimore

17 (a) BURIAL (b) Date thereof JAN. 10/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory ST. STANISLAUS
Location DUNDALK AVE.

18 (a) Funeral director Lilly and Bailey INC
(b) Address 403 S. WOLFE ST.

19 (a) JAN 9 1944 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1944, at 6:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1944 to Jan 7 1944, and that I last saw h[illegible] alive on Jan 7 1944.

	Duration
Immediate cause of death Acidosis & dehydration	7 days
Due to Pyelitis, chronic	30 days
Due to ? unilateral or unilateral congenital valve ?	33 days
Other Conditions aspiration of stomach contents	5 min

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isabella Hanson M. D.
Address Church Home & Hospital Date signed 1-7-44

G 12641 ✓ G 12641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days) 57 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 632 S. Potomac St. (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

(a) FULL NAME John W. Makowski

(b) If veteran, name war: NO

3 (a) Social Security Account No. NONE

Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

(b) Name of husband or wife: JOHANNA MAKOWSKI
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) MAY 16 1871

AGE: Years	Months	Days	If less than one day
72	7	21	.....hr. .....min.

Birthplace POLAND (Town, county, and state)

Usual Occupation POULTRY DEALER

Industry or business FOR SELF

12. Name UNKNOWN

13. Birthplace POLAND

14. Maiden Name UNKNOWN

15. Birthplace POLAND

(a) Informant JOHANNA MAKOWSKI (WIFE)

(b) Address 632 S. POTOMAC ST.

(a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 10/44 (month) (day) (year)

(c) Cemetery or crematory ST. STANISLAUS

Location DUNDALK AVE.

(a) Funeral director Lilly and Zeiler INC.

(b) Address 403 S. WOLFE ST.

(a) 1944 (Date rec'd by registrar) (b) Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1944 at 5 20 P.M

21. I certify that I took charge of the remains described above, held an Inquiry Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Coronary occlusion

Due to.....

Other Conditions.....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury..... at..... M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?..... While at work?.....
(d) Means of injury.....

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 1-7-44

VS 151

G 12642 ✓ G 12642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4330 E. LOMBARD ST.
(c) Hospital or institution: 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 43 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4330 E. LOMBARD ST.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME SUSAN PORACH

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife JOSEPH PORACH
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) SEPT. 18 1878

8. AGE: Years	Months	Days	If less than one day
65	3	19 20	..... hr. ..... min.

9. Birthplace AUSTRIA
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name STEVEN MIKULA
13. Birthplace AUSTRIA

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace AUSTRIA

16 (a) Informant JOSEPH PORACH (HUS.)
(b) Address 4330 E. LOMBARD ST.

17 (a) BURIAL (b) Date thereof JAN. 12/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory ST. STANISLAUS
Location DUNDALK AVE.

18 (a) Funeral director Dillgard & Zeiler INC.
(b) Address 407 S. WOLFE ST.

19 (a) JAN 8 - 1944 (b) Huntington Williams M.D.
(Date rec'd by registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION PM.

20. DATE OF DEATH JAN. 8 1943. at 12/15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/7 1943, to 1/8 1944 and that I last saw her alive on 1/7 1944

Immediate cause of death Coronary Thrombosis — Duration ½ hr

Due to ..... —

Due to ..... —

Other Conditions Arteriosclerosis — 3 yrs
C. V. D. 20 years
(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature J. K. Grossman M. D.
Address 1212 N. Patterson Pk Ave Date signed 7/6/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12643 G 12643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Payson
(c) Hospital or institution: Hospital Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County B. Co
(c) City or town Halethorpe
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4615 Rendon
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Daisy Carroll

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife James J. Carroll

(c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Nov. 1 1896

8. AGE: Years 47 | Months 2 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Daisy Aldermen

13. Birthplace unknown

MOTHER 14. Maiden Name unknown

15. Birthplace unknown

16 (a) Informant James G. Carroll Husband

(b) Address Linden & Potomac Sts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16-44 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem

Location Frederick Road

18 (a) Funeral director John R. Kenny

(b) Address 124 Lee St. Baltimore Md

19 (a) ____ (b) Huntington Williams M.D.
(Registrar) (Registrar)

1-7-1944
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-7 1944, at 6 11 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1944, to 1-7 1944 and that I last saw her alive on 1-7 1944

Immediate cause of death Cong. Heart Failure — Duration 2 days

Due to Generalized Carcinomatosis

Due to

Other Conditions Generalized Lymphadenopathy

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Vogel Jr. M. D.

Address Bon Secours Hosp. Date signed 1-7-44.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

G 12654 G 12654 G 12654

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 N. Linwood Ave St., Ward)

Registered No. 927

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Pipitone

If U. S. Veteran specify WAR

(a) Residence: No. 211 N. Linwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent Pipitone

6. DATE OF BIRTH (month, day, year) June 30, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Frank Cerreghino

14. BIRTHPLACE (city or town) Genoa (State or country) Italy

MOTHER

15. MAIDEN NAME Margaret Dordoire

16. BIRTHPLACE (city or town) Genoa (State or country) Italy

17. INFORMANT Pietro J. Pipitone

(Address) 211 N. Linwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Jan. 10, 1944

19. UNDERTAKER Frank V. Pipitone

(Address) 2818 E. Baltimore St.

JAN 8 - 1944, 19

Registrar.

Huntington Williams, M.D.

OCCUPATION is very important. Be sure it is complete.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1944

22. I HEREBY CERTIFY, That attended deceased from January 10, 1941, to January 6, 1944

I last saw h alive on January 6, 1944 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2
Other contributory causes of importance Arterio Sclerosis 10 Years	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. L. Valentine M. D.

(Address) 1734 N. Broadway

V0 3

G 12645 ✓ G 12645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. —

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2810 Roselawn Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2810 Roselawn Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine Hammel

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Frederick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3-1871

8. AGE: Years	Months	Days	If less than one day
72	8	4	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Joseph Schneider
13. Birthplace Md

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mr. George F. Hammel
(b) Address 2810 Roselawn Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-44 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location
18 (a) Funeral director Leonard Rank
(b) Address 5305 Harford Rd
19 Date received by registrar JAN 9 1944 Herrington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7 1944 at 5:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1942 to Jan. 7 1944. and that I last saw her alive on Jan 7, 1944

Immediate cause of death	Duration
Cerebral hemorrhage	48 hrs.
Due to Hypertensive cardio-vascular renal disease	3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature S. A. Alessi M. D.
Address 6217 Harford Rd Date signed 1-9-44

VS 150

Please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

G 12646 ✓ G 12510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 531 E. 21st St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 14 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 531 E. 21st St.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Howard M. Shade,

3 (b) If veteran, name war: ---

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Emily L. Shade,
6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) November 1. 1860

8. Age: Years	Months	Days	If less than one day
83	2	7	..... hr. ..... min.

9. Birthplace Westminster Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Locomotive Engineer

FATHER
12. Name John F. Shade,
13. Birthplace Maryland

MOTHER
14. Maiden Name Rebecca Leister,
15. Birthplace Maryland

16 (a) Informant Mrs Emily L. Shade,
(b) Address 531 E. 21st St.

17 (a) Burial (b) Date thereof Jan. 11. 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hedrick Cem.
Location Johnstown Penna.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave

JAN 9 - 1944 (b) Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 8 1944 19..., at 4.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1, 1944, to Jan 8 1944, and that I last saw h. w. alive on Jan 8 19 44.

Immediate cause of death ..... Duration

Cardio-Renal disease ..... 5 yrs

Due to Hypertension ....

Due to Influenza at beginning of this illness. ....

Other Conditions ....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature George McCrea M.D.
Address 28 W 25th Date signed 1-9-44

VS 3

G 12647 ✓ G 12647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45c Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2305 Arunah Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2305 Arunah Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest Edwin Fitz Gerald Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 577-03-8225

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Gertrude B. Fitz Gerald,
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) January 15 1874

8. AGE: Years	Months	Days	If less than one day
69	11	22	..... hr. ..... min.

9. Birthplace Onancock Va.
(Town, county, and state)
10. Usual Occupation Purser
11. Industry or business B C & A Steamboat Co.

FATHER
12. Name Hezikah Fitz Gerald,
13. Birthplace Virginia

MOTHER
14. Maiden Name Virginia Leathbury,
15. Birthplace Virginia

16 (a) Informant Mrs Gertrude B. Fitz Gerald
(b) Address 2305 Arunah Ave.

17 (a) Burial (b) Date thereof Jan. 10. 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore Co. Md.

18 (a) Funeral director George W. Little,
(b) Address 2700 Edmondson Ave.

19 (a) JAN 10 1944 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 7 1944, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 1937, to Jan 7 1944, that I last saw him alive on Jan. 7 1944.

Immediate cause of death Carcinoma Mouth — Duration 15mo.s

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J N Nelson M. D.
Address 617 W. 40th St. Date signed 1/8/44

correct age is especially important. Physicians: please

G 12648 ✓ G 12648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 40 E. Hamburg St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 40 E. Hamburg St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Janie Barrett Newcker

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20 1871

8. AGE: Years 72 | Months 9 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Packer

11. Industry or business

FATHER
12. Name George E. Newcker
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary E. Greenwood
15. Birthplace Virginia

16 (a) Informant Ella Newcker (Sister)
(b) Address 40 E. Hamburg.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1- 44 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cemetery
Location A. G. Co. Md.

18 (a) Funeral director Feyney & Flannigan
(b) Address 1426 Light St.

JAN 9 - 1944 (b) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1944 at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1943 to Jan 6 1944 and that I last saw h[illegible] alive on Jan 6 1944

Immediate cause of death Tuberculosis Meningitis

Due to

Due to

Other Conditions Arteriosclerosis, Hypertension & Myocarditis (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury

23. Signature John A. Schemel, M.D.

Address 1337 S. Charles St. Date signed 1/7/44

please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

G 12649 G 12649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195c

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1034 Hanover St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1034 Hanover St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Michel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife George A. Michel
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1861

8. AGE: Years	Months	Days	If less than one day
82	11	27	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation House wife
11. Industry or business at home.

FATHER
12. Name Henry Faber
13. Birthplace Germany

MOTHER
14. Maiden Name Strieble
15. Birthplace Germany

16 (a) Informant Mrs. Leonard Pfeiff
(b) Address 1034 Hanover St.

17 (a) Burial (b) Date thereof 1/10/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights.

19 (a) 1944 (b) Hunter Williams, Jr. Registrar
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7 1944, at 8.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2/44 to Jan. 7/44, and that I last saw her alive on Jan. 7/44.

Immediate cause of death	Duration
Chronic Cardiac Dilitation	Unknown.
Due to Arterio- Sclerosis.	Unknown.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Michel Edwin M.D.
Address 933 Haven. Date signed Jan 8/44

G 12650 — BALTIMORE CITY HEALTH DEPARTMENT — G 12650

CERTIFICATE OF DEATH

109 — Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 325 Fuller Rd.
(If rural give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3 (a) **FULL NAME** Edward Blake

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Lillie M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 24, 1880

8. AGE: Years 63 | Months 3 | Days 11 | If less than one day: hr. min.

9. Birthplace Snow Hill, Md (Town, county and state)

10. Usual Occupation Gardener

11. Industry or business

FATHER — 12. Name James Blake
13. Birthplace Maryland

MOTHER — 14. Maiden Name Alice Bernell
15. Birthplace Maryland

16 (a) Informant Lillie M. Blake
(b) Address 325 Fuller Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9, 1944 (month) (day) (year)

(c) Cemetery or crematory —
Location Snow Hill, Md.

18 (a) Funeral director Mrs. George M. Hallard
(b) Address 163 Pond Hill Ave

19 (a) 1944 (Date received by registrar) (b) Huntington Williams M.D. (Signature of registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1944 at 7:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/5 1944 to 1/5 1944 and that I last saw him alive on 1/5 1944

Immediate cause of death Infarction of right lung. — Duration

Due to Pneumonia

Due to

Other Conditions Arteriosclerosis Uremia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Infarction of right lung.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Haught M. D.
Address Green & Redwood Sts Date signed 1/6/44

Scott

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 83a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 N. Calhoun St., ... Ward).

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daniel Scott

If U. S. Veteran specify WAR .....

(a) Residence: No. 325 N. Calhoun St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

6. DATE OF BIRTH (month, day, year) 14 June 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Henrico County Virginia

FATHER

13. NAME William D. Scott

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth Pleasants

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT William H. Scott

(Address) 325 N. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 9 January 1944

19. UNDERTAKER Chas. Geo. H. Hyland

(Address) 1631 Druid Hill Ave.

20. FILED JAN 9 1944, 19.... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5, 1944

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1943 to Jan 5, 1944

I last saw him alive on Jan 5, 1944. Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Dec. 18
Other contributory causes of importance:	

Was an operation performed? ~ Date of .....

For what disease or injury? ~

Name of operation ~ What test confirmed diagnosis? By Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ~, 19....

Where did injury occur? ~ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury /

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No (Yes or No) (If yes, specify)

(Signed) H. Garland Schaeffer M. D.

(Address) 1534 Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 3

C 12652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓64

Registered No. C 12652

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3903 Milford ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3903 Milford ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thayer M. Littleton

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 17-1943

8. AGE: Years	Months	Days	If less than one day
4	5 4	21	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Morgan Littleton
13. Birthplace

MOTHER
14. Maiden Name Margaret A. Thomey
15. Birthplace

16 (a) Informant Mrs. Margaret A. Littleton
(b) Address 3903 Milford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 3900 Old Frederick Rd

18 (a) Funeral director Harry H. Witzke
(b) Address 4101 E. Monument Ave.

19 (a) JAN 9 1944 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-7- 19 44, at 5:00 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:
(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH

Status thymicus — lymphaticus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Malden M.D.
Medical Examiner.
Date signed 1-8-44

G 12653 G 12653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 Hadley Square
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6 Hadley Square
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jessie Mae Edwards

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Wilbert A. Edwards

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 15, 1882

8. AGE: Years	Months	Days	If less than one day
61	9	23	hr. min.

9. Birthplace Harford Co. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Stephen O. Heath
13. Birthplace Md.

MOTHER
14. Maiden Name Annie M. Young
15. Birthplace Md.

16 (a) Informant Wilbert A. Edwards
(b) Address 6 Hadley Square

17 (a) Burial (b) Date thereof Jan. 10/44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Greenmount
Location Greenmount Ave. & Oliver St.

18 (a) Funeral director Harry H. Nitzke
(b) Address 4101 Edmondson Ave.

19 (a) JAN 9 1944 (b) Huntington Williams M.D.
(Date received by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1944, at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 13 1943, to Jan. 8 1944, and that I last saw h[illegible] alive on Jan. 7 1944

Immediate cause of death Pneumonia — Duration

Due to Carcinoma Breast — 6 months

Due to Cardiac Failure due to arteriosclerosis & pulmonary tuberculosis — 1 month

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Oct 1941

Major findings of operation: Carcinoma of Breast

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Katherine H. Bonkovich M. D.

Address 1011 N. Charles St Date signed 1/8/44

1st receipt

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 126 4 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 602 N. Highland Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 602 N. Highland Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura F. Mellado

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Fernando A. Mellado

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1876

8. AGE: Years 67 | Months 1 | Days 3 | If less than one day hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Francis E. Morrison
13. Birthplace Md

MOTHER
14. Maiden Name Georgiana Gordon
15. Birthplace Va.

16 (a) Informant Fernando A. Mellado
(b) Address 602 N. Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10/44 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director Harry H. Little
(b) Address 401 Edmondson Ave

19 (a) (Date rec'd by registrar) (b) (Registrar)
JAN 8 1944
VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7/44. 19 , at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to Jan 7 1944
and that I last saw her alive on Jan 7 1944.

Immediate cause of death	Duration
ARTERIOSCLEROSIS	3 YRS
Due to HYPERTENSION	18 Mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature James F. Cavanagh M.D.

Address 3326 W. Fredericks Rd Date signed 1-8-44
M. D.

Huntington Williams, M.D.

G 12655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 12655

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Apts
(c) Hospital or institution: Beach Cre
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Wyman Park Apts Beach Cre
(If rural give location) 4 44th
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rev Martin J P Egan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17th 1878

8. AGE: Years	Months	Days	If less than one day
65	7	20	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business Priest

FATHER
12. Name Michael J Egan
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Eagan
15. Birthplace Ireland

16 (a) Informant Bridget Eagan
(b) Address Wyman Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-44

(c) Cemetery or crematory New Cathedral
Location Edmondson Ave

18 (a) Funeral director John C Kehoe
(b) Address 2000 E Lafayette Ave

19 (a) Jan 9 1944 (Date received by registrar) Harrington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7th 1944 at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 4 1943 to Jan 7 1944 and that I last saw h~~im~~ alive on Jan 7 1944

Immediate cause of death: Chronic Nephritis — Duration 11-4-43
Due to: Arteriosclerosis — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature John D Barbet M. D.
Address 4803 Park Heights Av Date signed 1/8/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

G 12656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1938

G 12656 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3002 E. Baltimore St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3002 E. Baltimore St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Cadden

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Thomas M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 19-1857

8. AGE: Years 86 | Months 4 | Days 17 | If less than one day hr. min.

9. Birthplace Balto - Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business Home

FATHER
12. Name James Reiley
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Brown
15. Birthplace Ireland

16 (a) Informant James Cadden
(b) Address 3002 E. Balto. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10-44 (month) (day) (year)
(c) Cemetery or crematory New Cath.
Location Old Frederick Rd

18 (a) Funeral director Wm. A. Graham
(b) Address 3000 E. Balto St.

19 (a) JAN 9 1944 (Date received by registrar) (b) Wm. A. Graham Registrar

VR 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1944, at 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1944, to 1-6 1944 and that I last saw h.. alive on 1-6 1944

Immediate cause of death myocardosis

Due to arteriosclerosis

Due to

Other Conditions Pelvic Tumor

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John J Gould M. D.
Address 147 N. Castle Date signed 1-7-44

44 1065

G 12657

12657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. X 76a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7-5
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Tenn (b) County
(c) City or town Kingsport
(If outside city or town limits, write RURAL and give town)
(d) Street No. Staff House # 13
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dr. William B. Peters

3 (b) If veteran, name war: World War #1

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Georgie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-11-82

8. AGE: Years 61 | Months 8 | Days 28 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business Own Practice

FATHER
12. Name William B. Peters
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth Templeton
15. Birthplace Va.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (b) Date thereof 1/9/44
(~~Burial, cremation~~ or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Appalachia Va
Location

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

JAN 10 1944 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 19 44 at 11 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1944 to Jan 9 1944 and that I last saw him alive on Jan 9 19 44

Immediate cause of death	Duration
Myocardial failure	
Due to Arteriosclerotic Angina Aplastic Anemia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Johns Hopkins Hosp. Date signed 1/9/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G 12658

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution:
Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Richard Cohee

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years 84 | Months | Days | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley Street

17 (a) Burial (b) Date thereof Jan. 10 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Easton Md
Location Maryland

18 (a) Funeral director Bibb Wiedefeld
(b) Address 917 Eutaw and Lee Ave

19 (a) JAN 10 1944 (b) Huntington Williams Md.
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION 11.40 a.

20. DATE OF DEATH Jan. 9 1944, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 - 1944, to Jan 9 - 1944, and that I last saw h.mi. alive on Jan 8 1944.

Immediate cause of death	Duration
Edema of Lungs	2 days
Due to Chronic Myocarditis	1 year
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Ave Date signed 1/9/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12659 ✓ 93D

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Lefanger St
(c) Hospital or institution:
Aged Men & Women Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 N Lefanger St (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Kate Calloday

3 (b) If veteran, name war W
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 27 1857

8. AGE: Years 92 | Months 11 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation none
11. Industry or business

FATHER
12. Name Joseph Calloday.
13. Birthplace Spain

MOTHER
14. Maiden Name Mary Mason
15. Birthplace London Eng

16 (a) Informant Mrs. Gertrude Thompson
(b) Address 1400 N Lefanger St

17. Burial (Burial, cremation, or removal) (b) Date thereof 1/11/44 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore Md

18 (a) Funeral director Wilson & Col Inc
(b) Address 1217 Park Ave

19 JAN 10 1944 (b) Huntington Williams, M.D. Address 11 E. Chase St.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1944, at 12:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15/1927 19.. to 1/7/1944 19.., and that I last saw her alive on 1/6/1944 19..

Immediate cause of death Hypertensive cardio-vascular disease. — Duration ? yrs.

Due to .....

Due to .....

Other Conditions Flu — 3 days

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Edwin C Jarrell.
Address 11 E. Chase St., City Date signed 1/8/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 12650

1. PLACE OF DEATH:
Baltimore City, Maryland
(b) Street address 4212 Shamrock Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Yr
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4212 Shamrock Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Margaret Harding

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Raymond V. Harding
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 11th 1887

8. AGE: Years 56 | Months 2 | Days 26 | If less than one day ... hr. ... min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John Herbert
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Theresa CARBASKA
15. Birthplace Germany

16 (a) Informant Raymond V. Harding
(b) Address 4212 Shamrock Ave

17 (a) Burial (b) Date thereof 1/11/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director Wildeam Cook Inc
(b) Address 1217 St. Paul St.

19 JAN 10 1944 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7th 1944, at 2 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1943, to 1/7 1944, and that I last saw h[illegible] alive on 1/7 1944

Immediate cause of death Chronic Myocardiotis (Infarction)

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Kyle W. Golley M. D.
Address 5103 Harford Rd Date signed 1/8/44

KYLE W. GOLLEY

Fill in WHITE PLAINLY, WITH UNFADING INK. Give the causes of death clearly and legibly. correct age is especially important. Physicians: please write the

G 12651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 930 G 12651

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3109 Clarvint Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3109 Clarvint Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles A Cruse

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elva D Cruse

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 16, 1879

8. AGE: Years: 64 | Months: 6m | Days: 26 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: Clerk Sales

11. Industry or business: D.P.

MOTHER / FATHER

12. Name: Charles M Cruse
13. Birthplace: Baltimore Md
14. Maiden Name: Lena Erich
15. Birthplace: Baltimore Md

16 (a) Informant: Elva D Cruse
(b) Address: 3109 Clarvint Ave

17. Burial (Burial, cremation, or removal) (b) Date thereof: 1/11/44 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Md
Location: Baltimore Md

18 (a) Funeral director: Wilson Co Inc
(b) Address: 1217 St Paul St

JAN 10 1944 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 7 1944, at 7:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1936, to Jan 7 1944, and that I last saw h alive on Jan 7 1944.

Immediate cause of death: Coronary Disease — Duration: 1 dy
Due to: Chr. Hypertrophy + Hypertension — 8 yrs.
Due to: Chronic Nephritis
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H H Meyer Jr M.D.
Address: 1520 E 33rd Date signed: 1/8/44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 250

12662 ✓ G 12662

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 131a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given as correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 132 W Camden St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 -
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 132 W Camden St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Waters Whitehead

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 21, 1857

8. AGE: Years	Months	Days	If less than one day
86	2	11	hr. min.

9. Birthplace Odenton Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

MOTHER / FATHER	
12. Name	John Whitehead
13. Birthplace	Md
14. Maiden name	Mary Ann Dove
15. Birthplace	Md

16 (a) Informant Ruth M Dunn
(b) Address 132 W Camden St

17 (a) Burial (b) Date thereof 1/11/44 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Md
Location Baltimore Md

18 (a) Funeral director Anthony Lord Co
(b) Address 1217 E Fayette St

JAN 10 1944 (a) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1944, at 7 34 M

21. I certify that death occurred on the date above stated, that I attended deceased from 1/10 1942 to 1/8 1944 and that I last saw h[illegible] alive on 1/7 1944

Immediate cause of death Chronic
Myocarditis
arteriosclerosis
Due to Chronic nephritis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Trunnell M.D.
Address 1111 Eee Date signed 1/8/44

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 M

Registered No. 12663

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address RAYNER AVE & DUKELAND
(c) Hospital or institution:
WEST BALTO. GEN'L. HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2664 Wilkens Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SOPHIE A SMITH

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	KIAE

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~.
F	W	Married

6 (b) Name of husband ~~or wife~~ Thomas R. Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24th 1868

8. AGE: Years	Months	Days	If less than one day
75	8	14	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Frederick H. Wilkens
13. Birthplace Germany

MOTHER
14. Maiden Name Annie Zang
15. Birthplace Balto. Md

16 (a) Informant Mary L. Smith
(b) Address 2664 Wilkens Ave

17 (a) Burial (b) Date thereof 1/11/44
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery or ~~crematory~~ Western
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 JAN 10 1944 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/8 1944, at 10:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/27 1943 to 1/8 1944, and that I last saw HER alive on 1/8 1944.

Immediate cause of death CARDIAC FAILURE — Duration 2

Due to HYPERTENSIVE - ARTERIOSCL. CVD.

Due to

Other Conditions GI MALIGNANCY & LIVER METASTASES
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P.N. Friedman M. D.
Address West Balt Gen'l Hosp. Date signed 1/8/44

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 13/a

Registered No. G 12664

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3519 Chestnut Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3519 Chestnut Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Louise White

3 (b) If veteran, name war W
3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Joseph Henry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 4, 1860

8. AGE: Years 83 | Months 2 | Days 25 | If less than one day hr. min.

9. Birthplace Guilford Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name James Hart
13. Birthplace Md

MOTHER 14. Maiden Name Louise Shaonis
15. Birthplace Md

16 (a) Informant Donald D. White
(b) Address 6123 14th Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/44 (month) (day) (year)

(c) Cemetery or crematory Lorraine Md
Location Mayfield

18 (a) Funeral director Wilson Cooper
(b) Address 1217 E. Cold St

JAN 10 1944 (Date rec'd by registrar) Henrietta Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9, 1944, at 4/6 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1943 to Jan 9 1944 and that I last saw h[illegible] alive on Jan 9 1944

Immediate cause of death Uremic Myocarditis — Duration Indef

Due to — Duration

Due to — Duration Indef

Other Conditions Nephritis, Edema (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Ingraham M.D.
Address 1210 20th St Date signed Jan. 9, 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Write the cause of death clearly and legibly. Physicians: please write correct age in especially important.

C 12665 BALTIMORE CITY HEALTH DEPARTMENT C 12665

CERTIFICATE OF DEATH 131a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1423 W. Saratoga St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1423 W. Saratoga St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE E. WORTHAM

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Widow

6 (b) Name of husband or wife William H. Wortham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1862

8. AGE: Years	Months	Days	If less than one day
81	11	17	hr. min.

9. Birthplace Middlesex Co., Va.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Alexander Muse
13. Birthplace Va.

MOTHER
14. Maiden Name Billy Beazley
15. Birthplace Va.

16 (a) Informant Mrs. Edgar T. Wortham
(b) Address 794 Grantley St.

17 (a) Burial (b) Date thereof 1/10/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JAN 10 1944 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION P

20. DATE OF DEATH Jan. 5 1944, at 11:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1943, to Jan 5 1944
and that I last saw h alive on 19

Immediate cause of death — Duration

Chronic Interstitial Nephritis

Due to Hypertension,

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter A Wood M. D.
Address 3 Wickwood Rd. Date signed Jan 7-44

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1178 Registered No. G 12605

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St + Linden Ave
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2138 Mt. Holly St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Frederick Borges

3 (b) If veteran, name war --

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Agnes H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1884

8. AGE: Years 59 | Months 9 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace New York, N. Y. (Town, county, and state)

10. Usual Occupation Freight Clerk

11. Industry or business Old Bay Line

FATHER
12. Name -
13. Birthplace Germany

MOTHER
14. Maiden Name -
15. Birthplace -

16 (a) Informant Mrs. Agnes H. Borges
(b) Address 2138 Mt. Holly St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/44 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 10 1944 (Date rec'd by registrar) (b) Thurlington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-7 1944, at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21 1943 to 1-7 1944 and that I last saw alive on 1-7 1944

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions Hypertension 2 years

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joshua D. Young Jr. M. D.

Address Md. Gen. Hosp. Date signed 1-7-44

correct age is especially important. Physicians: please write clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

109

Registered No. G 12667

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 220
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3214 Bayonne Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Gustave F. Eklund

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 142-14-6986

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Thelma Eklund

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 22 1896

8. AGE: Years 47 | Months 1 | Days 15 | If less than one day ... hr. ... min.

9. Birthplace Sweden (Town, county, and state)

10. Usual Occupation Marine Engineer

11. Industry or business

FATHER
12. Name John Eklund
13. Birthplace Sweden

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Thelma Eklund
(b) Address 3214 Bayonne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/44 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto

18 (a) Funeral director Wm. J. Tyckenor & Son
(b) Address Balto., Md.

JAN 10 1944 (Date rec'd by registrar)

(b) Signature for Williams H.P.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-7 1944, at 3:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-6 1944, to 1-7 1944 and that I last saw him alive on 1-7 1944.

Immediate cause of death: Acute respiratory failure — Duration: 6 days

Due to: Pneumonia

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature M. Jane Taliaferro M. D.

Address Mercy Hosp. Date signed 1-9-44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 12618

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4404 Raspe Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BERTHA M. MILLS

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Harrison C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1885

8. AGE: Years	Months	Days	If less than one day
58	4	0	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Joyner
13. Birthplace Balto.

MOTHER
14. Maiden Name Ella Griffin
15. Birthplace Md.

16 (a) Informant Mr. Harrison C. Mills
(b) Address 4404 Raspe Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/44 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 10 1944 (Date rec'd by registrar) (b) [illegible] Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/7/ 1944, at 11:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14 1944, to Jan 7th 1944, and that I last saw h[illegible] alive on Jan 7th 1944.

Immediate cause of death Coronary Disease — Duration 2 yrs
Due to
Due to
Other Conditions Myocardial Insufficiency — 1 month
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward Benson M. D.
Address 1 W. Oversea Date signed 1/8/44

These items are important and should be carefully answered. Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

12669 — BALTIMORE CITY HEALTH DEPARTMENT — G 12669

CERTIFICATE OF DEATH 46F

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1028 Maldeis St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1028 Maldeis St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Smith

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 217-01-3216

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Katie M. Smith

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1880

8. AGE: Years	Months	Days	If less than one day
63	-	21	hr. min.

9. Birthplace New Jersey (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Annadel Sand & Gravel

FATHER 12. Name Unknown
13. Birthplace "

MOTHER 14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Katie Smith
(b) Address 1028 Maldeis St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10/44 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Mem. Pk.
Location Glen Burnie Md.

18 (a) Funeral director Fred. A. Krause & Sons
(b) Address 1216 N. Charles St.

19 (a) JAN 10 1944 (Date rec'd by registrar) (b) Register Williams, M.D.

VS 180

PLEASE WRITE PLAINLY. Please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6th 1944, at 7.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 18th 1943, to Jan. 6th 1944, and that I last saw h.im alive on Jan. 6th 1944.

Immediate cause of death: Broncho-Pneumonia. — Duration: 19 days
Due to: Carcinoma of liver. — 1 year.
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Yates.
Address 517 Scott St. Date signed 1/8/1944 M. D.

YATES

12670 ✓ G 12670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1941 Spruson Street (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Joseph B. Parks

3 (b) If veteran, name war .....

3 (c) Social Security Account No. 205-09-4994

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mamie Parks

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1880

8. AGE: Years 63 | Months 10 | Days 15 | If less than one day .....hr. .....min.

9. Birthplace Nebraska (Town, county, and state)

10. Usual Occupation Railroader

11. Industry or business B. & O.

FATHER
12. Name James L. Parks
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Lydia A. Wilson
15. Birthplace Balto. Md.

16 (a) Informant Mrs. J. Parks
(b) Address 1941 Spruson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10/44 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmondson Ave.

18 (a) Funeral director Fred. A. Kramer & Son
(b) Address 1216 N. Charles St.

19 (a) JAN 10 1944 (Date rec'd by registrar) (b) Harriet for Williams Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1944, at 8 A. M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hypertensive cardiovascular disease.

Due to .....

.....

Other Conditions .....

.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....
(d) Means of injury .....

23. Signature Henry L. Wollenweber, M.D. Medical Examiner.
Date signed Jan 7, 1943.
By Thomas J. Waesche, M.D.

G 12671 ✓G 12671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No.

PLEASE WRITE PLAINLY, with ink or indelible pencil, and without abbreviations. Physicians: please write the causes of death clearly and legibly. Please see that the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6506 Cleveland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2/12
(e) Length of stay in Baltimore (yrs., mos., or days) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6506 Cleveland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Augusta H. Grunkel

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John Grunkel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1853

8. AGE: Years	Months	Days	If less than one day
90	7	—	hr. min.

9. Birthplace Germany (Town, county and state)
10. Usual Occupation
11. Industry or business At home

FATHER
12. Name George Koerner
13. Birthplace Germany

MOTHER
14. Maiden Name Louise Dreker
15. Birthplace Germany

16 (a) Informant Louis Grunkel
(b) Address 2715 E Clinton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/44 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md.
18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St.
19 (a) (Date rec'd by registrar) (b) Registrar

JAN 10 1944 Hunting for Hollander M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1944, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1939 to Jan 5 1944 and that I last saw h[illegible] alive on Jan 4, 1944.

Immediate cause of death Chronic myocarditis with myocardial degeneration — Duration 5 years

Due to Senility

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A.W. Keier M. D.
Address Dundalk, Md. Date signed 1-7-44

2672 ✓ C 12672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 323 E North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 223 E. North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Kehoe Crew

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years 82 Months — Days — If less than one day hr. min.

9. Birthplace Harford Co Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Lawrence Kehoe
13. Birthplace Ireland

MOTHER
14. Maiden Name Sarah Toale
15. Birthplace Ireland

16 (a) Informant Mrs Mullikan
(b) Address 223 E North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 11 1944 (month) (day) (year)
(c) Cemetery or crematory St Charles
Location Pikesville

18 (a) Funeral director Mary M Friedfeld
(b) Address 501 E. 32nd St.

19 (a) JAN 10 1944 (Date rec'd by registrar) (b) Livingston Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1944; at 6P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1944, to June 8 1944, and that I last saw h alive on June 8 1944

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas E. Pullen, M.D.

Address 3 W. Read St. Date signed 1-10-44

VS 150

12673

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 12673 Registered No.

CERTIFICATE OF DEATH 83a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 717 Highwood Drive
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 717 Highwood Dr. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Matthew A. Maguire

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Dorothy P.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-31-1890

8. AGE: Years 53 | Months 2 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Patrick Maguire
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary
15. Birthplace Ireland

16 (a) Informant Mrs Dorothy Maguire
(b) Address 717 Highwood Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-44 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Leonard J Buck
(b) Address 5305 Harford Rd

19 (a) (Date received by registrar) JAN 10 1944 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1944 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27 1943 to Jan 7 1944, and that I last saw h[illegible] alive on Jan 7th 1944.

Immediate cause of death: Cerebral Hemorrhage.

Due to: Hypertension

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edna Roberts M. D.
Address 6100 York Rd Date signed
Balto Md

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. 6 4

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Grey
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2916 Joppa Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl "B" Schneider

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 29-43

8. AGE: Years	Months	Days	If less than one day
		10	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles M. Schneider
13. Birthplace Parkville Md

MOTHER
14. Maiden Name Myrtle M. Leonhardt
15. Birthplace Md

16 (a) Informant Charles M. Schneider
(b) Address 2916 E. Joppa Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-44 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J. Rueck
(b) Address 5305 Harford Road

19 (a) (Date rec'd by registrar) (b) Registrar

VS 164 JAN 10 1944 for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-9 1944, at 7 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-29 1943 to 1-9- 1944, and that I last saw her alive on 1-9 1944

Immediate cause of death atelectasis — Duration

Due to

Due to

Other Conditions Prematurity

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. E. Robertson M. D.

Address Date signed 1-9-44

Correct age as especially important. Physician, please

12675 BALTIMORE CITY HEALTH DEPARTMENT ✓ G 12675

CERTIFICATE OF DEATH 186w

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 136 N. Lakewood
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 136 N. Lakewood (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jacob Karch

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widow

6 (b) Name of husband or wife Mary C. Lutton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 3-1864

8. AGE: Years	Months	Days	If less than one day
79	4	4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Gottlieb Karch
13. Birthplace Germany

MOTHER
14. Maiden Name Eva Beck
15. Birthplace Germany

16 (a) Informant Mrs. James G. Karch
(b) Address 730 Corbin Pl. NW. Washington D.C.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-44 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore
18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd.
19 JAN 10 1944 (a) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1944 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 19 XX to Jan 7 19 XX and that I last saw h alive on Dec 31 19 XX

Immediate cause of death	Duration
Septic Bronchitis	14 days.
Cardiac dec.	5 days.
Due to Aortic Sclerosis	?
Chr. Val. Heart Disease	
Due to Pneumonia & Left arm	
due to embolism	
Other Conditions Fracture of	Dec. 23/43
L ribs due to fall	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, ~~suicide~~, or homicide Fall Dec 23/43 6/2
(b) Date of occurrence Dec 23 at ? M
(c) Where did injury occur? Dec 23/43 (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Fall out of bed

23. Signature E N Meyer
Address 1518 E 33rd St Date signed 1/9/44 (M.D.)

Huntington Williams, M.D

correct age is especially important. Physicians: please write the cause of death very plainly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. C 72646

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1803 N.Chester Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1803 N.Chester Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fredericka Andrews

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Harry H. Andrews
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 13 1880

8. AGE: Years	Months	Days	If less than one day
63	4	26	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Zimmerman
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Schanthaler
15. Birthplace Baltimore Md,

16 (a) Informant Mrs. Lulu Pittroff
(b) Address 1803 N.Chester Street

17 (a) Burial (b) Date thereof 1-12-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.Cemetery
Location Frederick Rd. Balto.Md

18 (a) Funeral director Albert L. Hilff
(b) Address 1606 N.Chester St

19 (a) 1-12-1944 (Date filed by Registrar) Waiting for Affidavit Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1944, at 10.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1944, to Jan 8 1944, and that I last saw her alive on Jan 8 1944.

Immediate cause of death	Duration
Myocarditis	
Due to	
Due to	
Other Conditions Chronic Arthritis 2 yrs. (Include pregnancy within 3 months of death)	6 yrs.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lauretta Frahm M. D.
Address 1806 N. Chester St. Date signed 1-12-1944

If correct age is especially important, Physicians, please write

VS 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 12517

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1113 W. Lanvale St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 W. Lanvale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME R. Ardelia McPherson

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
S F	C	Married

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 9/24/1892

8. AGE: Years	Months	Days	If less than one day
51	3	13 12	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name George West
13. Birthplace Md

MOTHER
14. Maiden Name Rinthia
15. Birthplace Md

16 (a) Informant Carl McPherson (Son)
(b) Address 1113 W. Lanvale St.

17 (a) Burial (b) Date thereof 1/10/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem'l. Pk.
Location Baltimore Co. Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 512 N. Carrollton Ave.

(c) JAN 10 1944 (Date received by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION P

20. DATE OF DEATH 1/6/44 19 , at 10:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-30 1943, to 1-6- 1944
and that I last saw her alive on 1-6- 1944.

Immediate cause of death Coronary Thrombosis
Antecedent Factors
Due to Over work

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

Duration
1 Month
1 Month

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jos H Pennington M.D.
Address 1632 Druid Hill Ave Date signed 1-10-44

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

12678

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 12678 Registered No.

CERTIFICATE OF DEATH 93

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 57 days
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2709 Elsinor Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Arthur Thompson

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary E. Thompson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29, 1880

8. AGE: Years	Months	Days	If less than one day
63	10	10	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Civil engineer
11. Industry or business

FATHER 12. Name Arthur Thompson
13. Birthplace Maryland

MOTHER 14. Maiden Name Ella Veronica Hughes
15. Birthplace Maryland

16 (a) Informant Mrs. Mary Estelle Thompson
(b) Address 2709 Elsinore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jany. 11/44 (month, day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Balto. Co. Md.

18 (a) Funeral director John C. Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) JAN 10 1944 (b) (Registrar's signature) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9 1944, at 3 35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1944, to Jan 9 1944, and that I last saw him alive on Jan 9 1944.

Immediate cause of death Congestive Heart Failure — Duration

Due to Arteriosclerotic Heart disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation (1) Enlarged heart (2) Arteriosclerotic heart disease

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stephen J. Van Lill M. D.
Address Union Memorial Hosp. Date signed 1-9-44

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

G 126 9 ✓ G 126 9

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 117a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 515 W. Hoffman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 515 W. Hoffman St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Laura Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Thomas Johnson
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1892

8. AGE: Years	Months	Days	If less than one day
51	5 10	26	hr. min.

9. Birthplace Rockingham, N. C.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Steven McIntosh
13. Birthplace N. C.

MOTHER
14. Maiden Name Katie Locke
15. Birthplace N. C.

16 (a) Informant Thelma Johnson
(b) Address 515 W. Hoffman St

17 (a) Burial (b) Date thereof 1-17-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Christian Mem. Park
Location Balto. Co. Md.
18 (a) Funeral director Mrs Frances G. Heyde
(b) Address 778 W. Baltimore St

19 (a) (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/16/1944, at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/1 1934, to 1/16 1944 and that I last saw h.e.r alive on 1/12 1944.

Immediate cause of death	Duration
Gastric hemorrhages	7 hrs.
Due to Gastric ulcers	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. Lorain Young, M.D.
Address 1100 Druid Hill Ave Date signed 1/17/44

Huntington Printing Co.

AB-85596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12650 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 N. Gilmor St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Howard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?- 55? 1889

8. AGE: Years 55? Months 2 Days ? If less than one day ....hr. ....min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Alex Howard (D)
13. Birthplace Va.

MOTHER
14. Maiden Name Jane (D)
15. Birthplace Va.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/44 (month) (day) (year)
(c) Cemetery or crematory Western Star
Location Catons Hgts. Md

18 (a) Funeral director Chas. H. Alexander
(b) Address 922 N. Mount St.

19 (a) JAN 10 1944 Huntington Williams, Md. D. Registrar

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/8 1944, at 1:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/23 1943, to 1/8 1944, and that I last saw him alive on 1/8 1944

Immediate cause of death: Lobular pneumonia, Bilateral.

Duration: 4 wks.

Due to

Due to

Other Conditions Empyema, Rt.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above + Carcinoma Rt. Lung

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Sergeson M.D.

Address BCH Date signed 1/9/44

Please write clearly and legibly. Physicians: please write the cause of death correct age is especially important.

G 12681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938

G 12681

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4613 Park Heights Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Deitz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Wid.

6 (b) Name of husband or wife Louis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years 79 | Months | Days | If less than one day ____hr. ____min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph
13. Birthplace Russia

MOTHER
14. Maiden Name Rael
15. Birthplace Russia.

16 (a) Informant Hosp Records.
(b) Address

17 (a) Burial (b) Date thereof 1-10-44
(Burial, cremation or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Hill Park
Location Lane

18 (a) Funeral director Levi Levi
(b) Address 1439 E. Baltimore

19 (a) JAN 10 1944 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/10/44 19 at 7 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/7 1944 to 1/10 1944, and that I last saw her alive on 1/10 1944

Immediate cause of death Pneumonia — Duration

Due to

Due to

Other Conditions Arteriosclerosis
Int dis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. J Heuberg
Address Sinai Hospital Date signed 1/10/44 M. D.

correct age is especially important. Figures. pre

G 12682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 12682 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 154 East Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wilbert Steven Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Olivia C. 1911

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1911

8. AGE: Years 32 | Months 5 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business Bartlett & Hayward

FATHER
12. Name Steven Brown
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Pearl Gliebus
15. Birthplace Baltimore Md.

16 (a) Informant Hazel Brown (Brother)
(b) Address 112 N. Chapel Street

17 (a) Burial (b) Date thereof Jan. 10, 1944
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial Park
Location

18 (a) Funeral director Lokett & Young
(b) Address 804 W. Carlton St

19 (a) JAN 10 1944 (b) Huntington for Millard, Md.
(Registrar's signature) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4- 1944, at 2:40 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Lobar Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 1-5-44

G 12683 ✓ G 12683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 W. Lexington St.
(c) Hospital or institution:
Volunteers of America Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto - 24
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2517 Eastern Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WALTER STELMASZAK

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-8834

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2 1889

8. AGE: Years	Months	Days	If less than one day
54	4		hr. min.

9. Birthplace Baltimore md
(Town, county, and state)

10. Usual Occupation operater of machine

11. Industry or business AMERICAN HAMMERED PISTON (Mfg Div)

FATHER
12. Name Vincent Stelmaszak
13. Birthplace unknown

MOTHER
14. Maiden Name Katherine ?
15. Birthplace unknown

16 (a) Informant Regina Monroe
(b) Address 2515 Eastern ave

17 (a) Burial (b) Date thereof 1-11-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore md

18 (a) Funeral director George A Weber
(b) Address 7944 Ann st

19 (a) JAN 10 1944 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

correct age is especially important—[illegible]

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1944 at 4.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1944 to Jan 8 1944 and that I last saw him alive on Jan 7 1944.

Immediate cause of death	Duration
Respiratory failure	1 day
Due to	
Carcinoma of Lung	unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leonard Gozzi M. D.
Address Volunteers of America Hosp. Date signed 1/8/44

2654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G 12654

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4702 HARFORD AVE
(c) Hospital or institution:
Leighton NURSING HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5DAYS
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Howard.
(c) City or town Ellicott City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LAURA McMECHEN.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 13 1866

8. AGE: Years 77 | Months 3 | Days 27 | If less than one day 25 hr. min.

9. Birthplace Pennsylvania
(Town, county, and state)

10. Usual Occupation Woman

11. Industry or business

FATHER 12. Name Thomas McMechen

13. Birthplace Md

MOTHER 14. Maiden Name Rachael Jordan

15. Birthplace Md Adamsburg

16 (a) Informant Jane Dreyer

(b) Address 60 S Lyon Lombard

17 (a) Buried (b) Date thereof 1/10/44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Loudon Park

18 (a) Funeral director Thos A Gilroy

(b) Address Baltimore Md

19 (a) JAN 10 1944 (b)
(Date rec'd by registrar)

VS 5

Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JANUARY 8. 1944 at 2.A.M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN. 27 1944 to JAN 8 1944, and that I last saw her alive on JAN 7 1944.

	Duration
Immediate cause of death CHRONIC MYOCARDITIS	1943.
Due to ARTERIOR SCLEROSIS	1943
Due to CHRONIC ARTHRITIS	1943
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation NONE

Major findings of operation:

NONE

of autopsy: NO

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas J Blanton M.D.

Address 3013 ST PAUL STREET Date signed JAN 8.

PENALTY: Failure to file this certificate is a misdemeanor (Code, Art. 43, sec. 258) punishable by fine not exceeding $100. Physicians: please write correct age is especially important.

MASLAUSKAS

G 12685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1634

Registered No. G 12685

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1918 W. Lexington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Antonia Maslauskas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Married

6 (b) Name of husband or wife Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Lith
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ?
13. Birthplace Lith

MOTHER
14. Maiden Name ?
15. Birthplace Lith

16 (a) Informant Frank Boogas Maslauskas
(b) Address 1918 W Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12 44 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Blair Rd

18 (a) Funeral director Joseph Maslauskas Jr
(b) Address 1918 W Washington St

JAN 10 1944

19 (a) (Date rec'd by registrar) Registrar

correct age is especially

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 1944 at 3 50 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy / Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation due to illuminating gas.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Jan 8 at 1944 3 P M.
(b) Where did injury occur? 1918 W. Lexington St
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? no
(d) Means of injury Gas from oven & stove

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Jan 9 1944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 12616

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1239 Hanbert St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1239 Hanbert
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theresa Hanokawicz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Casper Hanokawicz

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Oct. 5 1873

8. AGE: Years 70 | Months 2 | Days 21 | If less than one day ... hr. ... min.

9. Birthplace Slavika
(Town, county, and state)

10. Usual Occupation H. wife

11. Industry or business

FATHER
12. Name Joseph Baciak
13. Birthplace Slavika

MOTHER
14. Maiden Name Julia Hapnik
15. Birthplace Slavakia

16 (a) Informant Mrs Zyskowicz
(b) Address 1239 Hanbert St

17 (a) Burial (b) Date thereof 1/11/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem
Location Old Town Rd

18 (a) Funeral director J. J. Tobey & Sons
(b) Address 1318 Light St.

19 (a) 1-10-1944 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1944 at 6.30 A M

21. I certify that death occured on the date above stated; that I attended deceased from Oct. 13 1943 to Jan 6 1944 and that I last saw h alive on Jan 6 1944

Immediate cause of death: Acute Pulmonary Edema — Duration 1 day

Due to: General Anasarca — 2 mos

Due to: Chronic Nephritis —

Other Conditions: Myocardites —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Edward Norris M.D.
Address 107 East west street Date signed January 6, 1944.

VS 3

To insure the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

G 12687
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital | 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1203 Laurens Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jack Jones

3 (b) If veteran, name war –

3 (c) Social Security Account No. –

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife –

6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) Apr. 5, 1901

8. AGE: Years 42 | Months 9 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Buck Jones
13. Birthplace Va

MOTHER
14. Maiden Name Mammie Mosley
15. Birthplace Va

16 (a) Informant Ida Rice
(b) Address 1203 Laurens St

17 (a) Burial (b) Date thereof 1/11/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Md.

18 (a) Funeral director George H. Kelson
(b) Address 1303 Pleasant St

19. (a) Date rec'd by Local Reg. JAN 10 1944 (b) Filing for Williams
Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-7-44 at 11:45 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:
(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Bullet wound of Heart

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 1-7-44 at 11.15 P.M.
(b) Where did injury occur? 1200 Laurens Street
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Gunshot

23. Signature Howard A. Clements M.D.
Medical Examiner.
Date signed 1-8-44

12688

AB-88847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1621

G 12688 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 415 North Parrish St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Holmes

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widower

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-? - 75? 1869

8. AGE: Years	Months	Days	If less than one day
75?	?	?	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address - RECORDS

17 (a) Burial (b) Date thereof Jan 12-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Ozigna
Location Md

18 (a) Funeral director Mrs Kate R Williams
(b) Address 822 N. Schroeder St

19 (a) JAN 10 1944 (b) Huntington Md Registrar, M.D.

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/7 1944, at 1:00 A

21. I certify that death occurred on the date above stated; that I attended deceased from 1/7 1944, to 1/7 1944, and that I last saw him alive on 1/5 1944.

Immediate cause of death Gen. debility; malnutrition; dehydration; senility — Duration ?

Due to 0 — Duration 1

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Layman M. D.
Address 13 CN Date signed 1/8

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians:

12659 G-12659

BALTIMORE CITY HEALTH DEPARTMENT

T.N 85836 **CERTIFICATE OF DEATH** 1226 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2516 Huron St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Fletcher

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C	Married

6 (b) Name of husband or wife Mabel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept, 28, 1883

8. AGE: Years	Months	Days	If less than one day
60	3	9	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Henry ?
13. Birthplace Maryland

MOTHER
14. Maiden Name Hester ?
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12-44 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Md

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St

19 JAN 10 1944 (Date rec'd by local reg.) (b) Huntington Williams (Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-7 1944 at 4'5 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-6 1944 to 1-7 1944, and that I last saw M alive on 1-7 1944.

Immediate cause of death	Duration
Intestinal Obstruction	48 hrs
Due to Volvulus	48 hrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 1-6-44
Major findings of operation: None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Doriana Roberts M. D.
Address Balto City Hosp Date signed 1-8-44

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Any certificate which is incorrect ago is especially important.

G 12650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1944

Registered No. G 12650

PLEASE WRITE the causes of death clearly and legibly. Physicians: please correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5309 W. Bruce St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5309 W. Bruce St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Bowen

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1888

8. AGE: Years	Months	Days	If less than one day
55	4	21	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Henry Bowen
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Emma
15. Birthplace Balto. Md.

16 (a) Informant Janetta Washington
(b) Address 762 Dolphin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10-44 (month) (day) (year)
(c) Cemetery or crematory Western Star - Eden
Location Mt

18 (a) Funeral director Mrs Kate P. Williams
(b) Address 322 N. Schroeder St.

19 JAN 10 1944 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1944, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1943, to Jan 6 1944 and that I last saw h alive on Jan 6 1944

Immediate cause of death	Duration
Cerebral hemorrhage	1/2 hour
Due to Hypertension	1 yr
Due to	
Other Conditions Myocarditis	1 yr

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. A. Wall M.D.
Address 1152 Eutaw Pl. Date signed 1/10/44

G 12691 — BALTIMORE CITY HEALTH DEPARTMENT — G 12691

CERTIFICATE OF DEATH 1131a

Registered No. 13

PLEASE WRITE PLAINLY with pencil or pen and ink. Physicians: please write the causes of death clearly and legibly. Be sure that the age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 620 W. 40th street
(c) Hospital or institution: -----
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 620 W. 40th street
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME STANHOPE SCOTT KIRKLEY

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NO

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Julia Madigan Kirkley
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1897

8. AGE: Years	Months	Days	If less than one day
46	10	20	..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Lawyer
11. Industry or business

FATHER
12. Name George Scott Kirkley
13. Birthplace England

MOTHER
14. Maiden Name Rosa Scott
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Julia Madigan Kirkley
(b) Address 620 W. 40th street

17 (a) Burial (b) Date thereof 1/11, 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location
18 (a) Funeral director Chas. J. Evans Son
(b) Address 118 N. Mt. Royal Ave
JAN 10 1944 (b) Huntington Williams Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7. 1944, at 2.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 43 19 ..., to Jan 7 1944, and that I last saw h.. alive on Jan 7. 44 19 12 m.

Immediate cause of death: Coronary Thrombosis — Duration: 1 hr.
Due to: Arterio Sclerosis — 1/2 yrs.
Due to: Nephritis — 5 yrs.
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work?
(Specify type of place)
(e) Means of injury
23. Signature Frank C. Marcus M. D.
Address 1101 St Paul Date signed Jan 7/44

G 126?2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 32a

Registered No. G 126?2

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2006 E 30th ST
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2006 E. 30th St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME OSCAR KOENIG

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-12-9996

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife EMILIE D
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) OCT 22 1868

8. AGE: Years	Months	Days	If less than one day
75	2	17	hr. min.

9. Birthplace KÖNIGSEE GERMANY (Town, county, and state)
10. Usual Occupation BARBER
11. Industry or business

FATHER
12. Name GEO. WM. ERNST KOENIG
13. Birthplace GERMANY

MOTHER
14. Maiden Name PAULINE ?
15. Birthplace GERMANY

16 (a) Informant Oscar G Koenig (Son)
(b) Address 500 Park Ave Dundalk Md

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/11/44 (month) (day) (year)
(c) Cemetery or crematory BALTIMORE CEMETERY
Location NORTH AVE

18 (a) Funeral director JOHN A MORAN
(b) Address 4201 YORK RD

19 (a) JAN 10 1944 (Date rec'd by registrar) Lemington for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/8 1944 at 10.2. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1944 to 1/8 1944 and that I last saw him alive on 1/8 1944.

Immediate cause of death Fa. Bronchopneumonia - Pulmonary Embolism

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. Kelley M. D.
Address 5203 Harford Rd Date signed 1/8/44

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Statements of age are especially important.

VS 350

2693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH / 94a

G 12693
Registered No.

Please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2409 Chesterfield to
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) — 70
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2409 Chesterfield to
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME William M. Schaffer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 18 1870

8. AGE: Years	Months	Days	If less than one day
73	3	9	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Groundsman
11. Industry or business Cemetery

FATHER
12. Name Martin Schaffer
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs Lottie Eyring
(b) Address 2409 Chesterfield to

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/44 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Rd

18 (a) Funeral director Thos J Emory
(b) Address Hollins & Edmondson Aves

19 JAN 10 1944 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1944, at 1200 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1944, to Jan 7 1944 and that I last saw h.. alive on Jan 7 1944

Immediate cause of death	Duration
Coronary Thrombosis	7
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Kerner M.D.
Address 1934 Wilkens Ave Date signed 1/10/44

12604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH / 937

G 12604 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3905 Northern Pkwy
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., ~~mos.~~, or days) 297

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3905 Northern Pkwy
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie Fricke

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5, 1863

8. AGE: Years	Months	Days	If less than one day
80	3	3	hr. min.

9. Birthplace U.S.A. Brooklyn, N.Y.
(Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business ——

FATHER
12. Name Wm. Fricke
13. Birthplace Germany

MOTHER
14. Maiden Name Eliz. Meyer
15. Birthplace Germany

16 (a) Informant Paul Fyfe
(b) Address Box 474 Rockville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10, 1944 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto., Md.

18 (a) Funeral director Lorraine Funeral Home
(b) Address 2400 Belair Road
19 (a) JAN 10 1944 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1944 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1944 to Jan 8 1944 and that I last saw h[illegible] alive on Jan 7 1944.

Immediate cause of death	Duration
Bronchopneumonia	4 Da
Due to Stroke	1 Wk
Due to	
Other Conditions Cardiac Vas. Dis.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Fritz J. Kinzer M.D.
Address 2700 Harford Road Date signed 1/8/44

VB 180

G 1265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 54a

G 1265 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 Madison Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Janie Lance

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: M.- Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1908

8. AGE: Years 36 | Months | Days | If less than one day hr. min.

9. Birthplace Harteville, S. C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Soloman Myers
13. Birthplace S. C.

MOTHER 14. Maiden Name Eliza Jane
15. Birthplace S. C.

16 (a) Informant James Lance
(b) Address 1127 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/44 (month) (day) (year)
(c) Cemetery or crematory Florence
Location South Carolina

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

JAN 10 1944 (Date filed by Registrar) (b) Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/5/44 at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/27 1943 to 1/5 1944, and that I last saw h[illegible] alive on 1/5 1943

Immediate cause of death Brain tumor - Ventricle — Duration

Due to Astrocytoma

Due to

Other Conditions 0

(Include pregnancy within 3 months of death)

Date of operation 12/30/43

Major findings of operation: Same

of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. K. Thompson M. D.
Address University Hosp Date signed 1/5/44

Physician for Williams, M.D.

Be sure age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12656 C 12656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 338

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 708 Edmondson ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Blanch Hamlin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/1/14

8. AGE: Years 29 | Months 1 | Days 6 | If less than one day hr. min.

9. Birthplace Seaside Hampton, Va.
(Town, county and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name John A. Hamlin
13. Birthplace Va.

MOTHER
14. Maiden Name Ida Edwards
15. Birthplace Va

16 (a) Informant Wilhemetta King
(b) Address 708 Edmondson Ave

17 (a) Burial (b) Date thereof 1/10/44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Wakefield, Va

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brookley ave.

19 (a) JAN 10 1944 Huntington Williams M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1944, at 5-40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 4 1944, to Jan 7 1944.
and that I last saw her alive on Jan 7 1944.

Immediate cause of death
Influenza
Uremia Gritis +
Due to Pneumonitis

Due to Influenza

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
3 days.
4 days.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature J. J. Banfield M. D.
Address Provident Hospital Date signed 1/10/44

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

VS 150

G 12677 G 12677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1322 Orleans St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** William Johnson

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex: Male
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife Marianne Johnson
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) 1890
8. AGE: Years 54 | Months 5 | Days 3 | If less than one day ..... hr. ..... min.
9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace .....

MOTHER
14. Maiden Name Unknown
15. Birthplace .....

16 (a) Informant Lennie Bell
(b) Address 1322 Orleans St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/44 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location .....
18 (a) Funeral director Elroy Wilson
(b) Address 1000 Eastlayane
19 (a) Jan 10 1944 (Date rec'd by registrar) (b) ..... Resident

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-6-44 19..., at 4 45 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from 1-3-44 19... to 1-6-44 19..., and that I last saw h[illegible] alive on 1-6-44 19...

Immediate cause of death ..... Duration
Cancer of Stomach
Due to .....
Due to .....
Other Conditions Cachexia
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....
23. Signature Thomas Clyde Webster M. D.
Address Franklin Square Date signed 1-6-44

Correct age is especially important for ages under 1 year and 1 day to 5 years.

G 12658

BALTIMORE CITY HEALTH DEPARTMENT

T.N 83242 **CERTIFICATE OF DEATH** 30E

G 12658

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 months
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 576 W. Preston St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fred Barnes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C	Married

6 (b) Name of husband or wife Lula
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April, 12, 1899

8. AGE: Years	Months	Days	If less than one day
44	8	25	hr. min.

9. Birthplace N. C
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Sidney Barnes
13. Birthplace N. C

MOTHER
14. Maiden Name Annie Berdock
15. Birthplace N. C

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (b) Date thereof 1/12/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Armour, N.C.

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley Ave

19 (a) JAN 10 1944 (b)
(Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/7 1944 at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/15 1943 to 1/7 1944.
and that I last saw him alive on 1/7 1944.

Immediate cause of death Congestive cardiac failure
Due to H CVD
Antecedent cause Luetic CVD
Due to
Other Conditions Syphilis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No Post

Duration
5 mo.
5 yr.
? yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Simmons M. D.
Address BCH Date signed 1/9/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 12619 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 630 S. Linwood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Theodore L. Collier

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-4112

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anna M. Collier

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13-1888

8. AGE: Years 55 | Months 10 | Days 24 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation General Foreman

11. Industry or business Glenn L. Martin

FATHER 12. Name George W. Colber

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Sally G. Crockett

15. Birthplace Balto. Md.

16 (a) Informant Anna M. Collier

(b) Address 630 S. Linwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10-44 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cem.

Location Frederick Rd.

18 (a) Funeral director John A. Miller

(b) Address 2234 Jefferson St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

JAN 10 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7 1944, at 1 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1944, to Jan. 7 1944, and that I last saw him alive on Jan 7 1944.

Immediate cause of death	Duration
Congestive heart failure	
Due to Hypertensive Cardio-Vascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nathan E Chod

Address 44 Fayette Str. Date signed 1-7-44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 1270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 1270

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 522 S Potomac St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 522 S Potomac St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Damesyn

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: JAMES

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 8/15/91

8. AGE: Years 52 | Months 4 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace: BALTIMORE. MD.
(Town, county, and state)

10. Usual Occupation: HOUSEWIFE

11. Industry or business: —

FATHER
12. Name: FRANK WISNIEWSKI
13. Birthplace: POLAND

MOTHER
14. Maiden Name: JOSEPHINE ZYBLEWSKA
15. Birthplace: POLAND

16 (a) Informant: MR. JAMES DAMESYN
(b) Address: 522 S. POTOMAC St.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/11/44 (month) (day) (year)
(c) Cemetery or crematory: ST. STANISLAUS
Location: MT. CARMEL ROAD.

18 (a) Funeral director: M. J. Sadowski & Son
(b) Address: 1808 Eastern Avenue.

19 (a) JAN 10 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7, 1944 35 M

21. I certify that I took charge of the remains described above, held an Inquest thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Coronary occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 1-7-44

Q 12761

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 107

C 12701

Reg. Dist. No. .....

1. PLACE OF DEATH:
County 427. n. Chapel
City or town Balto
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 mo
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County .....
City or town Balto
(If outside city or town limits, write RURAL and give nearest town)
Street No. 427 n. Chapel St.
(If rural, give LOCATION)
2.(a) If veteran, name war .....

3. (a) FULL NAME Mamie Francis Dorsey

3. (b) Social Security Number .....

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	Col	Widow

6.(b) Name of husband or wife Mannie F. Dorsey
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) January 10, 1944 1885

8. AGE: Years	Months	Days	If less than one day
59	-	-	..... hrs. ..... min.

9. Birthplace St Marys Co. Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business .....

FATHER
12. Name Benjamin Barton
13. Birthplace St Marys Co. Md.

MOTHER
14. Maiden name Dorsey Knott
15. Birthplace Maryland

16. Informant .....
Address .....

17. (Burial, cremation, or removal. Which?) Date thereof Jan 13 1944 (month) (day) (year)
Cemetery or crematory Mt. Zion
Location Stevensville Md.
18. Funeral director E. L. Robinson
Address Cameron Md.

19. JAN 10 1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10-44, at 4'45 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-15-43, to 1-10-44
and that I last saw h alive on 1-10-44
Immediate cause of death Bronchial Pneumonia & Pleurisy — DURATION 4 wks 4 wks
Due to .....
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Major findings of operations .....
Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE Jas. R. Blake M. D. or other
Address 1327 n. Central Ave Date signed 1-10-44

G 12702

BALTIMORE CITY HEALTH DEPARTMENT X G 12702

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3032 Beaumont Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Parkville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8006 Harris Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George B. Evans

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Ethel M. Evans
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) 5-14-1892

8. AGE: Years	Months	Days	If less than one day
51	7	25	hr. min.

9. Birthplace Harford Co Md
(Town, county, and state)
10. Usual Occupation Supervisor Assembler
11. Industry or business

FATHER
12. Name Geo H. Evans
13. Birthplace Md

MOTHER
14. Maiden Name Lillian M. Megl
15. Birthplace Md

16 (a) Informant Ethel M. Evans
(b) Address 8006 Harris Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-44 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto Md

18 (a) Funeral director Leonard Funeral Home
(b) Address 5305 Harford Rd.

19 (a) JAN 10 1944 Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-9-1944 at 9:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1943, to Jan 9 1944, and that I last saw him alive on Jan 4 1944.

Immediate cause of death	Duration
Coronary Thrombosis	1 hour
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Heath Mortimer M.D.
Address 2706 St Paul Date signed 1/10/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 12703

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5029 Denmore Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5029 Denmore Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HELEN ROCHKIND

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Solomon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Russia. (Town, county, and state)
10. Usual Occupation None -
11. Industry or business

FATHER
12. Name Mary Cohen
13. Birthplace Russia

MOTHER
14. Maiden Name Ida
15. Birthplace Russia

16 (a) Informant Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-47 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore Md

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Baltimore St

19 (a) (Date rec'd by registrar) (b) Williams, Md. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9, 1944, at 5:30 P.M.

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hypertensive cardiovascular diseas

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature N. L. Wallenmeier M.D.
Medical Examiner.
Date signed 1-10-44.

G 12712 BALTIMORE CITY HEALTH DEPARTMENT G 32216

AB-86859 12704 CERTIFICATE OF DEATH 1213 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mos-27days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 726 N. Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Mills

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife ✓
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10-1899

8. AGE: Years 44 | Months 7 | Days 30 29 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county and state)

10. Usual Occupation Pope fitter helper

11. Industry or business Shipyards

FATHER
12. Name William Mills (D)
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sarah Milholland (D)
15. Birthplace Baltimore, Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/44 (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location Longwood & Edmondson Aves

18 (a) Funeral director John J. Cowan & Son
(b) Address 901-03 Fulton Street

19 (a) (Date rec'd by Reg.) JAN 10 1944 (b) Huntington Williams, M.D. Registrar

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Statements of conditions must be carefully worded and correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/9/44 1944, at 2:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/13 1943 to 1/9 1944, and that I last saw h. alive on 1/9 1944.

Immediate cause of death	Duration
Pulmonary Tuberculosis	2
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Maltma M. D.
Address B. C. H. Date signed Jan 9

G 12705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 12705

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15. SOUTH STRICKER STREET.
(c) Hospital or institution:
NO
(d) Length of stay in hospital or inst. (yrs., mos., or days) NO
(e) Length of stay in Baltimore (yrs., mos., or days) 70. YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town CITY BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15. S. STRICKER. STREET.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME NELLIE PRATHER.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife late Edward J Prather

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 24, 1871

8. AGE: Years 72. | Months 3 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation house work

11. Industry or business at home

FATHER
12. Name William A Coale.
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Ellen Lowe
15. Birthplace Balto Md.

16 (a) Informant Wallace A Blondell

(b) Address 15 S. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/44 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem

Location 4300 Old Frederick Road

18 (a) Funeral director John F Cowan & Son

(b) Address 1605 Eutaw Street

19 (a) (b)

(Date received by local registrar) JAN 10 1944 Registrar

VS 3

correct age is urgently important for mortality statistics, please

MEDICAL CERTIFICATION

20. DATE OF DEATH JANUARY 8 1944 at 3.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from DEC 22 1943 to JAN 8 1944 and that I last saw her alive on JAN 8 1944

Immediate cause of death	Duration
ANGINA PECTORIS JANUARY 8	1944.
Due to ARTERIOR SCLEROSIS	1940.
Due to CHRONIC MYOCARDITIS	1940.
Other Conditions NONE	

(Include pregnancy within 3 mos. of death)

Date of operation NONE

Major findings of operation:

NONE

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas P Plaintree M. D.

Address 3013 ST PAUL ST. Date signed JAN. 8.

G 12706 G 12706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address LaFayette & Johns Hopkins
(c) Hospital or institution:
Hospital for Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Years 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Preston Apts, Preston & Guilford
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Robey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Edward Porter Robey (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 4th, 1859

8. AGE: Years	Months	Days	If less than one day
84	11	6	— hr. — min.

9. Birthplace Howard County
(Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name Mr Slingsby Linthicum
13. Birthplace Howard County

MOTHER
14. Maiden Name Virginia S Peer
15. Birthplace Howard County

16 (a) Informant Mrs. Irene Kemp Cooke
(b) Address Preston Apartments

17 (a) Burial (b) Date thereof 1/12/44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert St.

19 JAN 10 1944 Huntington Williams M.D.
(Date rec'd by registrar)

VB 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9th 1944 at 6.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from December 31 1943, to January 9th 1944, and that I last saw h. alive on January 9th 1944.

Immediate cause of death Res Piratory Failure — Duration

Due to Hypostatic Pneumonia

Due to arterio sclerotic Cardio-vascular disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howland Edward Day M. D.

Address Hospital for Women MD Date signed Jan 9, 1944

correct age is especially important. Physicians, please write

C 12707

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 12707 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1433 Madison Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1433 Madison Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ada Elmore Carper

3 (b) If veteran, name war

3 (c) Social Security Account No. ++

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Wm. James C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1883

8. AGE: Years 60 | Months 5 | Days 22 | If less than one day hr. min.

9. Birthplace Nash. N. C.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Thomas
13. Birthplace Nash. N. C.

MOTHER
14. Maiden Name Helen Jones
15. Birthplace Nash. N. C.

16 (a) Informant Helen Carper
(b) Address 1433 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10, 1944 (month) (day) (year)
(c) Cemetery or crematory Arlington Mem. Pk.
Location Baltimore Co. Md.

18 (a) Funeral director Wm. George H. Holland
(b) Address 1651 Druid Hill Ave.

JAN 10 1944 (Date received by registrar) Huntington Williams Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1944 at 11:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1943 to Jan 6 1944 and that I last saw h[illegible] alive on Jan 6 1944.

Immediate cause of death Chronic Parenchymatous Nephritis.

Due to Uremia

Due to

Other Conditions Hypertensive Arteriosclerosis. Arterial Insufficiency

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: None

Duration
1 mo
1 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph J. Young M.D.

Address 1479 E Monument Date signed 1/8/44

12718 C 12718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Balto., Maryland
(c) Hospital or institution: Md. Gen'l. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 37 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balt.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3626 Rexmere Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? NO years

3 (a) FULL NAME Mrs. Mary Knoebel (MARY KNOEBEL)

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife HENRY WASHINGTON KNOEBEL
6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1862

8. AGE: Years	Months	Days	If less than one day
8	10	17/30	..... hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Graefe
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Not Known
15. Birthplace Maryland

16 (a) Informant E. Leroy Knoebel (Son)
(b) Address 3626 Rexmere Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/44 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Baltimore County, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway

19 (a) JAN 10 1944 (Date rec'd by registrar) (b) Washington (c) Williamson (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8, 1944 at 5.30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-2 1943, to 1-8 1944, and that I last saw her alive on 1-7 1944.

Immediate cause of death	Duration
Hypostatic pneumonia	
Due to Fractured L. femur	
Due to Senility	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 9/3
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11-2-43 10: AM
(c) Where did injury occur? 3626 Rexmere Road (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No. (Specify)
(e) Means of injury Fall while ambulating
23. Signature Howard J. Alexis, M.D.
Address Md. Gen'l. Hosp. Date signed 1/8/44

Approved By Howard J. Alexis, M.D.

G 12709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

G 12709 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2222 PARK AVE
(c) Hospital or institution:
XXXX
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2222 PARK AVE
(If rural give location)
(e) If foreign born, how long in U. S. A.? X years

3 (a) FULL NAME: SAMUEL WIEL.

3 (b) If veteran, name war: XX

3 (c) Social Security Account No. XX

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: IDA WIEL

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) DEC 8-1860

8. AGE: Years 81 83 | Months 1 | Days 1 | If less than one day ... hr. ... min.

9. Birthplace: BALTIMORE, MD (Town, county, and state)

10. Usual Occupation: RETIRED MERCHANT

11. Industry or business:

FATHER
12. Name:
13. Birthplace: UNKNOWN

MOTHER
14. Maiden Name:
15. Birthplace:

16 (a) Informant: MELVIN WIEL
(b) Address: 2222 PARK AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (month, day, year)
(c) Cemetery or crematory
Location: BELAIR RD

18 (a) Funeral director: Johnson & Co
(b) Address: 2432 REISTERSTOWN RD.

19 (a) (Date rec'd by registrar) (b) Huntington Ave

JAN 10 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 9 1944, at 6:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1937 to Jan 9 1944 and that I last saw him alive on Jan 8 1944.

Immediate cause of death: Cerebral arteriosclerosis — Duration: years

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Thurman B Kirk
Address: 2904 Rust. Rd Date signed: 1/9/44

7:0

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G-12710

T.N 85577 / 159

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution:

Baltimore, City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2643 Dulany St
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy (Briggs (Margaret

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22nd, 1943

8. AGE: Years	Months	Days	If less than one day
			Five hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Lawrence Briggs

13. Birthplace ?

MOTHER

14. Maiden Name Margaret Smith

15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals

(b) Address 4940 Eastern Ave (Records

17 (a) Cremated (b) Date thereof Jan 7, 1944
(Burial, cremation, or removal) 10 AM (month) (day) (year)

(c) Cemetery or crematory B C Hosp.

Location 4940 Eastern ave.

18 (a) Funeral director B C. Hosp.

(b) Address 4940 Eastern Ave

JAN 10 1944 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23 1943 at 4:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-22 1943, to 12-23 1943, and that I last saw him alive on 12-23 1943.

Immediate cause of death	Duration
Congenital atelectasis	5 hr
Due to Prematurity	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature E. E. Russell Jr. M.D.
M. D.

Address Balto. City Hosp. Date signed 12-23-43

Colonel age is especially important. Physicians: please write the causes of death clearly and legibly.

12711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 12711 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 904 Mc Donogh Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Richburg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 31, 1943

8. AGE: Years	Months	Days	If less than one day
			6 hr. 45 min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Julius Richburg
13. Birthplace South Carolina

MOTHER
14. Maiden Name Marbell Carey
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 10 1944

18 (a) Funeral director Commissioner of Health
(b) Address

JAN 10 1944 (Date rec'd by registrar)
(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1943, at 2:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 31 1943 to Dec. 31 1943 and that I last saw her alive on Dec. 31 1943.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Philip F. Stefbe Jr. M. D.
Address Johns Hopkins Hospital Date signed 1-4-44

VS 150

0626

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V108

Registered No. C 12712

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 612 W. Fayette St.
(c) Hospital or institution:

4-12

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 612 W. Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hubert Lewis

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1938

8. AGE: Years	Months	Days	If less than one day
6		3	hr. min.

9. Birthplace Wooten, Ky.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Ranson Lewis
13. Birthplace Appalicia, Va.

MOTHER
14. Maiden Name Maggie Fields
15. Birthplace Manchester, Ky.

16 (a) Informant Mr. Ranson Lewis
(b) Address 612 W. Fayette St.

17 (a) Burial (b) Date thereof Jan. 12, 194
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Family Cemetery
Location Wooton, Ky.

18 (a) Funeral director Jedziech & Cole
(b) Address 1200 W. Lombard St

19 JAN 10 1944 (b) Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION P.

20. DATE OF DEATH January 9 1944, at 5.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1944, to Jan 9 1944, and that I last saw him alive on Jan 9 1944.

Immediate cause of death Lobar Pneumonia — Duration

Due to Cardiac Failure & Dehydration

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theo Kaderavek 2nd M. D.
Address 1715 W Pratt Date signed 1/10/44

VS 150

Physicians: please write the causes of death clearly and legibly. Special care is especially important.

G 12713 G 12713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Caroline St
(c) Hospital or institution:
St Joseph's Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 914 E Eager St (if rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Sunderlande

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Samuel Sunderland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22 1865

8. AGE: Years	Months	Days	If less than one day
78	—	16	hr. min.

9. Birthplace Maryland (town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER	12. Name Robert Wantland
	13. Birthplace Maryland
MOTHER	14. Maiden Name Lucinda Boone
	15. Birthplace Maryland

16 (a) Informant Mrs Henry N. Palmer
(b) Address 3156 Remington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11 44 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Ehrenwerth Sonneborn
(b) Address 2461-7 Eberhart Ave

Nov 7 1944 Huntington Williams M.D.
(Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8 1944, at 10:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-3 1944 to 1-8 1944, and that I last saw h Her alive on 1-8 1944

Immediate cause of death Heart failure
Bil bronchopneumonia
Due to 2nd and 3rd degree
Due to burns of genitalia & leg
Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy Not obtained

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Acc.
(b) Date of occurrence 1-3-44 at 4 AM
(c) Where did injury occur? 914 E. Eager St. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Clothes caught fire How?

23. Signature Herbert O'Leikvold - H.J.M.D.
M. D.
Address St. Joseph Hospital Date signed 1-8-44

VS 150

Affirmed by Howard J. Madeira, M.D.

Please write the causes of death clearly and legibly. Physicians: please state age is especially important.

G 12714 ✓ G 12714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. .....

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1318 W 37th St.
(c) Hospital or institution:
.....
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1318 W 37th St.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) **FULL NAME** Ruth N. Smallwood.

3 (b) If veteran, name war –

3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married.

6 (b) Name of husband or wife John J. Smallwood
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Oct 4, 1904

8. AGE: Years	Months	Days	If less than one day
39	3	5	..... hr. ..... min.

9. Birthplace Maryland.
(town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Pleasant S. Tracey.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Ida B. Wilson.
15. Birthplace Maryland.

16 (a) Informant John J. Smallwood.
(b) Address 1318 W 37th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12, 1944 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location .....

18 (a) Funeral director Tohenouth & Donovan.
(b) Address 3615-17 Chestnut Ave.

19 (a) JAN 1944 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9, 1944, at 1 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942, to Jan. 9 1944, and that I last saw her alive on Jan 9 1944.

Immediate cause of death	Duration
Coronary Thrombosis	1 hour
Due to Hypertensive Cardio-Vascular Renal	2 years
Due to Chronic Nephritis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operations: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Simon F. T. Mackenzie M. D.
Address 900 N. 37th St Date signed 1-9-44

G 1275 ✓ G 1275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 900 W 38th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 900 W 38th St.
(If rural give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3 (a) FULL NAME Robert P. McClelland. Sr.

3 (b) If veteran, name war S. A.

3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married.

6 (b) Name of husband or wife Minnie M. McClelland
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Dec 15, 1875

8. AGE: Years	Months	Days	If less than one day
68		24	....hr. ....min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Police.

FATHER
12. Name David P. McClelland
13. Birthplace Ireland.

MOTHER
14. Maiden Name Elmira Jackson.
15. Birthplace Maryland.

16 (a) Informant Minnie M. McClelland.
(b) Address 900 W. 38th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12, 1944 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Edmondson Ave.

18 (a) Funeral director Thos. J. Donovan & Son
(b) Address 3615-17 Chestnut Ave.

19 (a) JAN 14 1944 (b) ..... Registrar
(Date rec'd by Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9, 1944, at 11 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7th 1944 to Jan 9th 1944, and that I last saw h..... alive on.....19.....

Immediate cause of death	Duration
Congesting Heart Failure	
Due to Chr. Myocarditis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation.....
Major findings of operation:.....
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at.....M
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature Edward A. Harmon M. D.
Address 5037 Falls Rd. Date signed 1/10/44

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B. 12716 ✓ B 12716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4121 Falls Road.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4121 Falls Road.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William J. Reddington.

3 (b) If veteran, name war

3 (c) Social Security Account No. ✓

4. Sex: Male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widower.

6 (b) Name of husband or wife: Mary A. Reddington

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14, 1871

8. AGE: Years: 72 | Months: 9 | Days: 25 | If less than one day: hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Carpenter.

11. Industry or business

FATHER
12. Name John Reddington
13. Birthplace Ireland.

MOTHER
14. Maiden Name Mary Ford.
15. Birthplace Ireland.

16 (a) Informant Laurence J. Reddington
(b) Address 4121 Falls Road.

17 (a) Burial (b) Date thereof Jan 13, 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Govans.

18 (a) Funeral director E. Hunguth & Sonovan
(b) Address 3615-17 Chestnut Ave.

19 (a) 1-10 1944 (b) [illegible]
(Date filed by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9, 1944, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1944 to 1-9 1944, and that I last saw him alive on 1-9 1944

Immediate cause of death	Duration
Coronary Thrombosis	sudden.
Due to Atherosclerotic cardiovascular disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Laurence J. Reddington M. D.

Address 5711 Kelly Ave. Date signed 1-10-44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 127.7 ✓ G 127.7

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 852 W. 32nd St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 852 W 32nd St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Myrtle M. Vincent.

3 (b) If veteran, name war — | 3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 23, 1943

8. AGE: Years | Months: 2 | Days: 15 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Marion L. Vincent.
13. Birthplace W. Va.

MOTHER
14. Maiden Name Myrtle M. Purdue
15. Birthplace Maryland

16 (a) Informant Marion L. Vincent.
(b) Address 852 W 32nd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10/44 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Road

18 (a) Funeral director E. Sherwood & Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

JAN 11 1944
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1944, at 2 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1943 to Jan 8 1944 and that I last saw her alive on Jan 8 1944

Immediate cause of death: Bronchopneumonia — Duration: 5 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leonard Wallenstein M. D.
Address 838 W 38th St Date signed 1/10/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12718 ✓ G 12718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

Registered No.....

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 841 Powers Sts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 841 Powers St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edna M. Fair.

3 (b) If veteran, name war

3 (c) Social Security Account No. [redacted]-218-09-9802

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow.

6 (b) Name of husband or wife Ernest L. Fair.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1882

8. AGE: Years 54 | Months 5 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Seamstress.

11. Industry or business Balto Logging Co.

FATHER
12. Name Wm H. McClure.
13. Birthplace Md.

MOTHER
14. Maiden Name Anne E. DeLoach.
15. Birthplace Pa.

16 (a) Informant Ernestine Fair
(b) Address 841 Powers Sts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10/44 (month) (day) (year)
(c) Cemetery or crematory Woodlawn.
Location —

18 (a) Funeral director Sherwood & Sonnenberg
(b) Address 6615-17 Chestnut Ave.

19 (a) Date received JAN 10 1944 (b) [illegible] Registrar

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1944 at 3.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1944 to Jan 7 1944 and that I last saw her alive on Jan 6 1944

Immediate cause of death: Acute Dilatation of Heart.

Due to

Due to

Other Conditions La Grippe & Acute Bronchitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration
4 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. L. Lichtenberg

Address 1114 Madison Ave Date signed Jan 9/44

1279 BALTIMORE CITY HEALTH DEPARTMENT G 1279
CERTIFICATE OF DEATH 93D
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3726 Falls Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3726 Falls Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie E. Ford.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Thomas H. Ford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 22, 1867

8. AGE: Years 76 | Months 4 | Days 16 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name Joshua Fisher
13. Birthplace Md.

MOTHER
14. Maiden Name Amelia Beanhan
15. Birthplace Md

16 (a) Informant John T Ford.
(b) Address 3611 Ash Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11, 1944 (month) (day) (year)
(c) Cemetery or crematory Poplar
Location Balto Co

18 (a) Funeral director Edmondson & Brannan
(b) Address 7646-12 Lexington or Mulberry Sts.

19 JAN 10 1944 (Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8th 1944, at 5:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1st 1944 to Jan 8th 1944 and that I last saw h[illegible] alive on Jan 6th 1944.

Immediate cause of death	Duration
Congestive Heart Failure	
Due to Coronary Thrombosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edmondson & Brannan M. D.
Address 2037 Falls Rd. Date signed Jan 10 1944

Be sure the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 12720 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Usual address 231 S. High St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 231 S. High St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Giovacchino Babusci

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of wife late Filomena
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15 1868

8. AGE: Years	Months	Days	If less than one day
75	3	24	hr. min.

9. Birthplace Italy
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Paolo Babusci
13. Birthplace Italy

MOTHER
14. Maiden Name Celestina ?
15. Birthplace Italy

16 (a) Informant Emma Macciocca (Daughter)
(b) Address 900 Fawn St.

17 (a) Burial (b) Date thereof Jan. 11/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore Md.
18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.
19 (a) JAN 11 1944 (Date received by registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9, 1944, at 1.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 9, 1943, to Jan. 9, 1944, and that I last saw him alive on Jan. 8, 1944.

	Duration
Immediate cause of death Carcinoma Pharynx	2 mos.
Due to Arteriosclerosis	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene L. Cerruzzi M. D.
Address 514 Drury Lane Date signed 1/10/44

3721

JL - 85788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

G 12721 Registered No.

please write the causes of death clearly and legibly. Physicians: please

correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr. 13 m
(e) Length of stay in Baltimore (yrs., mos., or days) 1hr. 13 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1828 Madison St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Pridgen, Baby Girl (Alsea)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4, 1944

8. AGE: Years	Months	Days	If less than one day
0	0	0	1 hr. 13 min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ernest Pridgen
13. Birthplace N. C.

MOTHER
14. Maiden Name Alsea Whitaker
15. Birthplace N. C.

16 (a) Informant B. C. Hospital Records
(b) Address 4940 Eastern Ave.

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof Jan. 7, 1944 10 AM (month) (day) (year)
(c) Cemetery or crematory B. C. Hosp.
Location 4940 Eastern ave.

18 (a) Funeral director B. C. H.
(b) Address 4940 Eastern ave.

19 (a) JAN 11 1944 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4 1944 at 2:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4 1944 to 1-4 1944 and that I last saw her alive on 1-4 1944

Immediate cause of death: Intracranial hemmorrhage — Duration: 1 hr

Due to: Prolonged difficult labor

Due to:

Other Conditions: None

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. E. Russell M.D.
Address Balto. City Hosp. Date signed 1-6-44 M. D.

AB-85669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 6127

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2515 Francis St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Curtis LeRoy Manchy-or-Curtis LeRoy Manchey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 31-1906

8. AGE: Years 38 | Months - | Days 6 | If less than one day hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business B. & O. R. R.

FATHER
12. Name George T. Manchy or Manchey
13. Birthplace Md.

MOTHER
14. Maiden Name Hattie Redding
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/44 (month) (day) (year)

(c) Cemetery or crematory Manchester Cem.
Location Manchester, Carroll Co., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

(Date received by registrar) 1-11-1944 Hunter Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8 1944 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5 1944, to 1-7 1944, and that I last saw him alive on 1-7 1944.

Immediate cause of death Cardiac failure — Duration 5 mo.

Due to Hypertension or cardio vascular disease — 5 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul [illegible] M. D.

Address B. C. H. Date signed 1-9-44

(over)

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G 12723

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6000 Bellona Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CAROLINE KEIDEL

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1866

8. AGE: Years 77 | Months 5 | Days 5 | If less than one day hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation --

11. Industry or business

FATHER
12. Name Mr. Conrad Keidel
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Leimbach
15. Birthplace Germany

16 (a) Informant Mrs. Marie Watkins
(b) Address 3703 Cedardale Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/44 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JAN 11 1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9, 1944, at 5:30a M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1928 to Jan 9 1943
and that I last saw her alive on Jan 9 1943

Immediate cause of death
(a) [redacted] Chronic Myocarditis
Due to
Due to
Other Conditions Arteriosclerosis and Cerebral Hemorrhage

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration: 5 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. A. Richardson M. D.
Address 1120 N. 25 Date signed Jan 11, 44

PLEASE WRITE PLAINLY, with UNFADING INK. Be sure to give correct age in years, months, and days if under 1 year. Be sure to give correct age if especially important. Physicians: please write the causes of death clearly and legibly.

R 1274 ✓ C 12724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 1423 Madison Ave
(b) Street address Balto City
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 44
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1423 Madison Ave (If rural give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3 (a) **FULL NAME** Elizabeth Rebecca Mc. Samuels

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Widowed.

6 (b) Name of husband or wife. Wm C Mc Samuels

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 25th 1864

8. AGE: Years 79 | Months — | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace Loudoun County Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business ✓

MOTHER / FATHER

12. Name John Jenny

13. Birthplace Va

14. Maiden Name Susan Burkett

15. Birthplace Va

16 (a) Informant Mrs Bertha Burkett

(b) Address 1423 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-1944 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Charles H. Burkett

(b) Address 5 N Lanvale St

19 (a) (Date rec'd by registrar) Huntington Williams Registrar

JAN 1 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-7-1944, at 0121 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2-1944, to 1-7-1944, and that I last saw h[illegible] alive on 1-7-1944.

Immediate cause of death Chronic Endocarditis

Due to

Due to

Other Conditions Age

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James C Carper M. D.

Address 1423 Madison Ave Date signed 1-11-44

CARPER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106a

(Registered No. 15)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3017 W. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3017 W. North ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ina Belle Hughlett

3 (b) If veteran, name war W
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of husband ~~or wife~~ Thomas F. Hughlett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 16th 1886

8. AGE: Years 57 | Months 10 | Days 22 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name William Von Holten
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Ella Flemming
15. Birthplace Balto Md.

16 (a) Informant T. Millington Hughlett
(b) Address 3017 W. North Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/12/44 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Meadow Ridge
Location Washington Blvd. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St.

19 (a) [illegible] Millington Williams, M.D.
Registrar

JAN 11 1944

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8th 1944, at 2p. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/12 1943 to 1/8 1944 and that I last saw her alive on 1/8 1944

Immediate cause of death: Pulmonary edema — Duration 24 hr.
Due to Acute bronchitis — 1 wk.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert A. Reitz M. D.
Address 3408 Wilder Ave Date signed 1/10/44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 32726 ✓ G 32726

AB-85145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mos- 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. Friendly Inn-307 S. Sharp St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hobart Everett Barr

3 (b) If veteran, name war

3 (c) Social Security Account No. 209-01-7638

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6-1902

8. AGE: Years	Months	Days	If less than one day
41	11	2	hr. min.

9. Birthplace Ill. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER

12. Name Fred L Barr

13. Birthplace Iowa

MOTHER

14. Maiden Name Sadie Powers

15. Birthplace Ill.

16 (a) Informant BALTIMORE CITY HOSPITALS

(b) Address RECORDS

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1-10/44 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Balto

18 (a) Funeral director William Cohen

(b) Address 1217 St Paul St.

19 (a) (Date rec'd by registrar) (b) Lexington Hill Registrar

VS 150

JAN 1 1 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/8 1944, at 2:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/29 1943 to 1/8 1944 and that I last saw him alive on 1/8 1944.

Immediate cause of death: Pulmonary TBC — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no post

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. L. Sugman

Address 13 CH Date signed 1/8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 12727

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3214 Hayward Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-17
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3214 Hayward Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H. Aschemeier

3 (b) If veteran, name war W
3 (c) Social Security Account No. none

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of ~~husband or~~ wife Julia M. Aschemeier
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 24th 1862

8. AGE: Years 81 | Months 11 | Days 16 | If less than one day hr. min.

9. Birthplace Frederick Md.
(Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Self

FATHER
12. Name Wm Henry Aschemeier
13. Birthplace Frederick Md.

MOTHER
14. Maiden Name Louisa Lampe
15. Birthplace Germany

16 (a) Informant F. W. Aschemeier
(b) Address 1013 S. Charles St.

17 (a) Interment Burial (b) Date thereof 1/13/44
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director Wm Cox Inc
(b) Address 1217 E. Fayette St

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS FORM JAN 11 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10th 1944, at 1:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1943, to Jan 10 1944, and that I last saw h~~im~~er alive on Jan 5th 1944.

	Duration
Immediate cause of death Myocarditis	two
Due to arteriosclerosis	—
Due to Senility	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation: —
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles J. Freeh M.D.
Address 1216 Park Ave Date signed Jan 10, 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12728 ✓ G 12728

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83 a/ Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 140 S Cold Spring Lane
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days) 27
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 140 W Cold Spring Lane
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1) FULL NAME Howard B Day.

1) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

1) Name of husband or wife Margaret A Day
6 (c) If alive, give age years

1) Birth date of deceased (mo., day, yr.) May 19, 1856

AGE: Years	Months	Days	If less than one day
87	7	24	hr. min.

Birthplace Maryland (Town, county, and state)
Usual Occupation retired
Industry or business

2. Name John H Day
3. Birthplace md
4. Maiden Name Anna Shipley
5. Birthplace md

(a) Informant Mrs Wm E Kohe
(b) Address 405 Cold Spring Lane.

(a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-44 (month) (day) (year)
(c) Cemetery or crematory Mt Union
Location Alpha, Md
(a) Funeral director F. C. Higinbotham
(b) Address Ellicott City Md

(a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1944, at 12 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1944, to Jan 11 1944, and that I last saw him alive on Jan 10 1944

Immediate cause of death (1) Bronchopneumonia — Duration: 5 days

Due to (1) cerebral hemorrhage
(2) hypertension.
Due to (3) senility.

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles L. Nesbitt M. D.
Address 1730 Linden Ave Date signed 1/11/44

C 12729

BALTIMORE CITY HEALTH DEPARTMENT C 12729

CERTIFICATE OF DEATH 55E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Charles & 39th St.
(c) Hospital or institution: Union Memorial Hosp. 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Charles & 39th St. and give Nearest Street
(e) Citizen of foreign country Warrington Apts (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Griffith Riggs
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 29, 1872

8. AGE: Years 71 | Months 1 | Days 12 11 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Broker

11. Industry or business

FATHER 12. Name Wm Lawrenson Riggs
13. Birthplace Maryland

MOTHER 14. Maiden Name Mary T. Bright
15. Birthplace Maryland

16 (a) Informant Hospital Record
(b) Address

17 (a) Burial (b) Date thereof Jan 12 44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director Henry M. Fontaine & Bro
(b) Address McCulloh - Orchard Sts

19 (a) (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

JAN 14 1944

VS 156

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/10 1944 at 2 40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7, 1943 to JAN 10, 1944, and that I last saw him alive on 1/10 1944.

Immediate cause of death Pleurisy + pleural effusion. — Duration: about 1 yr.

Due to Metastatic Carcinoma from cervical lymph nodes.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation June 1943

Major findings of operation Ca of Cervix and lymph nodes

of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. K. Quinsey M. D.
Address Union Mem. Hosp Date signed 1/12/44

PHYSICIAN
Underline the cause to which death should be charged statistically.

correct age is especially important. Physicians, please

Morgue G 12730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

927

G 12730 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lond Baltimore General

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 203 W. Henrietta St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Calvin Ludley

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
69 68			hr. min.

9. Birthplace Florida
(Town, county, and state)
10. Usual Occupation none C.O.A. P1
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Winfield Minnis
(b) Address 947 Sharp St

17 (a) Burial (b) Date thereof 1/11/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A A Co Md

18 (a) Funeral director Isaiah L Brown & Son
(b) Address 1218 W Monument St

19 (a) (b) Funeral Director

JAN 11 1944
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1944, at 2:15 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 1-7-44

127.1 BALTIMORE CITY HEALTH DEPARTMENT 127.1

CERTIFICATE OF DEATH 181

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dayton ave 15-6
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ mo.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3005 Westwood ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME NELLIE A. OWENS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	married

6 (b) Name of husband or wife Oliver L. Owens
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/2/1898

8. AGE: Years	Months	Days	If less than one day
45	10	9	hr. min.

9. Birthplace Walkersville, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Cobrin Holbrunnel
13. Birthplace Md.

MOTHER
14. Maiden Name Laura J. Waltz
15. Birthplace Md.

16 (a) Informant Mr. Oliver L. Owens
(b) Address 3005 Westwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/44 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) 1/11/44 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11. 1944, at 4 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-27, 1943, to Jan 11 1944, and that I last saw her alive on Jan 10 1944.

Immediate cause of death Cardiac decompensation. Duration
Infected burns of trunk and extremities.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 11-27-43 at ? M
(c) Where did injury occur? Baltimore Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify typical place) While at work? no
(e) Means of injury Burns from oil.

23. Signature P.N. Friedman M.D.
Address West Balt Gen Hosp Date signed 1/11/44

VS 180

Approved by Howard J. Madeira, M.D.

PLEASE WRITE PLAINLY. Physicians: please write the cause of death plainly and legibly. Information as to correct age is especially important.

G 12732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 Stony Run Lane
(c) Hospital or institution:
McKinna Memorial Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2823 N. Calvert St
(If rural give location)
(e) Citizen of foreign country? .....(Yes or No)
If yes, name country .....

3 (a) FULL NAME Clara E. Broderick

3 (b) If veteran, name war .....

3 (c) Social Security Account No. 205-05-2629

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 12, 1873

8. AGE: Years	Months	Days	If less than one day
70	4	26	..... hr. ..... min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Clerk-Retired
11. Industry or business B&O R.R.

FATHER
12. Name John L. Broderick
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sarah Jane Burgan
15. Birthplace Md.

16 (a) Informant Blanche M. Broderick
(b) Address 1603 N. Caroline St

17 (a) Burial (b) Date thereof Jan. 12, 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Cumberland Ave

19 (a) JAN 11 1944 Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 1944 at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28 1943 to Jan. 8 1944
and that I last saw her alive on Jan. 6 1944

Immediate cause of death Cardio-vascular
Hypertensive disease

	Duration
Due to	6 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operations: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Howard A. Todd M. D.
Address 735 N. Fulton Ave. Date signed Jan 11 1944

PLEASE WRITE PLAINLY. Fill in all blanks. Be sure to write the causes of death clearly and legibly. Give full name of deceased, and correct age is especially important. Physicians: please write your names plainly.

VS 150

G 12753 G 12753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution:
Little Sisters of the Poor 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley Street
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) **FULL NAME** Joseph Hoffeld

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years 65 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation none

11. Industry or business .....

FATHER
12. Name Richard
13. Birthplace Germany

MOTHER
14. Maiden Name Charlotte Michaels
15. Birthplace Germany

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley Street

17 (a) Burial (b) Date thereof Jan 13. 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location A A Co.

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) Jan 11 1944 (b) Huntington Hillsboro, Md.
(Signature of registrar)

VS 150

MEDICAL CERTIFICATION 12.30 p

20. DATE OF DEATH Jan. 9 1944, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1944 to Jan 9 1944, and that I last saw him alive on Jan 9 1944

Immediate cause of death	Duration
Edema of Lungs	2 days
Due to: Chronic Myocarditis	2 yrs
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature E. Gil Hall M. D.
Address 1631 E. Northern Date signed 1/10/44

PLEASE WRITE CLEARLY—Use ink. Do not use pencil. Be sure to write the cause of death correctly, using terms which convey definite information to the physician. Be sure to give the correct age. It is especially important. Physicians: please write clearly.

G 12734 ✓ G 12734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
University Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1446 Parrish St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MATTIE JOHNSON ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	M

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1914

8. AGE: Years	Months	Days	If less than one day
29	6	18	hr. min.

9. Birthplace N. C
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Mason
13. Birthplace N. C

MOTHER
14. Maiden Name Emma Cook
15. Birthplace N. C.

16 (a) Informant Charles Johnson
(b) Address 1446 N. Parrish St

17 (a) Burial (b) Date thereof 1/14/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Macon N. C.
Location N. C.

18 (a) Funeral director Wes. G. Kelson
(b) Address 1303 Pressman St

19 (a) JAN 11 1944 Huntington Williams
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1944, at 10 30 AM

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pneumonia lobular

Due to Abscess of appendix

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenmeber M.D.
Medical Examiner.
Date signed 1-10-44

VS 151

correct age is only

G 12735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12735 Registered No. 6

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 533 BRUNT COURT (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHRISTINE WONSON

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1937

8. AGE: Years	Months	Days	If less than one day
6	2	25	hr. min.

9. Birthplace Virginia ? town (Town, county, and state)
10. Usual Occupation child
11. Industry or business

FATHER
12. Name Andrew WONSON
13. Birthplace VA.

MOTHER
14. Maiden Name Mary HORRIS
15. Birthplace VA.

16 (a) Informant hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/44 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Md
Location

18 (a) Funeral director Wm. H. Nelson
(b) Address 1302 Pennsylvania Ave

19 (a) JAN 11 1944 (Date rec'd by registrar) Huntington Williams, R.

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 9 1944, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-7 1944 to 1-9 1944 and that I last saw her alive on 1-9 1944.

Immediate cause of death respiratory failure — Duration: 9 days
Due to meningitis
Due to meningococcus (probably)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Margaret H. D. Smith M. D.
Address Sydenham Hosp. Date signed 1-10-44

VS 150

Write the causes of death clearly and legibly. Physicians: please write legibly; important!

G 12736 ✓ G 12736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1313 Argyle ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore 30 (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 Argyle ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma B. Young

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 9, 1895

8. AGE: Years	Months	Days	If less than one day
48	4	29	hr. min.

9. Birthplace Baltimore County Maryland (Town, county and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Henry Jenkins
13. Birthplace Baltimore County Maryland

MOTHER
14. Maiden Name Ellen Crawford
15. Birthplace Baltimore County Maryland

16 (a) Informant John H. Williams
(b) Address 1602 Harlem ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14 1944 (month) (day) (year)
(c) Cemetery or crematory Mount Calvary
Location Anne Arundel County

18 (a) Funeral director Joseph A. Libby
(b) Address 408 North Mount St

19 (a) JAN 1 1944 (b) Registered by (Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8 1944 2.55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5 1944 to 1-8 1944 and that I last saw h[illegible] alive on 1-7- 1944.

Immediate cause of death — Duration

Due to

Due to — 30 Day

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. D. Hatcher, M.D.
Address 1 x S Paca St Date signed 1/10/44

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 12717

131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1043 W. Mulberry St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1043 W. Mulberry St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Virginia Whittington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Col

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife William E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1895

8. AGE: Years 48 | Months 6 | Days 7 | If less than one day hr. min.

9. Birthplace Prince George Co. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William H. Henson
13. Birthplace Prince George Co. Md.

MOTHER
14. Maiden Name Suit
15. Birthplace Prince George Co. Md.

16 (a) Informant William E. Whittington
(b) Address 1043 W. Mulberry St.

17 (a) Burial (b) Date thereof Jan. 12. 44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 329 N. Eden St

19 JAN 11 1944 Watkins Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 1944, at 10:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1943 to Jan 8 1944 and that I last saw h alive on Jan 8 1944

Immediate cause of death Chronic nephritis
Hypertension

Due to

Due to

Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1 mo
1 yr
1 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Watts M. D.

Address 515 Cathedral Date signed 1/10/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 250

G 12738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 12738

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1615 Park Avenue
(c) Hospital or institution:
Baptist Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County None
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Park Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME E. Naomi Wright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1861

8. AGE: Years 82 | Months 10 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Solomon C. Wright
13. Birthplace Eastern Shore of Md.

MOTHER
14. Maiden Name Elizabeth Ann Willburne
15. Birthplace Va.

16 (a) Informant Mr. Carey Taylor
(b) Address 2012 Greenberry Road

17 (a) Burial
(Burial, cremation, or removal)
(b) Date thereof 1/12/44
(month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East End North Ave.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 JAN 11 1944 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1944, at 5.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5 1944 to Jan 10 1944 and that I last saw h[illegible] alive on Jan 9 1944.

Immediate cause of death Pneumonia Lobar Rt — Duration 2 days

Due to Apoplexy — 5 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature F R Johnson M. D.
Address Medical Arts Bldg. Date signed

PHYSICIAN
Underline the cause to which death should be charged statistically.

Physicians: please write the correct age is especially important. Be sure the causes of death clearly and legibly.

VS 160

G 12759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G 12759

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3002 Cold Spring Lane
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3002 Cold Spring Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thusnelda B. Dushane

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual Occupation Worker

11. Industry or business —

FATHER
12. Name Birminger
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Miss Bertie Dolinga
(b) Address 3002 Cold Spring Lane

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1/12/44 (Month) (day) (year)
(c) Cemetery or crematory Bonaparte
Location Washington D.C.

18 (a) Funeral director John C. Butler Funeral Home
(b) Address 1901 Eutaw Place

19 1-1-1944 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1944, at 6 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1939 to Jan 10 1944 and that I last saw h— alive on Jan 9 1944

Immediate cause of death Cerebral hemorrhage — Duration 1 day

Due to Arteriosclerosis — "

Due to Chronic Interstinal Nephritis — 5 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas. J. Keller M. D.

Address 122 W. Monument Date signed 1/14/44

PLEASE WRITE PLAINLY. Fill in all blanks. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

VS 150

127-0

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 127-0 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1116 William St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 William St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John H. Forster

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret C. Forster
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 13-1870

8. AGE: Years	Months	Days	If less than one day
? 73	11	27	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name George Forster
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Alberta Reynolds
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Margaret C. Forster
(b) Address 1116 William St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/44 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore Md.

18 (a) Funeral director Flanagan & Fleming
(b) Address 1426 Light St.

19 (a) Date registered JAN 1 1944 (b) Registrar Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9, 1944; at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1943 to Jan 9, 1944 and that I last saw h[illegible] alive on Jan 9, 1944.

Immediate cause of death Acute Pulmonary edema — Duration 1 day
Due to acute Cardiac Dilatation — 1 day
Due to Myocarditis — Since 12-27-43
Due to Lobal Pneumonia
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Edward Norris
Address 1107 East west Street
Date signed January 10, 1944,

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

Registered No. G 12741

12741

PLEASE WRITE PLAINLY. Use ink. Do not use pencil. Do not abbreviate. Write the causes of death clearly and legibly. Give correct age in all cases where it is especially important. Physicians: please fill in items 20 to 22.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 524 Dolphin St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 524 Dolphin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Brown

3 (b) If veteran, name war
3 (c) Social Security Account No. 233 01 217

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col.	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1911

8. AGE: Years	Months	Days	If less than one day
33			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name James Brown
13. Birthplace Blackstock S.C.

MOTHER
14. Maiden Name Parker
15. Birthplace S. C.

16 (a) Informant Mr. Young
(b) Address 1601 Edmond St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/13/1944 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (Date received) JAN 11 1944 (Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 10, 1944, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10 1944, to 1-10 1944, and that I last saw him alive on 1-9 1944

Immediate cause of death Lobar Pneumonia

Due to Pneumococcal Infection

Due to Empyema

Other Conditions Alcoholism

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas S. Hawkins M. D.
Address 1202 Druid Hill Date signed 1-11-44

G 12742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 176

Registered No. G 12742

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
Baltimore City Hospitals 26

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 101 Walnut Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ARTHUR A. BANKS

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 12, 1924

8. AGE: Years	Months	Days	If less than one day
19	0	13 2/6	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Louis Banks
13. Birthplace Maryland

MOTHER
14. Maiden Name Ada Brannock
15. Birthplace Maryland

16 (a) Informant Lillian Smith
(b) Address 1131 Somerset Street

17 (a) Burial (b) Date thereof Jan 11-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location C. & Co
18 (a) Funeral director Sam'l. F. Chase & Son
(b) Address 638 N. Gilmor St

19 JAN 11 1944 (b) Huntington Williams, M.D.
(Date rec'd by Reg.) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8, 1944, at 5:40 P. M.

21. I certify that I took charge of the remains described above, held an inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Penetrating wound of the skull and brain; deep laceration -left neck and shoulder.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 1/8/44 at 4:00 P. M.
(b) Where did injury occur? Avendale Rd., Dundalk.
(c) Did injury occur at home, on farm, industrial place, in public place? Dundalk Country Club. While at work? Yes
(d) Means of injury Buzz saw broke.

23. Signature Robert Lee Graham M.D. M.D.
Medical Examiner.
Date signed Jan. 9, 1944.

G 12793 G 12793

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 171a

Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 38 S Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary R. Adkins

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-22-8871

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Married

6 (b) Name of husband or wife Major W. Adkins
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Sept 13 1898

8. AGE: Years	Months	Days	If less than one day
45 ~~49~~	3	25	hr. min.

9. Birthplace Rhode Island (Town, county, and state)
10. Usual Occupation Machine Operator
11. Industry or business Stamping

FATHER
12. Name Unknown Woods
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Major W. Adkins
(b) Address 38 S. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/44 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Ave

18 (a) Funeral director Thos J Kenny
(b) Address Ellicott & Gilmor

19 (a) (Date received by registrar) (b) Burning for Williams Hill

JAN 1 1944

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 1944, at 4 55 P M

21. I certify that I took charge of the remains described above, held an Inquestion (Autopsy/Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Crushed head and pelvis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Jan. 8 at 1944 26/5 4 10 P M.
(b) Where did injury occur? Eastern Ave & Penna Ave
(c) Did injury occur at home, on farm, industrial place, in public place? street While at work? no
(d) Means of injury Struck by street car

23. Signature Robert Lee Foster M.D. Medical Examiner.
Date signed Jan 9 1944

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BG 12754

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1240

BG 12754

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 421 S. Conkling St (If rural give location)
(e) Citizen of foreign country? Q (Yes or No)
If yes, name country

3 (a) FULL NAME Herbert J. Combs

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-6799

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace Cincinnati, Ohio (Town, county, and state)
10. Usual Occupation Jockey
11. Industry or business "

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Hospital Record
(b) Address Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/44 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Rd

18 (a) Funeral director Thos. F. Kenny
(b) Address Holbrook & Gilbert

19 (a) 1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1944, at 11:25 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fatty degeneration of heart

Due to Chronic alcoholism

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed January 5, 1944

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Jo #85888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 12745

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 hrs 25 min.
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1325 Park Avenue
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME
Mary Louise Iglehart

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife John H. Iglehart
6 (c) If alive, give age 32 years
7. Birth date of deceased (mo., day, yr.) March 4, 1914
8. AGE: Years 29 | Months 10 | Days 6 | If less than one day ... hr. ... min.
9. Birthplace Maryland (Balto.)
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William S. Koulhac
13. Birthplace North Carolina

MOTHER
14. Maiden Name Anna Schleunes
15. Birthplace Germany

16 (a) Informant Records, Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Burial (b) Date thereof 1/13/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Pk.
Location Balto., Md.

18 (a) Funeral director Wm. J. Ticknor & Son
(b) Address Balto., Md.

19 (a) JAN 11 1944 (b) Huntington Williams, M.D.
(Date filed by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10, 1944, at 6:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8 1944, to 1-10 1944, and that I last saw h[illegible] alive on 1-10 1944.

Immediate cause of death: Lobar pneumonia — Duration: 1 week
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Hebb, M.D.
Address B.C.H. Date signed 1/10/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 12716

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 12

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2529 St. Paul Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie E. C. Glebe

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Gustav F.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1899

8. AGE: Years 44 | Months 6 | Days 28 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business --

FATHER
12. Name Otto Bernhardt
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr. Gustav F. Glebe
(b) Address 2529 St. Paul St.

17 (a) Burial (b) Date thereof 1/11/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 11 1944 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8, 1944, at 7:20 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Epidural hematoma

Extensive 4th degree burns.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Jan 8 at 1944 7 P M.
(b) Where did injury occur? 2529 St Paul St
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Conflagration

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Jan 10 1944

VS 151

G 12747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 138

G 12747 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4007 Fairview Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4007 Fairview Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Myer M. Cohen

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Lena
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation —
11. Industry or business

FATHER
12. Name Jalmis E.
13. Birthplace Russia

MOTHER
14. Maiden Name Carrie
15. Birthplace Russia

16 (a) Informant Mrs. Lena Cohen
(b) Address 4007 Fairview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/44 (month) (day) (year)
(c) Cemetery or crematory BETH TFILOH
Location WINDSOR MILL Rd.

18 (a) Funeral director JACK LEWIS, INC.
(b) Address 1429 E. BALTO. ST.

JAN 11 1944

19 (a) (b)
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/10 1944, at 10:10 M

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Diabetes mellitus

Due to

Other Conditions Pulmonary Tuberculosis
Gangrene - Lower extremities
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh C. McNally M.D.
Medical Examiner.
Date signed 1/11/44.

G 12748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30C

G 12748

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution:
Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 726 Ensor St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Robert Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race B

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ada Mitchell

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Feb 2, 1900

8. AGE: Years 43 | Months 11 | Days 12 | If less than one day ... hr. ... min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation Baker

11. Industry or business

FATHER
12. Name ? Deceased
13. Birthplace ?

MOTHER
14. Maiden Name Ellie Raymond
15. Birthplace ?

16 (a) Informant Ada Mitchell
(b) Address 726 Ensor St

17 (a) Burial (b) Date thereof Jan 13/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Park
Location Arbutus Md

18 (a) Funeral director Mrs Robert A Gelnett Dept
(b) Address 112 9 N. Caroline St

19 (a) ... (b) ...
(Date rec'd by registrar) Registrar

JAN 11 1944 Huntington Williams, M.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1944 at 7:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 13, 1944 to Jan 10 1944, and that I last saw h.im alive on Jan 10 1944

Immediate cause of death Respiratory failure — Duration

Due to Syphilitic Meningitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M.
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. R. Leuther

Address Date signed 1/10/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G 12749 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 148 N. Luzerne avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 148 N. Luzerne avenue
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET M. MADDEN

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife ******

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1886

8. AGE: Years	Months	Days	If less than one day
57	1	24	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Patrick Madden
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Catherine Welch
15. Birthplace Balto. Md.

16 (a) Informant Mr. Michael J. Madden
(b) Address 148 N. Luzerne avenue

17 (a) Burial (b) Date thereof 1/12/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location old Frederick Road

18 (a) Funeral director Chas. J. Evans & Son Inc
(b) Address 118 N. Mt. Royal Ave

19 (a) JAN 11 1944 (b) Thaniel Tom Hollis Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/9 1944 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/6 1944 to 1/9 1944.
and that I last saw h[illegible] alive on 1/9 1944.

Immediate cause of death	Duration
Hemorrhage	
Due to Laceration of [illegible]	2 days
Due to	
Other Conditions Carcinoma of Cervix	2 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. E. Strauch M. D.
Address 1900 Eutaw Place Date signed 1/11/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SCURRY

G 12750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

G 12750

Registered No. .....

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 749 Saratoga
(c) Hospital or institution:

4

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 2 2 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 749 Saratoga
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Amy Scurry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife .....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Florida
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Jeff Scurry
13. Birthplace Fla.

MOTHER
14. Maiden Name Mary Johnson
15. Birthplace Fla

16 (a) Informant Mary Gamon
(b) Address 749 Saratoga

17 (a) Burial (b) Date thereof 1/10/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto Md

18 (a) Funeral director Daniel L. Pecaut & Son
(b) Address 108 W Montgomery St

19 (a) JAN 11 1944 (b) Huntington Williamsport Pa
(Date rec'd by Registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-6-44 19 ..., at 8:4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-26-1943, to 1-3-44, and that I last saw h-- alive on 1-3-44.

Immediate cause of death	Duration
Lobar Pneumonia	1 week
Due to Apnoea	
Due to	
Other Conditions Influenza	

(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work?
(Specify type of place)
(e) Means of injury .....

23. Signature F. J. Barksdale M. D.
Address 526 W. Conway St 1/10/44

G 12751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1777

G 12751 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2524 Pennsylvania Ave
(c) Hospital or institution:
15 H
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Jacksonville Florida
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Burdon
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) not obtained.

8. AGE: Years	Months	Days	If less than one day
41			hr. min.

9. Birthplace Jacksonville Florida (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Not Given John J. Burdon
13. Birthplace " "

MOTHER
14. Maiden Name Not Given Robinson
15. Birthplace " Georgia

16 (a) Informant " "
(b) Address " "

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11 44 (month) (day) (year)
(c) Cemetery or crematory Sanford Florida
Location

18 (a) Funeral director Geo M. Powell & Co
(b) Address 811 N Worth

19 (a) JAN 11 1944 Registrar by [illegible] Deputy M.D.
Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1944, at 1 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1943 to Jan 8 1944, and that I last saw him alive on Jan 4 1944.

Immediate cause of death Acute Nephritis — Duration 2 mo

Due to

Due to

Other Conditions Acute alcoholism

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Coral Gordon M. D.
Address 2201 W. North Ave Date signed 1-11-44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 12713

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 Edison Highway
(c) Hospital or institution:
Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 Edison Highway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nicifor Boora

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-03-5105

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Blanche

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Car-service man

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Blanche Boora
(b) Address 1400 Edison Highway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/44 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian Orthodox
Location Anne Arundel County

18 (a) Funeral director John J. Duda
(b) Address 2829 Hudson St.

19 (a) 1 1 1944 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/10/44, at 1:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-3 19 43 to 1/10 19 44 and that I last saw h/ alive on 1/10/44

Immediate cause of death: Hypertensive cardio-vascular disease. — Duration 1 Yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature H. Tackett L. Huntington M. D.

Address 2016 E. Lost Ave. Date signed 1/10/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

C 12753

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3032 Elliott Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3032 Elliott Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John R. Koon

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/3/43

8. AGE: Years	Months	Days	If less than one day
	1	7	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joel Koon
13. Birthplace

MOTHER
14. Maiden Name Mildred Zirkha
15. Birthplace Md

16 (a) Informant Mildred Koon
(b) Address 3032 Elliott st

17 (a) B.a (b) Date thereof 1-12-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Odonell St

18 (a) Funeral director John F. Dugold
(b) Address 2829 Hudson St

19 (a) JAN 11 1944 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1944, at 1 P. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Exit death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:
(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Acute Diarrhoea
Acute Gastro-enteritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 1/11/44

G 12754

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 166

G 12754 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 W. Hoffman St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HORACE JONES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 93

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Unk. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name Missouri Jones
15. Birthplace Va.

16 (a) Informant Mrs. M. Thomas
(b) Address 1263 Jessup St. Phila

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 12 1944 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Date rec'd by registrar) JAN 11 1944 Huntington Registrar
(b) Registrar's No.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9th 1944, at 9 22 M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Bullet Wound of abdomen

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 1-9-44 at 1 50 a M.
(b) Where did injury occur? 1002 Druid Hill Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Crime While at work? no
(d) Means of injury Revolver - altercation

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 1-10-44

G 12755 G 12755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92B

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
Admitted Jan. 9, 1944 -- 4:00 A.M.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 111 Kolb Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME LOUIS GEORGE KOPP

3 (b) If veteran, name war	3 (c) Social Security Account No.
World's War	217-09-0565

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Adelaide Ethyln Heflin
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) 5/14/1896

8. AGE: Years	Months	Days	If less than one day
47	7	25	hr. min.

9. Birthplace Cincinnati, Ohio
(Town, county, and state)
10. Usual Occupation Messman
11. Industry or business -

FATHER
12. Name George Kopp
13. Birthplace Cincinnati, Chio

MOTHER
14. Maiden Name Clare Bursehober
15. Birthplace Cincinnati, Ohio

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (b) Date thereof 1/12/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Rd.
18 (a) Funeral director H. W. E. Dugal & Sons
(b) Address 7110 Belair Rd.
19 (a) (b)
(Signature of registrar) Registrar

JAN 11 1944
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9, 1944, at 8:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 9, 1944, to Jan. 9, 1944, and that I last saw him alive on Jan. 9, 1944.

Immediate cause of death	Duration
Rheumatic heart disease with mitral stenosis and congestive failure	Unk.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. C. Quinn M. D.
Address Baltimore, Md. Date signed 1/10/44

Huntington Williams M.D.

Va-11968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2214 E. Fairmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Balthasar Moelter

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27-1872

8. AGE: Years	Months	Days	If less than one day
71	5	13	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and State)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Anthony Melter
13. Birthplace Germany

MOTHER
14. Maiden Name Anna B.
15. Birthplace Germany

16 (a) Informant Anthony Wagner Jr.
(b) Address R.4 Box 24 Middle River Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/44 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Back River Rd

18 (a) Funeral director M. W. E. Dippel's Sons
(b) Address Lombard & Ann Sts.

19 (a) (Date) (b) Registrar

JAN 11 1944

VS 101

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10-1944, at 3.35 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Disease
Ruptured Heart
Due to Hemopericardium

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 1-11-44

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. 1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 234 S. High St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 234 S. High St.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy E. Davago

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife George M.

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) November 23 1894

8. AGE: Years 45 | Months 1 | Days 15 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Jacob Pritchard
13. Birthplace England

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Baltimore

16 (a) Informant George M. Davago
(b) Address 234 S. High St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 / 12 / 44 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director M. W. E. Dippel's Sons
(b) Address Lombard & Ann Sts.

19 (a) (Date rec'd by registrar) (b) Harding for Hillman, Registrar

VS 3 JAN 11 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 1944 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 5 1943 to Jan. 8 1944 and that I last saw h[illegible] alive on Jan. 8 1944

Immediate cause of death Myocarditis. — Duration 1 yr.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Address 5215 York Rd. Date signed 1/8/44 M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-59052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 12723

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yr-3 mos-18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 762 W. Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Hendler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-1885 or 1884-?

8. AGE: Years	Months	Days	If less than one day
59 or 58 ?	?	?	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 11 1944

18 (a) Funeral director Commissioner of Health
(b) Address

19 (Date received by registrar) JAN 11 1944 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/27 1943, at 4:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943, to 12/27 1943.
and that I last saw her alive on 12/27 1943.

Immediate cause of death Bronchopneumonia — Duration 3 d.

Due to

Due to

Other Conditions HCVD; Arter. Senescens; postdating hip 3 yrs.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. J. Seymour M.D.
Address BCH Date signed 1/11

VS 180

F 0632

AB-85571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30E

G 127-3

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 603 Salvation Army-Calvert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elijah Presco

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb-22-1892

8. AGE: Years	Months	Days	If less than one day
51	10-	7	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frank Presco (D)
13. Birthplace Md.

MOTHER
14. Maiden Name Sophie Jordan (D)
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (b) Date thereof 1/29/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 11 1944

18 (a) Funeral director Chas H Cobb Undertaker for Health
(b) Address 1200 Mc Culloh St

19 (a) JAN 11 1944 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

0631

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/29 1943, at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/22 1943, to 12/29 1943, and that I last saw him alive on 12/29 1943.

Immediate cause of death	Duration
Cerebral hemorrhage	3-4 hr.
Due to Diabetic CVD	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Sergeman

Address BCH Date signed 1/5/44

AB--15945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 12760

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10yrs-6mos-3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 409 S. Newkirk St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adolph Miller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct-20-1864

8. AGE: Years	Months	Days	If less than one day
79	2	9	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Butcher
11. Industry or business

FATHER
12. Name Adolph
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna
15. Birthplace Germany

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 11 1944

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JAN 11 1944 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/29 1943, at 2:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943, to 12/29 1943 and that I last saw h alive on 12/29 1943.

Immediate cause of death	Duration
Meningococcic meningitis	3 d.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. L. Seigmann M. D.
Address BCH Date signed 1/6/44

F 0630

Jo #85576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. C 12761

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 11
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hrs. 20 min.
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 N. Charles St. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country .....

3 (a) FULL NAME James Gardner

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1892

8. AGE: Years	Months	Days	If less than one day
51	2	10	..... hr. ..... min.

9. Birthplace Washington, D.C. (Town, county, and state)
10. Usual Occupation Caretaker
11. Industry or business Parking lot

FATHER
12. Name Joseph
13. Birthplace Va.

MOTHER
14. Maiden Name Ada Wilson
15. Birthplace Va.

16 (a) Informant Records, Balto. City Hosp.
(b) Address 4940 Eastern Avenue.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)
(c) Cemetery or crematory .....
Location JOHN HOPKINS MEDICAL SCHOOL JAN 11 1944

18 (a) Funeral director Commissioner of Health
(b) Address .....

19 (Date received by registrar) JAN 11 1944 Huntington Williams M.D. Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23, 1943, at 9:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/22 1943 to 12/28 1943, and that I last saw h[illegible] alive on 12/28 1943.

Immediate cause of death ..... Duration
Pneumonia RLL, RML 7
Due to .....
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature [illegible] M.D.
Address B. C. H. Date signed 12/[illegible]/43

0629

G 12782 — G 12782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

T.N 85722 — 13B — Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 921 Hollins St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John McQuillen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1887

8. AGE: Years	Months	Days	If less than one day
56 ?	7	1	hr. 1087 min.

9. Birthplace Mass.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George McQuillen
13. Birthplace England

MOTHER
14. Maiden Name Elizabeth O'Leary
15. Birthplace Mass.

16 (a) Informant Baltimore, City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) (Burial, cremation, or removal) (b) Date thereof 1 10 44 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Germantown Rd

18 (a) Funeral director J. J. Tabler & Sons
(b) Address 518 Light St

19 (a) (Date rec'd by registrar) (b) Registrar
JAN 11 1944 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-7 1944, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21 1943, to 1-7 1944, and that I last saw him alive on 1-7 1944.

Immediate cause of death: Pulmonary TBC — Duration: 7

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: as above

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Malt M. D.
Address B.C.H. Date signed 1/11/44

G 12763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 12763 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1725 W. North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hr
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1725 W. North Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henrietta Pimes

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Louis Pimes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14/1870

8. AGE: Years	Months	Days	If less than one day
73	6	27	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jacob Samuel
13. Birthplace Germany

MOTHER
14. Maiden Name Rebecca Greenwald
15. Birthplace Balto. Md.

16 (a) Informant Mr. Louis Pimes
(b) Address 735 W. North Ave

17 (a) Burial (b) Date thereof 1/12/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Harid Sondheim & Son
(b) Address 1902 Eutaw Place
(Undertaker or Funeral Director)

19 (a) JAN 11 1944 (Date rec'd by Registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10 1944, 3:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 19 , to 1-10 1944, and that I last saw her alive on 1-9-44 19 .

Immediate cause of death	Duration
Coronary sclerosis	4 years
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Morton B. Kushner M. D.
Address 2904 Rust. Rd. Date signed 1-10-44

correct age is especially important. Physicians, please write

VS 2

G 12764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 12764

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 912 Brooks Lane (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Carl E. Hecht (Carl E. Hecht)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of ~~husband~~ or wife Bertha Hecht
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1896

8. AGE: Years	Months	Days	If less than one day
47	2	17	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Insurance Broker
11. Industry or business

FATHER
12. Name Edward Hecht
13. Birthplace Lock Haven, Pa.

MOTHER
14. Maiden Name Fannie Levi
15. Birthplace

16 (a) Informant The deceased.
(b) Address 912 Brooks Lane.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/44 (month) (day) (year)
(c) Cemetery ~~crematory~~ Har Sinai
Location Balto. Md.

18 (a) Funeral director Harris Sonnheim & Son
(b) Address 1202 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150

JAN 11 1944

Hecht-Levi Memorial Hospital
Lee-Williams Co.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 10 1944 at 7 55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1944, to Jan 10 1944, and that I last saw him alive on Jan 10 19 44.

Immediate cause of death Cerebral hemorrhage

Due to Miliary aneurism of brain basal.

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Cerebral hemorrhage base of brain

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stephen J. Van Lill M. D.
Address Union Memorial Hosp. Date signed 1-10-44

G 12765 G 12765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93a

Registered No.

Please write the causes of death clearly and legibly. Type correct age is especially important. Physicians: please write or type all information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1133 S.CLINTON ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1133 S.CLINTON ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HAZEL BROOKS

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG 31 1912

8. AGE: Years 31 | Months 4 | Days 10 | If less than one day ... hr. ... min.

9. Birthplace BALTIMORE (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name WILLIAM BROOKS
13. Birthplace BALTO.MD.

MOTHER
14. Maiden Name ELIZABETH HAMILTON
15. Birthplace BALTO.MD.

16 (a) Informant ELIZABETH BROOKS(MOTHER)
(b) Address 1133 S.CLINTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN.13/44 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE. EXT.

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S.WOLFE ST.

19 (a) JAN 11 1944 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 10 1943 at 2/30 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1943 to Jan 10 1944, and that I last saw h.. alive on Jan 10 1944

Immediate cause of death Acute Myocarditis — Duration 4 days

Due to

Due to

Other Conditions Chronic Inflammatory Arthritis since childhood — 23 yrs.
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: 0
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Lachman M. D.
Address 2322 Callowan Date signed Jan 11, 1944

Jo #85883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs. 5 min.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4706 Holabird Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME: Mary Sarac

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mark

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 14, 1903

8. AGE: Years 40 | Months 3 | Days 26 | If less than one day hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Bar Tender

11. Industry or business FOR SELF

FATHER
12. Name JOHN SAHADDY
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name SOPHIA YONAK
15. Birthplace Czechoslovakia

16 (a) Informant Records, Balto. City Hospitals
(b) Address 4940 Eastern Avenue.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 13/43 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) JAN 13 1944 (Date received by local registrar) Hampton Hollingsworth M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9, 1944 19 , at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8 1944, to 1-10 1944, and that I last saw h[illegible] alive on 1-10 1944.

Immediate cause of death: Cerebral hemorrhage — Duration: 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Mahr M. D.
Address 2-E 11th Date signed 1/10/44

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12714 G 12714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 944a

Registered No.....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1315 Hillman (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Robert Lynch.

3 (b) If veteran, name war: Yr
3 (c) Social Security Account No. none

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of husband or wife: MARY LYNCH
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) FEB. 22 1874

8. AGE: Years 69 | Months 10 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation RETIRED

11. Industry or business

FATHER
12. Name JERMIAH LYNCH
13. Birthplace BALTIMORE MD

MOTHER
14. Maiden Name MARY WITTGER
15. Birthplace BALTIMORE MD.

16 (a) Informant ANNA BURNOTES (NIECE)
(b) Address 1315 HILLMAN ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 14 44 (month) (day) (year)
(c) Cemetery or crematory MOUNT CARMEL
Location ODONNELL ST.

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) 1011 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/10 1944, at 8.30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH.....
Coronary Thrombosis
.....
Due to.....
.....
Other Conditions.....
.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury.....at.....M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?.....While at work?.....
(d) Means of injury.....

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 1/11/44

VS 151

G 12713 G 12713

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1/31a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
Johns Hopkins Hospital 3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 630 S. BOND ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME KARL KARLSON

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced. ?

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 65 | Months | Days | If less than one day ..... hr. ..... min.
66

9. Birthplace UNKNOWN (Town, county, and state)

10. Usual Occupation UNKNOWN
11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace UNKNOWN

16 (a) Informant CITY MOURGE RECD.
(b) Address 700 FLEET ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 12/44 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Sailer INC.
(b) Address 403 S. Wolfe St.

19 (a) JAN 11 1944 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION 4:45 P.

20. DATE OF DEATH January 9, 1944, at M

21. I certify that I took charge of the remains described above, held an inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular-renal disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenmuber M.D. Medical Examiner.
Date signed 1-10-44.

VS 151

G 12769 — BALTIMORE CITY HEALTH DEPARTMENT — G 12769

CERTIFICATE OF DEATH 93E

Registered No.

Carefully item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 953 Gorsuch ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 953 Gorsuch Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Agnes G. Shettle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Daniel F.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24th. 1867

8. AGE: Years	Months	Days	If less than one day
76	10	13 15	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name John Landers
13. Birthplace Ireland

MOTHER
14. Maiden Name Riley
15. Birthplace Ireland

16 (a) Informant Marie Shettle
(b) Address 953 Gorsuch Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/44 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Harford Road

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

1 12 1944 Huntington Williams, M.D. (Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9th. 1944 at 7:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5th. 1943 to Jan. 9th. 1944 and that I last saw her alive on 1/9/ 1944.

Immediate cause of death	Duration
Myocardial Insufficiency	5 mos.
Due to	
Due to	
Other Conditions Diabetes	5 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. W. Thompson, M.D.
Address 401 E. 25th. St. Date signed 1/11/44.

WR 1270 — 6 1270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106c

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 81
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1630 Lansing St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James N. Stevens

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 3, 1939

8. AGE: Years 4 | Months 5 | Days 1 | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James S. Stevens
13. Birthplace Baltimore

MOTHER
14. Maiden Name Clara Walker
15. Birthplace Md.

16 (a) Informant Mrs. James S. Stevens
(b) Address 1630 Lansing St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/44 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Road

18 (a) Funeral director S. Walter May.
(b) Address 619 N. Bankdin St.

19 (a) 1944 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 44 1944, at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1944, to June 10 1944, and that I last saw him alive on June 10 1944.

Immediate cause of death Laryngeal Spasm

Due to Acute Pharyngo-Laryngo-Tracheobronchitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gallagher & Eberle M. D.
Address St. Josephs Hosp. Date signed 1-10-44

For H. L. Wollenweber, by Howard F. Mahaffey, M.D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

G 1271 ✓ G 1271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 567 E. 28th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nancy Sue Thompson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26th 1942

8. AGE: Years 1 | Months 5 mos | Days 15 | If less than one day hr. min.

9. Birthplace Tennessee (Town, county, and state)

10. Usual Occupation Kid

11. Industry or business

FATHER 12. Name Bernard Thompson
13. Birthplace Tennessee

MOTHER 14. Maiden Name Mulbray Sue Henley
15. Birthplace Tennessee

16 (a) Informant Bernard Thompson
(b) Address 567 E. 28th St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/12/44 (month) (day) (year)

(c) Cemetery or crematory Chattanooga Memorial Park
Location Chattanooga Tenn.

18 (a) Funeral director Wilcoxen Cox Inc
(b) Address 127 St. Paul St

JAN 17 1944 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/11 1944 at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/9 1944 to 1/11 1944, and that I last saw h.e.r. alive on 1/11 1944.

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Bilateral Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Carl Myers M.D.
Address Md. Gen. Hosp. Date signed 1/13/44

Correct age is especially important. Physicians: please write the

VS 8

G 12772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 12772

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 6 S. Catherine St
(b) Street address ~~700 Fleet St~~
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6 S. Catharine St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward C. Hoffmeyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary E. (Heldinger)

6 (c) If alive, give age 1910

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1~~87~~10

8. AGE: Years ~~34~~ 33 | Months 3 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business Balto. City

FATHER
12. Name Joseph Hoffmeyer
13. Birthplace Balto Md

MOTHER
14. Maiden Name Pauline Lohman
15. Birthplace Balto. Md

16 (a) Informant Mrs. Mary E. Hoffmeyer
(b) Address 6 S. Catherine St

17 (a) Burial (b) Date thereof Jan. 12/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry F. Nitzberg
(b) Address 410 Edmondson Ave

19 (a) JAN 12 1944 (b) Huntley for Williams M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1944 at 11 30 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Assistant Co Fraham M.D.
Medical Examiner.
Date signed Jan 9 1944

(over)

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12773 ✓ G 12773 107 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution Mt. Sinai. Hospital 1567
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2344 Mondawmin Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George D. Young ✓
3 (b) If veteran, name war
(c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary A. Young
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 22nd 1879

8. AGE: Years 64 | Months 2 | Days 18 | If less than one day hr. min.

9. Birthplace Kentucky (town, county, and state)

10. Usual Occupation Janitor

11. Industry or business Stern Methodist Church

FATHER 12. Name Chas Young
13. Birthplace Kentucky

MOTHER 14. Maiden Name Nancy Bennett
15. Birthplace Unknown

16 (a) Informant Geo. D. Young
(b) Address 2344 Mondawmin Ave.

17 (a) Removal (Burial, cremation, removal) (b) Date thereof 1/12/44 (month) (day) (year)
(c) Cemetery or crematory Bethel Methodist Church
Location Wicomico Co. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) (Date received by Registrar) (b) Hennegan Printing Co. Baltimore

JAN 12 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/10 1944, at 6.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/30 1943 to 1/10 1944 and that I last saw him alive on 1/10 1944.

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Carl Myers M.D.
Address Mt. Sinai Hosp. Date signed 1/12/44 D

G 12174 ✓ G 12174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1809 Guilford Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME O. Norfolk Kirby

3 (b) If veteran, name war

3 (c) Social Security Account No. 2120-33-088

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Stella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15 1898

8. AGE: Years 45 | Months 3 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Engraver

11. Industry or business Kirk Co

FATHER
12. Name O. Norfolk Kirby
13. Birthplace Pa.

MOTHER
14. Maiden Name Lillie Donnelly
15. Birthplace Washington D. C.

16 (a) Informant Mrs Stella Kirby
(b) Address 1809 Guilford Ave

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 1/13/44 (month) (day) (year)
(c) Cemetery Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar
JAN 12 1944 Livingston Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1944, at 12 Mid M

21. I certify that death occurred on the date above stated; that I attended deceased from 5PM Jan 10 1944 to 12 Mid Jan 10 1944.
and that I last saw him alive on Jan 10 1943.

Immediate cause of death Congestive heart failure — Duration 2 Weeks
Due to Undetermined
Due to Undetermined
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas Brennan M. D.
Address St Joseph's Hospital Date signed Jan 12 1944

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A 12775 X ✓G 12775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass (b) County
(c) City or town Boston
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SIR ANTHONY H. GEORGE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 3rd 1886

8. AGE: Years 57 | Months 2 | Days 6 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Consul General

11. Industry or business British Govt.

FATHER
12. Name Wm Edwards George
13. Birthplace Ireland

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/44 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) JAN 12 1944 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1944, at 4 45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said I/ (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Crushing of skull	
Due to Fall from high place	
Due to Suicide	
Other Conditions Insanity	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence Jan 9th at 4 P.M.
(c) Where did injury occur? Baltimore + Hanover (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Jumped from 4th floor

23. Signature H. L. Williams M.D. and Medical Examiner.
Date signed 1-9-44

VS 6

H. Lenton Williams M.D. (Coder) Medical

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 93D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 2813 Harford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George F Hayden

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30 1872

8. AGE: Years	Months	Days	If less than one day
71	5	9	hr. min.

9. Birthplace St. Marys Co Md.
(town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Joseph Hayden.
13. Birthplace St Marys Co Md.

MOTHER
14. Maiden Name Sallie Grayes
15. Birthplace St Marys Co Md.

16 (a) Informant Laman Hayden
(b) Address 1075 Edmondson Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan 12 44 (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Washington Blvd.

18 (a) Funeral director John Q. Moran
(b) Address 3000 E. Baltimore St.

19 (a) (Date received by registrar) (b) Registered, Jan 12 1944 Burington Jan Williams, M.D.

VS Form JAN 12 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9 1944, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/7 1944, to 1/9 1944, and that I last saw him alive on 1/8 1944

Immediate cause of death	Duration
Cardiac failure	2 days
Auricular fibrillation	2 days
Due to Arteriosclerotic CVD	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Glenn O. Lemmon M.D.
Address University Hosp. Date signed 1/9/44

Please write the causes of death clearly and legibly. Physicians: please write the correct age in especially important.

C 12727 C 12727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 1/3
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 N. Bond St.
(If rural give location)
(e) Citizen of foreign country? .....(Yes or No)
If yes, name country .....

3 (a) FULL NAME George Valentine Thompson.

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Mary J. T.

6 (c) If single, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 31-1872

8. AGE: Years	Months	Days	If less than one day
71	11	6	..... hr. ..... min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business .....

FATHER
12. Name Daniel Thompson
13. Birthplace Scotland

MOTHER
14. Maiden Name Elizabeth Ann
15. Birthplace Phila Pa.

16 (a) Informant J. Mengell
(b) Address 518 Ridgcliffe Ter.

17 (a) Burial (b) Date thereof Jan 12-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Old Frederick Rd.

18 (a) Funeral director John. C. McDan
(b) Address 3644 Baltimore St.

19 (a) JAN 12 1944 (b) .....
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/7 1944, at 8:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Inspection find that said deceased came to Natural death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Cerebral Hemorrhage	.....
Due to	.....
Due to	.....
Other Conditions	.....

(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 1/8/44

VS 6

PAETOW ✓

G 12778 — G 12778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 154 N. Potomac St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 1
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 154 N. Potomac St.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Adolph J. Paetow

3 (b) If veteran, name war: Word War (1) | 3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 16-1889

8. AGE: Years 54 | Months 9 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Pipe Coverer.
11. Industry or business .....

FATHER
12. Name Emil Paetow
13. Birthplace Germany

MOTHER
14. Maiden Name Barb. Lipsen
15. Birthplace Balto. Co. Md.

16 (a) Informant Matilda Blumm
(b) Address Fort. Howard. P.O.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12-44 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern. Ave Rd.

18 (a) Funeral director John A. Mohan
(b) Address 3000 E. Balto St.

19 (a) ..... (Registrar) (b) ..... Registrar

JAN 12 1944

VS 150

Huntington Ave Baltimore Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1944, at 1.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10 1943, to Jan. 9 1944, and that I last saw him alive on Dec. 7 1944

Immediate cause of death: Coronary Thrombosis — Duration: 2 months

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Eugene L. Cesaro M. D.
Address 614 Druid Park Lane Date signed 1/11/44

Please write plainly. Physician: please write the cause of death clearly and legibly. Be sure the correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92B

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2319 Division St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore, (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2319 Division St.
(If rural give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country .....

3 (a) FULL NAME John Thompson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Gertrude Thompson

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 62 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business .....

FATHER
12. Name Albert Thompson
13. Birthplace Md.

MOTHER
14. Maiden Name Wealthy
15. Birthplace Md.

16 (a) Informant Gertrude Thompson
(b) Address 1107 N. Stockton St.

17 (a) Burial (b) Date thereof 1/14/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location .....

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) JAN 12 1944 (b) .....
Registrar
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-6- 1944 at 5:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-6- 1944 to 1-6- 1944 and that I last saw h— alive on 1-6- 1944

Immediate cause of death Broncho-pneumonia — Duration 3 Days

Due to Influenza

Due to .....

Other Conditions Mitral Insufficiency

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature George C. Page M.D.
Address 1817 Mount St. (17) Date signed 1-11-44

Huntington Williams, M.D.

G 12780 G 12780

BALTIMORE CITY HEALTH DEPARTMENT V

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4371 Sheldon Av.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5 S. Chester St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARCELINA GLODEK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	White	MARRIED

6 (b) Name of husband or wife WALENTY GLODEK
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace POLAND
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business

FATHER
12. Name MARTIN JAKUBOWSKI
13. Birthplace POLAND

MOTHER
14. Maiden Name UNK.
15. Birthplace POLAND

16 (a) Informant WALENTY GLODEK
(b) Address 5 S. CHESTER ST.

17 (a) BURIAL (b) Date thereof JAN. 13-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY ROSARY
Location BALTIMORE

18 (a) Funeral director F. W. OZAZEWSKI
(b) Address 1930 EASTERN AV.

19 (a) JAN 12 1944 (Registrar)

VS 150

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 9 1944, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1935 to Jan 9 1944, and that I last saw h[illegible] alive on Jan 9 1944.

Immediate cause of death Cerebral apoplexy

Due to Chr. Hypertension & Arterio-Sclerosis

Due to Myocarditis.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
2 days
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 200 N. Rutt Date signed 1/11/44

Huntington

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 12731

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 29 Tanglewood Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME: Baby Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 2, 1944

8. AGE: Years | Months | Days: 1 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Infant

11. Industry or business

FATHER
12. Name: Arthur Wise
13. Birthplace: West Virginia

MOTHER
14. Maiden Name: Grace Taylor
15. Birthplace: Pennsylvania

16 (a) Informant: Hospital Records
(b) Address: Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 11 1944

18 (a) Funeral director: Commissioner of Health
(b) Address

JAN 12 1944 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

V8 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1944, at 8:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2 1944, to Jan. 3 1944, and that I last saw him alive on Jan. 3 1944.

Immediate cause of death: Atelectasis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Philip P. Stephae, Jr. M. D.
Address Johns Hopkins Hospital Date signed 1-5-44

correct age is especially important

0627

JL - 338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

C 12752
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 yrs 11 mos 30 ds
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. ? No Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry A. Lewey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: ?

6 (b) Name of husband or wife: ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): ? ? 1859

8. AGE: Years 85 ? Months ? Days ? If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 11 1944

18 (a) Funeral director Commissioner of Health
(b) Address

19 JAN 12 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/3 1944, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943 to 1/3 1944.
and that I last saw h[illegible] alive on 1/3 1944.

Immediate cause of death
Bronchopneumonia — Duration 1

Due to

Due to

Other Conditions A.S.C.V.D.; senility
B.P.H.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Seipman M.D.
Address BCH Date signed 1/4/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

F 0633

~~12763~~ 446832 G 12763

BALTIMORE CITY HEALTH DEPARTMENT X V

CERTIFICATE OF DEATH 108

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Bradshaw
(If outside city or town limits, write RURAL and give town)
(d) Street No. ..... (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Frank Schmidt

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced. .....
6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) ? ? 1865
8. AGE: Years 79 78 | Months | Days | If less than one day ..... hr. ..... min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation handy MAN
11. Industry or business .....

FATHER
12. Name John Schmidt
13. Birthplace Poland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)
(c) Cemetery or crematory .....
Location JOHN HOPKINS MEDICAL SCHOOL JAN 11 1944

18 (a) Funeral director Commissioner of Health
(b) Address .....

19 JAN 12 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 2 - 1944, at 820 P M

21. I certify that death occurred on the date above stated; that I attended deceased from DEC 29 1943; to JAN 2 1944 and that I last saw h IM alive on JAN 2 1944.

Immediate cause of death ..... Duration
lobar pneumonia undetermined organism .....
Due to .....
Due to .....
Other Conditions generalized arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature John R. Cunningham
Address JHH Date signed 1-3 M D.

Please write the causes of death clearly and legibly. Physicians: please ... correct age is especially important.

VS 150

0628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3822 Norfolk Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 9
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3822 Norfolk Ave (If rural, give location)
(e) Citizen of foreign country? .....(Yes or No)
If yes, name country .....

3 (a) FULL NAME FREDA LEVIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Max Levin

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 63 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Israel Michelson
13. Birthplace Russia

MOTHER
14. Maiden Name Gluska
15. Birthplace Russia

16 (a) Informant Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-44 (month) (day) (year)
(c) Cemetery or crematory Beth Tfiloh
Location Windsor Mill Rd.

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Baltimore St

19 (a) JAN 12 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11-44 19 ..., at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 19 43 to Jan 11 19 44 and that I last saw her alive on Jan 11 19 44

Immediate cause of death Coronary occlusion — Duration 1 hr

Due to Cardio irregular

Due to Hypertension

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature M J Boylan M. D.
Address 7040 Elelan Date signed 1-12-44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette St.
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4916 Queensberry Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Katie Berman

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Herman
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 73 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Riga (Town, county, and state)

10. Usual Occupation .....

11. Industry or business .....

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Dept Records
(b) Address .....

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-44 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phila Rd & Hamilton Ave

18 (a) Funeral director Jacob Levy Inc
(b) Address 1439 E. Baltimore St

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

VS 3 JAN 12 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/11/44 19.., at 1:13 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1/44 19.., to 1/11/44 19.., and that I last saw her alive on 1/11/44 19..

Immediate cause of death ..... Duration

Coronary Thrombosis

Due to .....

Due to .....

Other Conditions Virus Broncho-Pneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Thomas CM Slater, M. D.
Address Franklin Square Hosp. Date signed 1/12/44

447315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State VA (b) County.....
(c) City or town Norfolk (If outside city or town limits, write RURAL and give town)
(d) Street No. 902 Harrington Ave (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Gertrude Levin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Max

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 61 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace RUSSIA (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Samuel Berman
13. Birthplace RUSSIA

MOTHER
14. Maiden Name Lena
15. Birthplace RUSSIA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-12-44 (month) (day) (year)
(c) Cemetery or crematory Norfolk Va.
Location.....

18 (a) Funeral director Jack Levy Inc.
(b) Address 1439 E. Balt St.

19 (a) (Date rec'd by registrar) JAN 12 1944 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 10 1944, at 9:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 6 1944, to JAN 10 1944, and that I last saw her alive on JAN 10 1944.

Immediate cause of death: Acute Cardiac failure — Duration .....

Due to Coronary occlusion — Duration .....

Due to Hypertensive arterio-sclerotic cardiovascular disease — Duration .....

Other Conditions Diabetes Mellitus — Duration .....
(Include pregnancy within 3 months of death)

Date of operation.....

Major findings of operation:.....

of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....at.....M
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature Abraham Comeron M. D.
Address J. Hopkins Hospital Date signed 1-10-44

G 12787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

147B

Registered No. G 12787

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette and Calhoun Sts
(c) Hospital or institution: Franklin Square Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 38 S. Carey Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grace Beck 92692

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 20, 1915

8. AGE: Years 28 | Months 4 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business at home

FATHER
12. Name John Sullivan
13. Birthplace Ireland

MOTHER
14. Maiden Name Elma Musgrove
15. Birthplace Maryland

16 (a) Informant Mr Archer D. Mayhugh
(b) Address 38 S Carey Street

17 (a) burial (b) Date thereof 1-13-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location 3804 Frederick Ave

18 (a) Funeral director John J Cowan & Son
(b) Address 1203 Baltimore Blvd

19 (a) JAN 12 1944 (b) Lexington 7 Maryland
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10-44 19 at 3:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5-44 19 to 1-10-44 19 and that I last saw her alive on 1-10-44 19

Immediate cause of death Toxic septicemia

Due to P.U.J - Ruptured Generalized Peritonitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Cesarean section
Of autopsy no gross pathological findings.

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Clyde Webster M. D.
Address Franklin Square Hosp. Date signed 1-11-44

Correct age is especially important. Physicians: please write clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12788

Registered No. 1310

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5400 Catalpha Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 11 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5400 Catalpha (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Hugo Bauer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Emma Bauer nee Bernau 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24 1857

8. AGE: Years	Months	Days	If less than one day
87	10	17	hr. min.

9. Birthplace Philadelphia Pa. (Town, county, and state)

10. Usual Occupation retired

11. Industry or business Art Business

FATHER
12. Name Jacob Bauer
13. Birthplace Germany

MOTHER
14. Maiden Name Philomena Bauer
15. Birthplace Germany

16 (a) Informant Mrs John J. Bauer
(b) Address 5400 Catalpha Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/44 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Leonard J. Rusk
(b) Address 5305 Harford Road

19 (a) JAN 12 1944 (Date rec'd by Registrar) (b) Signature John Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11 1944 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1944 to Jan 11 1944, and that I last saw h.. alive on Jan 11 1944

Immediate cause of death
Chronic Interstitial Nephritis — Duration 2 years.
Due to
Due to
Other Conditions Uremia (Coma) — 2 days.
(Include pregnancy within 3 months of death)
Date of operation: none
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence — at M
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury none

23. Signature K. K. Crosby M. D.
Address 5706 Harford Road Date signed 1-11-44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12789
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703 N. Mount St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703 N. Mount St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Jane Knight

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1892

8. AGE: Years	Months	Days	If less than one day
51	1	4	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Teacher
11. Industry or business

FATHER
12. Name Boston H. Knight
13. Birthplace Md.

MOTHER
14. Maiden Name Alice ?
15. Birthplace Md.

16 (a) Informant Mrs Bessie Harmon
(b) Address 13 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-44 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) JAN 12 1944 (Date received by Registrar) (b) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10, 1944 19 , at 1a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1944, to Jan 10 1944 and that I last saw h alive on Jan 10 1944.

Immediate cause of death Mitral Insufficiency

Due to acute dilatation

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward Fisher M. D.
Address 1628 Monument Date Jan 11/44

G 12750 ✓ G 12750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 332

Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Entry of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 160 Dolphin St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. City (If outside city or town limits, write RURAL and give town)
(d) Street No. 160 Dolphin St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Downing

3 (b) If veteran, name war — | 3 (c) Social Security Account No. —

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Charles Downing

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 24, 1890

8. AGE: Years 53 | Months 1 | Days 16 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name Th Downing

13. Birthplace Md

MOTHER 14. Maiden Name Mary A Sothoron

15. Birthplace Md

16 (a) Informant Mrs Charles Downing

(b) Address 160 Dolphin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-44 (month) (day) (year)

(c) Cemetery or crematory Lakelawn Mem. Park

Location Balto. Co. Md

18 (a) Funeral director Wm. Frances G. Strawbridge

(b) Address 378 W. Baltimore St.

JAN 12 1944 Huntington Williams M.D.
(Date rec'd by Reg'r) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/10/44 19 , at 5:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/4/44 19 to 1/10/44 19 , and that I last saw deceased alive on 1/8/44 19

Immediate cause of death: (a) Uremia — Duration? 3 days

Due to: (b) Chronic Nephritis

Due to: (c) Coronary Thrombosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fiske Ellis M. D.

Address 1 W Mt Vernon Pl Date Jan 13 1944

VS 150

G 12751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95B

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution:
Mercy Hosp. 11

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 406 Desmond St
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME (Aunt) John F. Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 11, 1907

8. AGE: Years: 36 | Months: 6 | Days: 28 | If less than one day: ..... hr. ..... min.

9. Birthplace Annapolis Md.
(Town, county, and state)

10. Usual Occupation Elevator Operator

11. Industry or business

FATHER
12. Name John Johnson
13. Birthplace Annapolis, Md.

MOTHER
14. Maiden Name Charlotte, Md.
15. Birthplace Severn, Md.

16 (a) Informant Helen Johnson (S)
(b) Address 821 Spar Rd. Anna. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/44 (month) (day) (year)
(c) Cemetery or crematory Brewer Hill Cem.
Location Annapolis, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 512 Carroll St. Williamsport, Md.

19 JAN 12 1944 (Date rec'd by Registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 9 1944 at 7:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1 - 4 1944 to 1 - 9 1944 and that I last saw h.im. alive on 1 - 8 1944

Immediate cause of death Aortic Regurgitation Failure — Duration .....

Due to R. Rheum. H. Dis. & Decompensation — Duration .....

Due to Chronic Bronchitis, & as Coma — Duration .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature M. Jane Foley M.D.
Address Mercy Hosp. Date signed 1/9/44

PLEASE WRITE PLAINLY. WITH CONFLICTING INFORMATION, the correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. Be

VS 180

C 12752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1930

Registered No. 12752

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1101 Booth Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 Booth Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Davis

3 (b) If veteran, name war — | 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER 12. Name Thomas Davis
13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Agnes Young
(b) Address 1103 Booth St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/44 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto. Co. Md.

18 (a) Funeral director Chas Alexander
(b) Address 927 N. Mount St.

19 (b) JAN 12 1944 (Date rec'd by registrar) (Signature) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10-1944, at 1:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Malecio M.D.
Medical Examiner.
Date signed 1-11-44

G 12773 — BALTIMORE CITY HEALTH DEPARTMENT — G 12773

CERTIFICATE OF DEATH

Registered No. 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1405 William St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1405 William St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie Hess

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex +
5. Color or race w
6 (a) Single, married, widowed, or divorced. M.
6 (b) Name of husband or wife Lloyd O. Hess
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 26, 1888
8. AGE: Years 55 Months 11 Days 14 If less than one day hr. min.
9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Samuel Mason
13. Birthplace N. C.

MOTHER
14. Maiden Name Alfonso ?
15. Birthplace Md.

16 (a) Informant Family
(b) Address 1405 William St.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 1-13-44 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave.
18 (a) Funeral director Jas. L. McCauley
(b) Address 13a E. Fort Ave.

JAN 12 1944 (Date filed by Registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/10/44 19 .. at 5:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 43 to Jan 10 19 44, and that I last saw h alive on Jan 9 19 44.
Immediate cause of death Coronary heart disease — Duration 1 year
Due to
Due to
Other Conditions None
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Dean Miller M. D.
Address 122 S. Charles St. Date signed 1/12/44

Please write the causes of death clearly and legibly. Physician's signature is especially important.

G 12714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 636

Registered No. G 12714

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4308 Shamrock Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4308 Shamrock Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ERNA DIETERICH

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife John W. Deitrich, Jr
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) July 13, 1899

8. AGE: Years	Months	Days	If less than one day
44	5	27	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Rothenburg
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Frank
15. Birthplace Germany

16 (a) Informant John W. Dieterich, Jr.
(b) Address 4308 Shamrock Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway

19 Filed Jan 10 1944 (b) Registrar Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1944, at 5.55PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1943, to Jan 9 1944, and that I last saw h[illegible] alive on Jan 9 1944.

Immediate cause of death Chronic myocarditis
Due to
Due to Hypostatic pneumonia
Other Conditions moderate arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter A. Anderson M. D.
Address 306 Chamwood Rd Date signed Jan 10-44

G 12715 — BALTIMORE CITY HEALTH DEPARTMENT — G 12715

CERTIFICATE OF DEATH 131a

Registered No.

Please write the causes of death clearly and legibly. Physicians: please ... correct age is especially important. Physicians: please ... Copyright.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3302 Fleet Ste,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 76
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3302 Fleet Ste (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mollie Christina Stratemeyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Widowed

6 (b) Name of husband or wife John Rudolph deceased 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July-3-1883

8. AGE: Years	Months	Days	If less than one day
60	6	6	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name Henry Fellner
13. Birthplace Balto., Md

MOTHER
14. Maiden Name Alvie Busch
15. Birthplace Balto., Md

16 (a) Informant Mrs. J. R. Stratemeyer
(b) Address 3302 Fleet Ste

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-44 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director John B. Connelly
(b) Address 418 Eastern Blvd.

JAN 12 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9th 1944, at 12 Noon

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8 1943 to January 9 1944, and that I last saw h[illegible] alive on January 9th 1944.

Immediate cause of death: Hemiplegia — Duration: immediate
Due to Excessive hypertension — 1½ to 2 yrs
Myocarditis Cardiac hypertrophy and Chr. Interstitial Nephritis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. V. Clift M. D.
Address 6010 Greenleaf Road Date signed 1-11-44

Jo 35884 G 12796 G 12796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 457 N. Broadway (If rural give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Cohen

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Lewis Cohen (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13, 1879

8. AGE: Years 64 | Months 0 | Days 0 29 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Michael Yospy
13. Birthplace Russia

MOTHER
14. Maiden Name Releane ?
15. Birthplace Russia

16 (a) Informant Records, Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/44 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) JAN 12 1944 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12, 1944, at 5:45A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-7 1944 to 1-12 1944 and that I last saw h[illegible] alive on 1-12 1944

Immediate cause of death — Duration

Coronal Thrombosis — 6 days
Due to Gangrene Rt Leg — ?
Due to Hypertensive Cardio-Vascular Disease — ?
Other Conditions Gen. Arteriosclerosis — ?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D B Rosenbloom M. D.
Address Balto City Hosp Date signed 1-13-44

G 12757 — BALTIMORE CITY HEALTH DEPARTMENT — G 12757

CERTIFICATE OF DEATH 46E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2522 Ashland Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2522 Ashland Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARIE KUCHAR

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Louis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/28/72

8. AGE: Years	Months	Days	If less than one day
71 yrs.	3	11	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Pollak
13. Birthplace Czech.

MOTHER
14. Maiden Name Marie Krucky
15. Birthplace Czech.

16 (a) Informant Anton J. Kuchar (son)
(b) Address 714 N. Curley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/44 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Balto. Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) (Effective Signature) (b) Registrar

JAN 12 1944
VS 150

Huntington W. Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1944 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 17 1943 to Jan 9 1944, and that I last saw her alive on Jan 8 1944.

Immediate cause of death	Duration
Carcinoma of Colon	
Due to Hypertensive C.V. disease	
Due to Chronic Nephritis	
Due to Diabetes Mellitus	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas E. Jarek M.D.
Address 801 N. Luzerne Date signed 1/13/44

G 1278 G 1278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 469

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospt 13
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 Brookfield Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baer Schwartzman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Chas Toba

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1856

8. AGE: Years 88 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Abraham

13. Birthplace Russia

MOTHER 14. Maiden Name Badana

15. Birthplace Russia

16 (a) Informant Hosp Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-44 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship

Location Balto & Conkling St

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Baltimore St

19 (a) (Date rec'd by reg.) JAN 12 1944 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11 1944, at 5:04 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4 1944, to 1-11 1944, and that I last saw him alive on 1-11 1944

Immediate cause of death

Hypostatic pneumonia

Due to Postoperative condition

Due to Carcinoma of head of pancreas

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1-7-44

Major findings of operation: as above

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph L. Levin M. D.

Address Sinai Hospital Date signed 1-11-44

G 1279

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

G 1279

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4613 Park Heights ave.
(c) Hospital or institution:
Mt Sinai Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2413 Eutaw ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME (Mrs) Sarah Rosenblum

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Simon Rosenblum
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) not known

8. AGE: Years	Months	Days	If less than one day
72	—	—	hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Rubin Rosenberg
13. Birthplace Russia

MOTHER
14. Maiden Name Bailis
15. Birthplace Russia

16 (a) Informant Frank Rosenblum
(b) Address 2413 Eutaw Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-44 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Sec.
Location Balto. & Conkling Sts

18 (a) Funeral director Jane Lewis Inc.
(b) Address 1430 W. Baltimore St

19 (a) JAN 12 1944 (Date rec'd by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1944, at 9 05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1943, to Jan. 9 1944, and that I last saw h-- alive on Jan 9 1944

Immediate cause of death Diabetes Mellitus,
arterio-sclerosis
Due to Coronary occlusion
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin Kadan M. D.
Address 2306 Eutaw Pl Date signed 1-11-44

G 1280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 1280 / 107

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 620 E Clement St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Charlene F. Belcher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 17 1939

8. AGE: Years 4 | Months 9 | Days 23 | If less than one day ... hr. ... min.

9. Birthplace Rice Ky
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Jack D. Belcher
13. Birthplace Miller Ky

MOTHER
14. Maiden Name Inany Ryce
15. Birthplace Rice Ky

16 (a) Informant Jack D. Belcher
(b) Address 7 W Lee st

17 (a) Burial (b) Date thereof 1-13-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cemetery
Location Brooklyn Md

18 (a) Funeral director William H Marsch
(b) Address 715 Light St

19 (a) JAN 12 (b) 1944
(Date rec'd by registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10th 1944, at 9 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 5th 1944, to June 10 1944, and that I last saw h[illegible] alive on June 10 1944

Immediate cause of death Bronchopneumonia

Due to

Due to

Other Conditions Mucoid pathology of lungs
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 1/12/44

Funeral 1 p.m. Thursday from residence

A 1281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 98

G 12361 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Mercy Hospital North Calvert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 7
(e) Length of stay in Baltimore (yrs., mos., or days) Since birth

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 35 E. Lake St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie Gladys Abley

3 (b) If veteran, name war

3 (c) Social Security Account No.

MEDICAL CERTIFICATION

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Charles Fred Abley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/26/98

8. AGE: Years	Months	Days	If less than one day
71		16 15	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At home.

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mercy Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13 1944 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cemetery
Location Brooklyn Md.

18 (a) Funeral director William M Marack
(b) Address 715 Light St

19 (a) JAN 12 1944 (Date rec'd by Registrar) (b) Registrar

20. DATE OF DEATH 1/10/1944, at 4:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/6 1944, to 1/10 1944 and that I last saw her alive on 1/10 1944.

Immediate cause of death Uremia

Due to Arterio Sclerotic gangrene

Due to

Other Conditions Post Operative osteomyelitis
(Include pregnancy within 3 months of death)

Date of operation 1/7/44

Major findings of operation Gangrene of right foot.

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. B. Hyde M.D.
M. D.
Address Mercy Hospital Date signed 1/12/44

VS 150

Huntington Williamsville, Md

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 48 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 803 Ponca st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 803 Ponca St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A Riecke

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Wm Riecke

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27 1882

8. AGE: Years 61 | Months 5 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Housework at home

11. Industry or business

FATHER
12. Name Franklin Spencer
13. Birthplace Md.

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant William Riecke
(b) Address 803 Ponca st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-44 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie Md

18 (a) Funeral director William H Mueck
(b) Address 715 Light St

19 (a) JAN 12 1944 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1944, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1943 to Jan 10 1944 and that I last saw her alive on Jan 10 1944.

Immediate cause of death ____ Duration

Due to Cardiac & Pulmonary failure

Due to Metastasis by Carcinoma of Uterus

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L B Stevens M.D.
Address 3400 Eastman Ave Date signed 1/15/44

Huntington Williams, M.D.

Please write plainly, using ink. Information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 12803

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 926 Light St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 926 Light St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hugo Otto Huebner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race W

6 (a) Single, married, widowed, or divorced. ~~Single~~ Married

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 13 1877

8. AGE: Years 66 | Months 3 | Days 24/28 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Watchmaker + Jeweler

11. Industry or business Business

FATHER
12. Name Henry Huebner
13. Birthplace Germany

MOTHER
14. Maiden Name Pauline Hanchet
15. Birthplace Germany

16 (a) Informant Mrs Sarah A. Huebner
(b) Address 926 Light St

17 (a) Burial (b) Date thereof 1-14-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location 2330 Frederick Ave

18 (a) Funeral director William M Marsek
(b) Address 715 Light St

19 (a) JAN 12 1944 (b)
(Date rec'd by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1944, at 9:55 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1943 to Jan 11 1944 and that I last saw him alive on Jan 11, 1944.

Immediate cause of death — Duration

Carcinoma of Lungs

Due to

Due to

Other Conditions Cachexia
Acutiae Dilatation
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Vincent M Mesaros M. D.
Address 1403 S. Charles St Date signed 1/12/44

Huntington Williams, Mfr

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. C 12804

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1006 Somerset Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 Somerset Street
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGANA POWELL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Richard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/24/79

8. AGE: Years	Months	Days	If less than one day
64 yrs.	11	15	hr. min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation House life

11. Industry or business

FATHER
12. Name Rufus Gore
13. Birthplace U.S.A.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Nancy Sims (Daughter)
(b) Address 1006 Somerset Street

17 (a) Burial (b) Date thereof Jan 12, 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) JAN 2 1944 (b) Huntington for Whitehead, MP
(Date rec'd by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 19 44, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 10 19 43 to Jan 9 19 44, and that I last saw h alive on Jan 7 19 43.

Immediate cause of death
Uremic Convulsions.
Broncho Pneumonia
Due to Fracture Left Hip
Due to Fall on Ice
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

Duration
2 wks
2 days.
Jan 15/43

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no/1
(a) Accident, suicide, or homicide ?
(b) Date of occurrence Dec 15/43 at ? M
(c) Where did injury occur? Dec 15/43 · Home
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home. While at work? no
(Specify type of place)
(e) Means of injury Fall

23. Signature C. H. Mayer M.D.

Address 1501 E 32 St Date signed 1/10/44

approved by Howard J. Mercer, M.D.

12865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1938 G 12865 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2860 Rayner Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2860 Rayner Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter A. Gebhart.

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Laura Gebhart.
6 (c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) August 23. 1860

8. AGE: Years	Months	Days	If less than one day
83	4	17	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Cattle Trader
11. Industry or business

FATHER
12. Name James A. Gebhart,
13. Birthplace Baltimore Co. Md.

MOTHER
14. Maiden Name Margaret A. Devine,
15. Birthplace West Virginia

16 (a) Informant Miss Margaret A. Gebhart,
(b) Address 2860 Rayner Ae.

17 (a) Burial (b) Date thereof Jan. 13. 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director Robert S. Little,
(b) Address 2700 Edmondson Ave.

19 (a) JAN 12 1944 Huntington Hgts.
(Date received by Local Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 10 1944, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1943 to Jan 10 1944, and that I last saw h alive on Jan 10 1944.

Immediate cause of death Senile Dementia

Duration 2 week

Due to

Due to Myocarditis 6 Mo

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John T. Owens M. D.
Address 642 Park Date signed

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

Registered No. [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. & Loudon Ave
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2420 Calverton Hts
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. William J. Demuth

3 (b) If veteran, name war --

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Emma C. Demuth,

6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Feb. 3. 1867

8. AGE: Years 76 | Months 11 | Days 14 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Brick Layer

FATHER
12. Name John H. Demuth,
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Sarah McKee,
15. Birthplace Baltimore. Md.

16 (a) Informant Mrs Emma C. Demuth,
(b) Address 2420 Calverton Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14. 1944 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md.

18 (a) Funeral director Robert S. Little,
(b) Address 2700 Edmondson Ave.

19 (a) JAN 12 1944 (Date rec'd by registrar) (b) 1944 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 11 1944, at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1 - 11 1944 to 1 - 11 1944, and that I last saw her alive on 1 - 11 1944

Immediate cause of death: Intestinal Obstruction — Duration

Due to: Carcinoma of Sigmoid

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John D. Young Jr. M. D.
Address Md. Gen. Hosp. Date signed 1-11-44

VS 8

FILL IN WHITE SPACES, WITH UNFADING INK. Every item should be answered, even if information must be obtained from relatives or other sources. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 124 B

G 12807

Please write to the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Johns Hopkins Hosp
(c) Hospital or institution: Hospital for Women of Maryland
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 58
(e) Length of stay in Baltimore (yrs., mos., or days) ? 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 W. North ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Marie Rappaport

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) ~~Single, married, widowed,~~ or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12 1895

8. AGE: Years 48 | Months 9 | Days 29 | If less than one day ... hr. ... min.

9. Birthplace New York N. Y.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Willard J. Bradley
13. Birthplace New York

MOTHER
14. Maiden Name Ellen McKenna
15. Birthplace Ireland

16 (a) Informant Mrs Sarah Webber
(b) Address 1718 W. North Ave.

17 (a) Burial (b) Date thereof 1-13-44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Catholic
Location Baltimore Md.

18 (a) Funeral director Flynn & Flynning
(b) Address 1426 Light St

19 (a) ... (b) ...
(Signature and title) Registrar

JAN 12 1944

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1944, at 8 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1943, to Jan 11 1944, and that I last saw h E B alive on Jan 11 1944.

Immediate cause of death: Paralytic ileus — Duration: 4 days
Pulmonary oedema — 1 day
Due to: Cirrhosis of the liver with portal obstruction — 3 years
Due to: — ?
Other Condition: Oesophageal varices
(Include pregnancy within 3 months of death)

Date of operation Dec 29 1943
Major findings of operation: Cirrhosis of liver, ascites
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? ...
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work? ...
(Specify type of place)
(e) Means of injury

23. Signature William E. Gilmore
Womens Hosp.
M. D.
Address Balto. Md Date signed 1-11-44

C 12868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

C 12868

Registered No. [redacted]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1510 Jefferson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 Jefferson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene Hilliard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife –

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Baltimore Co., Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business Laborer

FATHER
12. Name Eugene Hilliard
13. Birthplace Md.

MOTHER
14. Maiden Name Hester White
15. Birthplace Md.

16 (a) Informant Florence Jones
(b) Address 1510 Jefferson St.

17 (a) Burial (b) Date thereof 1/13/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley Ave.

19 (a) (b)
(Date rec'd by registrar) (Registrar)
JAN 12 1944 Huntington Hilliard

MEDICAL CERTIFICATION 12/30/43

20. DATE OF DEATH 12/30/43 19 at 10:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 25 19 43 to Dec. 30 19 43 and that I last saw h[illegible] alive on Dec. 30 19 43

Immediate cause of death: Cerebral Hemorrhage — Duration 2 days

Due to Hypertension

Due to Carcinoma of Prostate, Frank

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph W. Rehkopf M.D.

Address 426 N. Fulton Ave. Date signed 1/11/44

C 12819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

C 12819 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 416 N. Eden St
(c) Hospital or institution: 5

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 416 N. Eden St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Caroline Keyser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C.	married

6 (b) Name of husband or wife Robert Edward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24, 1861

8. AGE: Years	Months	Days	If less than one day: hr.	min.
72	8	16		1871

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Elias Jones
13. Birthplace Md

MOTHER
14. Maiden Name Mary Trusty
15. Birthplace Md

16 (a) Informant Marjorie Perry
(b) Address 416 N. Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/44 (month) (day) (year)
(c) Cemetery or crematory Mt. Lion
Location

18 (a) Funeral director Joseph G. Locke, Jr.
(b) Address 1364 N. Central Ave

19 (a) JAN 12 1944 (Date received by registrar)

Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10 1944, at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1.5 1944 to 1.10 1944 and that I last saw h e r alive on 1.5 1944.

Immediate cause of death Hypertensive cardio-renal disease — Duration: Sev. yrs.
Due to (uremia)
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature M. D.
Address 1130 E. Madison St Date signed 1/12

Hurdle for Pneumonia, mjf

Please write the causes of death clearly and legibly. Physicians: please see that correct age is especially important.

446984

G 1280

BALTIMORE CITY HEALTH DEPARTMENT G 1280

CERTIFICATE OF DEATH 95 B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1/2
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 238 N. Colvin St (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Catherine Mathews

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife.....

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-14-35

8. AGE: Years 8 | Months 9 | Days 25 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Warrington Mathews
13. Birthplace Md.

MOTHER 14. Maiden Name Catherine Block
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/44 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. County, Md.

18 (a) Funeral director Joseph G. Lacke, Jr.
(b) Address 1304 N. Central Ave

19 (a) JAN 12 1944 (Date received by registrar) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1944 at 2 00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1943 to Jan 9 1944 and that I last saw her alive on Jan 9 1944

Immediate cause of death: Cardiac Failure — Duration:

Due to Rheumatic Heart Disease — 3 years

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

Date of operation.....

Major findings of operation:.....

of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....at.....M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?.....While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature E. Peabody Drewett M. D.
Address N.H. Johns Hopkins Date signed 1-10-44

G 12811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12811 / 108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 660 W. Fairmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Claire Garey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1943

8. AGE: Years	Months	Days	If less than one day
	3	—	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name James Williams
13. Birthplace Md.

MOTHER
14. Maiden Name Barbara C. Garey
15. Birthplace Balto. Md.

16 (a) Informant Barbara Garey
(b) Address 660 W. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12-44 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie L. Williams
(b) Address 224 N. Schroeder St.

19 (a) JAN 12 1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1944, at 9:30 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute Interstitial pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert L. Slaton, M.D.
Medical Examiner.
Date signed Jan 10 1944

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

G 1282 G 1282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 180

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Fairfield
(If outside city or town limits, write RURAL and give town)
(d) Street No. 320 Frankfurst Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Wakeley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1882

8. AGE: Years	Months	Days	If less than one day
61	7		hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Margaret Ann
15. Birthplace Md

16 (a) Informant Ruby Snell
(b) Address 129 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12 44 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 222 N. Schroeder St.

19 JAN 12 1944 (Date rec'd by registrar) (b) Virginia Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1944, at 2:15 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to Res death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Toxemia due to 3rd degree burns

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 1/8/44 at 8:50 P.M.
(b) Where did injury occur? 220 Frankfurst Ave. (C.W. Williams Undertaker)
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? yes
(d) Means of injury Conflagration

23. Signature Roland Lee Frazier M.D. Medical Examiner.
Date signed Jan 9 1944

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly

C 12813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. C 12813

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2537 W. Lanvale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2537 W. Lanvale St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harry F. Cole

3 (b) If veteran, name war: Spanish American
3 (c) Social Security Account No. 217-14-1280

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hattie L. Cole
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10th December 1877

8. AGE: Years 66 | Months 1 | Days — | If less than one day ... hr. ... min.

9. Birthplace Elmira New York (Town, county, and state)
10. Usual Occupation Stationary Engineer
11. Industry or business 1st National Bank Bldg

FATHER
12. Name George Cole
13. Birthplace New York

MOTHER
14. Maiden Name Martha Haizlett
15. Birthplace Baltimore Co. Md.

16 (a) Informant Mrs. Hattie Louise Cole
(b) Address 2537 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-44 (month) (day) (year)
(c) Cemetery or crematory Cedar Bluff
Location Annapolis Md

18 (a) Funeral director George L. Schwab
(b) Address 2101 Frederick Ave

19 (a) ... (Date rec'd by registrar) (b) ... Registrar

JAN 12 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10th 1944 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/8 1944 to 1/10 1944
and that I last saw h alive on 1/10 1944

Immediate cause of death: Cerebral Hemorrhage — Duration 3 days
Due to: Hypertension
Due to: Arterio Sclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James T. Katzenberger M.D.
Address 711 Medical Arts Date signed 1/13/44

KATZENBERGER

C 1284 Quigley C 1284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 min.
(e) Length of stay in Baltimore (yrs., mos., or days) Life 49 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 Linden St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Marie Antionette Quigley.

3 (b) If veteran, name war

3 (c) Social Security Account No. 244-12-5748

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Wm. F. Quigley

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 18, 1894

8. AGE: Years 49 | Months 6 | Days — | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business —

FATHER
12. Name Herman Meyers
13. Birthplace Germany

MOTHER
14. Maiden Name Katie Sonnenleiter
15. Birthplace Md.

16 (a) Informant Warren J. Quigley (Son)
(b) Address 20 Peckham Ave. Providence, R.I.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14, 1944 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem.
Location Baltimore, Md.

18 (a) Funeral director R. Howard Evans
(b) Address 1400 E. Chase St.

19 (a) Physician for Williams, M.D. (b) Registrar

JAN 12 1944 (Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11 1944 at 9:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11 1944 to 1-11 1944 and that I last saw her alive on 1-11- 1944.

Immediate cause of death Cerebral Hemorrhage Diabetic Coma

	Duration
Due to	1 dy.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles R. MacDonald M.D.
Address 1213 Light St. Date signed 1-11-44

Approved: Robert Lee Graham M.D. Jan 12 1944

Follow carefully instructions, which are on separate sheet. Every item must be answered. Use "None" or "Unknown" where necessary. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12815 ✓ G 12815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4217 Ivanhoe Ave.
(c) Hospital or institution: 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~6 yrs~~.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4217 Ivanhoe Ave.
(If rural give location)
(e) Citizen of foreign country? .....(Yes or No)
If yes, name country .....

3 (a) FULL NAME George F. Price

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: M.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Rosie (nee Cavett)
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) Feb. 26, 1858
8. AGE: Years 88 | Months 10 | Days 16 | If less than one day ..... hr. ..... min.
9. Birthplace Balto. Co., Md.
(Town, county, and state)
10. Usual Occupation General Laborer - retired 13 yrs.
11. Industry or business

FATHER
12. Name Robert Price
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Adelina Parks
15. Birthplace Balto. Co. Md.

16 (a) Informant Mrs. Frank B. Price
(b) Address 4217 Ivanhoe Ave. Balto
17 (a) Burial (b) Date thereof Jan. 14, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Joseph's
Location Dorcas, Md.
18 (a) Funeral director Saunders M. Burke
(b) Address Huntingtown Prince Geo's, Md.
19 (a) JAN 12 1943 (b) .....
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 | 11 | 43 19..... at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1933 to 1 | 11 | 1943 and that I last saw him alive on 1 | 10 | 43

Immediate cause of death: Cerebral Hemorrhage — Duration 11 | 30 | 43

Due to Arterio Sclerosis C.V. Disease

Due to .....

Other Conditions Dry Gangrene left foot.
(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature B. H. Dorsey M. D.
Address 12 Chesterwood Date signed 1 | 12 | 43

VS 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12816 ✓ G 12816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1105 S. Charles St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V3
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 Light St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theresa B. Gauss

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widow

6 (b) Name of husband or wife Jacob F. Gauss
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Ireland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Anthony Kelly
13. Birthplace Ireland

MOTHER
14. Maiden Name ?
15. Birthplace Ireland

16 (a) Informant Mrs. B. F. Lawrence
(b) Address 1105 S. Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13/44 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Frederick Md.

18 (a) Funeral director Fred. A. Kramer & Son
(b) Address 1416 S. Charles St.

19 (a) (Date received by Registrar) (b) Registrar Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 19 44 at 6.00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/24 19 43 to Jan 10 19 44, and that I last saw h.e. alive on Jan 3 19 44.

Immediate cause of death Coronary Thrombosis — Duration sudden
Due to Nephritis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr S. H. Barranco M. D.
Address 436 E Fort Ave Date signed 1/12/44

1287 X V G 1287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo. 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Washington (b) County .....
(c) City or town Seattle
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3415- 42nd Avenue, West (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3 (a) FULL NAME ENGLISH, Carl Martin

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife -
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Born 7/4/91

8. AGE: Years	Months	Days	If less than one day
52	6	4	..... hr. ..... min.

9. Birthplace Napoleon, Ohio (Town, county, and state)
10. Usual Occupation Radio Operator
11. Industry or business Merchant Seaman

FATHER: 12. Name Wm. English
13. Birthplace Buffalo, New York

MOTHER: 14. Maiden Name Elizabeth Head
15. Birthplace Napoleon, Ohio

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-47 (month) (day) (year)
(c) Cemetery or crematory .....
Location Seattle Wash.

18 (a) Funeral director A. Lee Oder
(b) Address 4644 York Rd.

19 (a) JAN 13 1944 (Date rec'd by registrar) (b) Hartley for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8, 1944, at 10:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 6, 1943 to Jan. 8, 1944, and that I last saw him alive on Jan. 8, 1944.

Immediate cause of death	Duration
Carcinoma of the colon with massive metastasis in the lungs	7 mos.
Due to	.....
.....	.....
Other Conditions	.....

(Include pregnancy within 3 months of death)
Date of operation 12/13/43-Proctoscopy
Major findings of operation: Carcinoma transverse colon
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....
23. Signature J. C. Dunn M. D.
Address Baltimore, Md. Date signed 1/9/44

VS 150

MS-49631

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 12818 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 400 Washburn ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 400 Washburn
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Jannie Jandl

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Nicklous Jandl
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Aug 9 - 1885

8. AGE: Years	Months	Days	If less than one day
58	5	0	— hr. — min.

9. Birthplace Hungaria (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr. Nicklous Jandl
(b) Address 400 Washburn ave

17 (a) Burial [illegible] (Burial, cremation, or removal) (b) Date thereof 1-13-44 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location A. 9. Co Md

18 (a) Funeral director Geo. E. Boyer Jr
(b) Address 1512 Hollins St

19 (a) JAN 13 1944 (Date rec'd by registrar) (b) [illegible] for Williams, M.D.

V8 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9 1944, at 4:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1943 to Jan 9 1944, and that I last saw h[illegible] alive on Jan 8 1944

Immediate cause of death Cerebral Hemorrhage — Duration 3 days

Due to Hypertension — Duration 4 yrs

Due to —

Other Conditi[illegible] Coronary Sclerosis — Duration 2 yrs

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operations —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature H. G. Mann M. D.
Address 516 Cathedral St. Date signed 1-11-44

R. 12819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. C 12819

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4908 Crowson Ave
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4908 Crowson
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence E. Smith

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Joseph W. Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 27th 1875

8. AGE: Years	Months	Days	If less than one day
68	—	15	14 hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Robt. M. Bennett
13. Birthplace Balto Md

MOTHER
14. Maiden Name Kate Lynch
15. Birthplace Balto. Md

16 (a) Informant Joseph W. Smith
(b) Address 4908 Crowson Ave

17 (a) Burial (b) Date thereof 1/13/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) JAN 13 1944 (b) H. Hunting for Williams, Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10th 1944, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 24 1943, to Jan 10 1944, and that I last saw h[illegible] alive on Jan 10 1944.

Immediate cause of death	Duration
Myocardial insufficiency	about 12 hrs
Due to apoplexy	17 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. Lobeth Ewell
Address 2945 St. Paul St Date signed 1/11/44 M. D.

G 12820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

171a

Registered No. G 12820

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
West Baltimore General Hosp 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1813 W. Franklin St
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Rose Hurley

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband Lawrence Hurley
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 1873

8. AGE: Years	Months	Days	If less than one day
71	5		.....hr. .....min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name Robt. E. Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant Clifton Johnson
(b) Address 5461 Hamlet Ave.

17 (a) Burial (b) Date thereof 1/14/44
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Ebenezer M.E. Church
Location.....

18 (a) Funeral director William Cook Inc
(b) Address 1217 E. Paul St

19 (a) JAN 13 1944 (b) Clinton Williams M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1944, at 7:25 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Pneumonia death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Compound fracture of ribs; hemorrhage into left pleural cavity
DUE TO Subarachnoid Hemorrhage
Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 15/9 0.
(a) Date of injury January 11 1944 7:56 P.M.
(b) Where did injury occur? Linton Ave. + Lyndhurst
(c) Did injury occur at home, on farm, industrial place, in public place? public place While at work? No
(d) Means of injury Struck by streetcar

23. Signature Clinton Williams M.D.
Medical Examiner.
Date signed January 12, 1944

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

128.1 ✓ G 128.1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 718 N. Monroe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 718 N. Monroe St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** John J. Minnick

3 (b) If veteran, name war W
3 (c) Social Security Account No. 218-10-6924

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband~~ or wife Henrietta Minnick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18th 1877

8. AGE: Years 66 | Months 2 | Days 22 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Elevator Manager
11. Industry or business Glenn L. Martin Co.
12. FATHER Name John J. Minnick
13. FATHER Birthplace Harford Co. Md
14. MOTHER Maiden Name Elizabeth Rowe
15. MOTHER Birthplace Boston Mass
16 (a) Informant Henrietta Minnick
(b) Address 718 N. Monroe St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13th 1944 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Balto Md
18 (a) Funeral director William Cook Inc
(b) Address 217 St. Paul St

JAN 13 1944 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10th 1944, 8:20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jany 1 1944 to Jan 10 1944 and that I last saw h.. alive on Jan 10 19..

Immediate cause of death Bronchial Pneumonia — Duration 2 days

Due to

Due to

Other Conditions Influenza — 10 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Stafford Grain M. D.
Address 7 Broad Street signed

128:2 ✓ 128:2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3102 Bayonne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3102 Bayonne Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Belle Orem Skinner

3 (b) If veteran, name war: —
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: George B. Skinner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 8th 1865

8. AGE: Years 78 | Months 5 | Days 3 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Md.

MOTHER
14. Maiden Name Caroline Skinner
15. Birthplace Md.

16 (a) Informant Mrs Lenore E. Dodson
(b) Address 152 W. 39th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/44 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St
(Date rec'd by registrar) JAN 13 1944 (By) Huntington Williams MD Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11th 1944, at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1944, to Jan 11 1944, and that I last saw him alive on Jan 10 1944.

Immediate cause of death	Duration
Acute Nephritis	9 da
Due to	
Due to Uremia	1 day
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Brown, MD
Address Date signed 1/12/44 M. D.

Correct age is especially important. Physicians, please write clearly and legibly.

12813

BALTIMORE CITY HEALTH DEPARTMENT V

CERTIFICATE OF DEATH 939

Registered No. G 12813

1. PLACE OF DEATH: 1629 N. Calvert st
(a) Baltimore City, Maryland
(b) Street address 1217 St Paul st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1629 N. Calvert St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Orlando Tordoff

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: none

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: (Unknown) Tordoff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24th 1864

8. AGE: Years: 79 | Months: 0 | Days: 17 | If less than one day: hr. min.

9. Birthplace: England
(Town, county, and state)

10. Usual Occupation: Carpenter

11. Industry or business: Journeyman

FATHER
12. Name: (Unknown) Tordoff
13. Birthplace: England

MOTHER
14. Maiden Name: Unknown
15. Birthplace: "

16 (a) Informant: Mrs Pansy Schmidt
(b) Address: 1629 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/44 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Eastern Ave Extended

18 (a) Funeral director: William Cook
(b) Address: 217 St Paul St Baltimore, Md.

19 (a) JAN 13 1944 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1944, at 4:45 M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Jan 12 1944

VS 151

128.4 G 128.4

BALTIMORE CITY HEALTH DEPARTMENT ✓

CERTIFICATE OF DEATH 186a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution:
South Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2623 Huntingdon Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Hecker

3 (b) If veteran, name war: W
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of ~~husband or~~ wife: Effie Hecker
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 10th 1862
8. AGE: Years 81 | Months 9 | Days 1 | If less than one day hr. min.
9. Birthplace Pa.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name August Hecker
13. Birthplace Germany

MOTHER
14. Maiden Name Henrietta (Unknown)
15. Birthplace Germany

16 (a) Informant Mrs Olive Brenner
(b) Address 2825 Northern Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/44 (month) (day) (year)
(c) Cemetery or crematory Maryland Memorial Park
Location Parkville Md.

18 (a) Funeral director William Cook Inc
(b) Address 217 St. Paul St.
19 (d) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

JAN 13 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11 1944, at 10:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 27 1943, to Jan. 11 1944, and that I last saw him alive on Jan. 11 1944.

Immediate cause of death Bronchopneumonia — Duration

Due to Fractured femur - intertrochanteric

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 496
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Dec. 27, 1943 at 2 P. M.
(c) Where did injury occur? Baltimore, Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? no
(Specify type of place)
(e) Means of injury Slipped and fell on street

23. Signature Paul A. Lukats M. D.
Address 1213 Light St. Date signed Jan. 12, 1944

VS 3

Approved: Robert Lee Graham M.D. Jan 12 44

12825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 12825
Registered No.

PLEASE WRITE PLAINLY, with ink or indelible pencil, and without abbreviations. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvedere & Greenspring Ave.
(c) Hospital or institution:
Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere & Greenspring
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Novey (Hannah) Hannah Novey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Isaac

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER
12. Name Unkown
13. Birthplace Russia

MOTHER
14. Maiden Name Unkown
15. Birthplace Russia

16 (a) Informant John Novey
(b) Address 4912 Pembridge Ave

17 (a) Burial (b) Date thereof Jan, 13, 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cem
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) JAN 13 1944 Hampton Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12 1944, at 8 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-8-1943 to 1-12-1944, and that I last saw her alive on 1-12-1944

Immediate cause of death Chr. card. vas disease — Duration

Due to

Due to

Other Conditions Chs. Bronchitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Edmund Levin, M.D.
Address Levindale Date signed 1/13/44

G 12826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938

G 12826 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkins Ave
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Fred'k Hilltop Rfd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Thurley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 1 1868

8. AGE: Years	Months	Days	If less than one day
75	9	10	1 hr. min.

9. Birthplace Maryland
(Town, county and state)
10. Usual Occupation Clerk
11. Industry or business P.R.R. Co

FATHER
12. Name Daniel Thurley
13. Birthplace England

MOTHER
14. Maiden Name Mary E ——
15. Birthplace ——

16 (a) Informant Hilda K Buckmaster
(b) Address Catonsville Md

17 (a) Burial (b) Date thereof Jan 13
(burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lyndale Park
Location Balto Md

18 (a) Funeral director Geo S MacNabb
(b) Address Catonsville Md

19 (a) JAN 13 1944 (b) Hunter & Williams Funeral Dirs Inc
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/11 1944, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1 1944 to 1/11 1944, and that I last saw him alive on 1/10 1944

Immediate cause of death Bronchopneumonia

Due to

Due to

Other Conditions Arteriosclerosis C-V-D

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Clifton Rowley
Address St. Agnes Hosp Date signed 1/11/44

G 12827 ✓ G 12827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Please see that the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address #33 E. North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. #33 E. North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MOLLIE JOHNSON

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife HORRIS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace RUSSIA (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

MOTHER / FATHER

12. Name JONAS MEYER

13. Birthplace RUSSIA

14. Maiden Name ESTHER

15. Birthplace RUSSIA

16 (a) Informant NETTIE WASSERKRUG

(b) Address 33 E. NORTH AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-14-44 (month) (day) (year)

(c) Cemetery or crematory HERRING RUN

Location PHIL. RD. & BOWLEYS LANE

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Balto St

JAN 13 1944 (Date received by Registrar) Thurlow Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION 45

20. DATE OF DEATH 1-12-44 19 , at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1st 1943, to Jan 12 1944, and that I last saw her alive on Jan 11 1944.

Immediate cause of death	Duration
Cerebral hemorrhage	10 days
Due to arteriosclerosis	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J Frederick Lentz M. D.

Address Temple Garden Date signed 1-12-44

12823 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

G 12823

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Col of America 9
(d) Length of stay in hospital or inst. (yrs. or days) 1
(e) Length of stay in Baltimore (yrs. or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2539 Robb St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Shattuck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN 11, 1944

8. AGE: Years	Months	Days	If less than one day
			9 hr. 10 min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Shattuck
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Dorothy Whittle
15. Birthplace Balto. Md

16 (a) Informant Dorothy Shattuck mother
(b) Address 2539 Robb St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 12 1944

18 (a) Funeral director Commissioner of Health
(b) Address

19 JAN 13 1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 11 1944, at 1 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/10 1944, to 1/11 1944, and that I last saw him alive on 1/10 1944.

Immediate cause of death Intracranial hemorrhage — Duration

Due to Prolonged labor

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Andrews

Address Asst. J. Surgery Date signed 1/11/44

VS 3

0636

Write the causes of death clearly and legibly. Physicians: please write age if seventy or upwards

G 12879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95B

G 12829

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Woodlawn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2411 Poplar Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Ridgely (Robert Duvall Ridgely)

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Janice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 13, 1910

8. AGE: Years	Months	Days	If less than one day
33	4	28	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Police Officer
11. Industry or business Balto. Co., Md.

FATHER
12. Name Gustav Warfield Ridgely
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elva Duvall
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Janice Ridgely
(b) Address 2411 Poplar Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/44 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 13 1944 (b) (Local registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11-44 1944, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1944 to 1-11 1944, and that I last saw him alive on 1-11 1944

Immediate cause of death Cardiac Failure — Duration

Due to Subacute Bacterial endocarditis

Due to Rheumatic heart disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Mason Sours, Jr., M. D.
Address Univ. Hosp. Date signed 1-11-44

PLEASE WRITE PLAINLY, with unfading ink. Fill in all items. Write the causes of death clearly and legibly. correct age is especially important. Physicians: please write

12850 G 12850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland N
(b) Street address 2315 Longwood St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2315 N. Longwood St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICK W. SCHANZE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Josephine A. Schanze

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/1/1868

8. AGE: Years	Months	Days	If less than one day
75	1	9	hr. min.

9. Birthplace Balto., Md
(Town, county, and state)

10. Usual Occupation retired Druggist

11. Industry or business Self

MOTHER / FATHER

12. Name -Martin

13. Birthplace Germany

14. Maiden Name Margaret Meek

15. Birthplace Germany

16 (a) Informant Mrs. Josephine A. Schanze

(b) Address 2315 N. Longwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/44 (month) (day) (year)

(c) Cemetery or crematory Lorraine Cem.

Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md.

19 (a) JAN 13 1944 (Date rec'd by registrar) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 10, 1944, at 9 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1944 to Jan 10 1944 and that I last saw him alive on Jan 10 1944

Immediate cause of death

(a) Chronic Myocarditis

(b) Acute Nephritis

Duration: 6 yrs 2 days

Due to (b) Arteriosclerosis from Malignant carcinoma

Duration: 2 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Prostatectomy Feb 1942

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George D. Lipsky M. D.

Address 732 S. Patterson Pk Date signed 1/12/1944

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

G 1285 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 12B

Registered No. G 1285 1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 811 N. Streeper St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 811 N. Streeper St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH THOMAS RUBY

3 (b) If veteran, name war: World
3 (c) Social Security Account No. 212-05-9619

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mary W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12, 1894

8. AGE: Years	Months	Days	If less than one day
49	9	19	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Pattern Maker
11. Industry or business

FATHER
12. Name Joseph T. Ruby
13. Birthplace Czechoslavakia

MOTHER
14. Maiden Name Barbara Heil
15. Birthplace Czechoslavakia

16 (a) Informant Mrs. Mary W. Ruby
(b) Address 811 N. Streeper St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/44 (month) (day) (year)
(c) Cemetery or crematory Balto. Nat'l. Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 JAN 13 1944 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11, 1944, at 1:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1943 to Jan 11 1944, and that I last saw h[illegible] alive on Jan 11 1944

Immediate cause of death: Pulmonary Tuberculosis — Duration 1 yr.
Due to: Decub Condition — 1/9/44
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:
23. Signature William J. Ryan M.D.
Address 801 a Kenwood Ave Date signed 1/12/44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

128:2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. 128:2

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: SINAI Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 day
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3101 Garrison Blvd
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Schimmel-MAURICE S. (Maurice S. Schimmel)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ wife Rosalie H. Schimmel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1869

8. AGE: Years	Months	Days	If less than one day
74	11	28	hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation physician
11. Industry or business

FATHER
12. Name — Schimmel
13. Birthplace Austria

MOTHER
14. Maiden Name Unknown
15. Birthplace Austria

16 (a) Informant Mr. Albert Schimmel
(b) Address New York.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/44.
(month) (day) (year)
(c) Cemetery ~~crematory~~ Bals. Hebrew
Location Bals. Md.

18 (a) Funeral director David Sandelsimon & Son
(b) Address 1907 Eutaw Place

19 (a) 1-13-1944 (b) [illegible] Registrar
(Date received by Registrar)

VS 210

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 19YY, at 12:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/9 19YY, to 1/12 19YY, that I last saw h~~im~~ alive on 1/12 19YY

Immediate cause of death	Duration
Bronchopneumonia	
Due to	
Due to	
Other Conditions Congestive heart failure Malignancy of liver	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Murray J Hamburg M. D.
Address Sinai Hospital Date signed 1/13/44

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12853 BALTIMORE CITY HEALTH DEPARTMENT ✓ C 12853

CERTIFICATE OF DEATH 47D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d.
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 227 W. Mulberry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Young You (FONG YOU)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Chinese

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) —

8. AGE: Years: Abt 60 | Months: — | Days: — | If less than one day: hr. min.

9. Birthplace Don't Know
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Don't Know
13. Birthplace probably China

MOTHER
14. Maiden Name Don't Know
15. Birthplace probably China

16 (a) Informant Mr Bock Ask (friend)
(b) Address 3431 Gwynn Oak Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-14-44 (month) (day) (year)
(c) Cemetery or crematory Loraine
Location Woodlawn

18 (a) Funeral director Stewart Mortuary
(b) Address 1084 W. Mt. Ave.

19 (a) 1 2 1944 (Date rec'd by registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1944, at 10:00 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Carcinoma of lung

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury?

23. Signature Robert Lee Preston M.D.
Medical Examiner.
Date signed January 12, 1944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

G 12834 — 83 G 12834

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2817 Windsor Ave. St., ... Ward) 15

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Frances Spencer McFaly

(a) Residence: No. 2817 Windsor Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced. ~~Husband of~~ (or) WIFE of William Hooper McFaly

6. DATE OF BIRTH (month, day, year) August 14, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1941

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Centerville Md.

FATHER

13. NAME Philemon Blake Hopper

14. BIRTHPLACE (city or town) (State or country) Centerville Md.

MOTHER

15. MAIDEN NAME Henrietta Goldsborough

16. BIRTHPLACE (city or town) (State or country) Centerville Md.

17. INFORMANT Mrs. Wm. J. Ruether

(Address) 2125 Eutaw Land Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Centreville Md. Date 1/14/ 1944

19. UNDERTAKER E. J. Fanning & Son

(Address) 1938 E. Lafayette Ave.

20. FILED ..... 19 Huntington Williams Registrar

JAN 13 1944

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1944

22. I HEREBY CERTIFY, That I attended deceased from ....., 1941, to Jan 11, 1944

I last saw her alive on Jan 11, 1944. Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Cerebral Vascular accident	Hour

Other contributory causes of importance: Bronchopneumonia — 1/7/44

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Frances W. Gluck, M. D.

(Address) 715 Park Ave

V. S. 3

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 1285 — BALTIMORE CITY HEALTH DEPARTMENT — G 1285 ✓

CERTIFICATE OF DEATH 83a

Registered No. .....

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1504 Filbert St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 5
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1504 Filbert St (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME John Hornatko (HORNIATKO)

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:

4. Sex: M.
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary
6 (c) If alive, give age 69 years
7. Birth date of deceased (mo., day, yr.): Not known
8. AGE: Years: About 61 | Months: | Days: | If less than one day: ..... hr. ..... min.
9. Birthplace: Austria (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business: Davidson Chemical Co

FATHER
12. Name: Harry
13. Birthplace: Austria

MOTHER
14. Maiden Name: .....
15. Birthplace: Austria

16 (a) Informant: Mary Hornatko
(b) Address: 1504 Filbert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-44 (month) (day) (year)
(c) Cemetery or crematory: Holy Cross
Location: A. A. Co.

18 (a) Funeral director: Wm. L. Fialkowski
(b) Address: 2007 Eastern Ave

JAN 13 1944 (Date rec'd by registrar) (b) ..... Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 11, 1944, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 6, 1943, to Jan. 11, 1944, and that I last saw him alive on Jan. 11, 1944.

Immediate cause of death	Duration
Cerebral Hemorrhage	Unknown
Due to Hypertension.	1 Year.
Due to Arterio-sclerosis.	?
Other Conditions ✓	

(Include pregnancy within 3 months of death)

Date of operation: None
Major findings of operation: None
of autopsy: None ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at ✓ M
(c) Where did injury occur? ✓ (City or town) ✓ (County) ✓ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? .....
(e) Means of injury ✓

23. Signature: Frank M. Ogden M. D.
Address 2701 N. Calvert. Date signed Jan 12, 44

Huntington Williams, M.D.

C 128:6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164E

C 128:6 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write as is especially important. Be sure that all items are correct and complete.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 841 W. Franklin Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MULLINEE MINS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Mattie Mims

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 72 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Greenville S.C.
(Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER 12. Name George Mims

FATHER 13. Birthplace Greenville S.C.

MOTHER 14. Maiden Name Isabelle Perry

MOTHER 15. Birthplace Greenville S.C.

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13-44 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem

Location

18 (a) Funeral director Mrs. Katie R. Williams

(b) Address 22 W. Schroeder St.

19 (a) (b) Wm. Williams M.D.

(Date received by Local Registrar) JAN 13 1944 (Signature of Local Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9, 1944, at 8:50 P. M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐, and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Suicide. Crushing of chest.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 1-9-44 at 8:30 P. M.
(b) Where did injury occur? 841 W. Franklin St.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Jumped from 3rd floor, from window.

23. Signature H. J. Wollenweber M.D.
Medical Examiner.
Date signed 1-10-44.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 176

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) d.o.a.
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 W. Mulberry Street
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME CLAUDE ARTIS

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Mary Artis

6 (c) If wife, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1894

8. AGE: Years	Months	Days	If less than one day
50	-	9	..... hr. ..... min.

9. Birthplace Portsmouth Va.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business B & O R.R.

FATHER
12. Name John Artis
13. Birthplace Va

MOTHER
14. Maiden Name Lucy
15. Birthplace Va

16 (a) Informant Pauline Artis
(b) Address 1509 W. Mulberry St

17 (a) Burial (b) Date thereof Jan. 13-44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory National Cem.

Location .....

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 922 N. Schroeder St

19 (a) JAN 13 1944
(Delivered by undertaker)

Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10, 44 8:30 A.
19 ....., at ..... M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Crushing of left chest.

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 1-10-44 at 8:15 A.M. 21/2 M.
(b) Where did injury occur? Pratt & Poppleton Sts
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? Yes
(d) Means of injury Caught in grain elevator.

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 1-10-44.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 128:8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1044a

G 128:8

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 425 Merryman Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence Childs

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 13, 1943

8. AGE: Years	Months	Days	If less than one day
	8	28	hr. min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Samuel Brown
13. Birthplace Unknown

MOTHER
14. Maiden Name Rose Fox Nelson
15. Birthplace Va.

16 (a) Informant Rose Childs
(b) Address 425 Merryman Lane

17 (a) Burial (b) Date thereof Jan 13, 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Q.A. County Md.

18 (a) Funeral director Mrs. Ethel A. Elliott Dyd
(b) Address 1129 N. Caroline St.

19 (a) JAN 13 1944 (b) Huntington Hillsboro Md.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11-1944, at 1:15 A M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Uremia Pulmonary Infection
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Welsh M.D.
Medical Examiner.
Date signed 1-11-44

VS 151

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 1283 C 1283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 129

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1924 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fay Faron

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Walter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1926

8. AGE: Years 17 | Months 6 | Days 3 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Cannery

11. Industry or business

FATHER — 12. Name Clarence Garland
13. Birthplace N.Y.

MOTHER — 14. Maiden Name Edna Lindsay
15. Birthplace Va.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13 1944 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 13 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1944 at 11:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1944 to Jan 9 1944 and that I last saw her alive on Jan 9 1944

Immediate cause of death: Generalized peritonitis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Generalized purulent peritonitis

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis W. Chambers M. D.
Address Johns Hopkins Hosp. Date signed 1/10/44

G 128-0

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1370

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 200 E. Oakdale Rd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Louis B. Mc Mullen

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M Ferg

6 (b) Name of husband or wife Mrs Bessie ~~McMullen~~
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1876

8. AGE: Years	Months	Days	If less than one day
67	0	28	— hr. — min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Stock broker
11. Industry or business Alexander Brown

FATHER
12. Name William C. Mc Mullen
13. Birthplace Baltimore County

MOTHER
14. Maiden Name Rosa Bladen
15. Birthplace Baltimore

16 (a) Informant Mrs. Bessie Mc Mullen
(b) Address 200 E Oakdale Rd.

17 (a) Burial (b) Date thereof 1/14/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Baltimore, Md.

18 (a) Funeral director H. W. Meares and Son
(b) Address 50 N. Calvert St.

19 (a) (Date received) (Registrar) Huntington Williams, M.D.

JAN 13 1944

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12 1944, at 12:46 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/26 1943, to 1/12 1944, and that I last saw him alive on 1/12 1944.

Immediate cause of death	Duration
Cardiac Failure	
Due to Acute decompensation	
Due to Hypertensive C.V.D. & Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 12/31/43
Major findings of operations Prostatic hypertrophy
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. B. Gray
Address Mercy Hosp. Date signed M. D. 1/12/44

Correct age is especially important. Physicians: please write clearly and legibly.

G 128-1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G 128-1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3403 Copley Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3403 Copley Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna M. Garthe

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Henry C. Garthe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/1/1857

8. AGE: Years	Months	Days	If less than one day
86	3	10	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Roeth
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Hungerlock
15. Birthplace Germany

16 (a) Informant Mr. Henry C. Garthe
(b) Address 3403 Copley Rd.

17 (a) Burial (b) Date thereof 1/14/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JAN 13 1944 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/11/ 1944, at 4⁰⁵ A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1943, to Jan 10 1944, and that I last saw her alive on Jan 10 1944

Immediate cause of death arteriosclerotic Cardio vascular renal disease — Duration 10 years

Due to

Due to

Other Conditions non Specific Purulent 3 days right Parotitis
(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J. Sullivan M. D.
Address 2911 Garrison Blvd Date signed 1-12-44

Write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

C 128-2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 120

C 128-2

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2215 East Lombard Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3 (a) FULL NAME AUGUST JULIUS (Konstanty Wiczulis)

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No. 218-10-1792 ? 92

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Jennie Julius
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) 2/28/1900
8. AGE: Years 43 | Months 10 | Days 12 | If less than one day ..... hr. ..... min.
9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Shipyard Worker-1 wk.prior to adm.
11. Industry or business

FATHER
12. Name John Julius (John Wiczulis)
13. Birthplace Poland

MOTHER
14. Maiden Name ? Felicia Taltys
15. Birthplace ? Poland

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (b) Date thereof Jan. 14 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location Baltimore County

18 (a) Funeral director John M. Welby
(b) Address S. Chester Street

JAN 13 1944

19 (a) ..... (b) .....
(Date rec'd by registrar) Registrar

VS 150

Huntington Williams, M.D.

Va-14215

MEDICAL CERTIFICATION P.

20. DATE OF DEATH January 9, 1944, at 1.55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2, 1944 to Jan. 9, 1944, and that I last saw him alive on Jan. 9, 1944

Immediate cause of death Pulmonary Tuberculosis, far advanced — Duration Unk.
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: .....
of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....
23. Signature H. Williams M. D.
Address Baltimore, Md. Date signed 1/10/44

Please write the causes of death clearly and legibly. Physicians: please note that correct age is especially important.

G 12843 G 12843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 520

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2823 Christopher ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2823 Christopher ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John F. Kitzell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Elsbeth C. Kitzell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1879

8. AGE: Years	Months	Days	If less than one day
64	4	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation retired Pharmacist
11. Industry or business

FATHER
12. Name Otto Kitzell
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia ?
15. Birthplace Germany

16 (a) Informant Mrs. Elsbeth C. Kitzell
(b) Address 2823 Christopher Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-44 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Leonard J. Rack
(b) Address 5305 Harford Road

19 (a) Huntington Williams, M.D. (Signature by registrar) Registrar

JAN 13 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11 1944 at 6 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1944 to Jan 11 1944, and that I last saw him alive on Jan 11 1944.

Immediate cause of death	Duration
Hypernephroma	1 yr.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Francis L. Bagli
Address 6077 Harford Rd Date signed 1/12/44 M. D.

Please write the causes of death clearly and legibly. Physicians: please write correct age in especially "Important."

C 128-2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 128-2 / 938 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 Brune St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nellie Hardy

3 (b) If veteran, name war

3 (c) Social Security account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-31-99

8. AGE: Years	Months	Days	If less than one day
44 45	7	10	hr. min.

9. Birthplace Ga (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Addison Kizzie

13. Birthplace Ga

MOTHER 14. Maiden Name Amelia Lindsey

15. Birthplace Ga

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 1/14/44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory

Location Danville, N. C.

18 (a) Funeral director Elroy Wilson

(b) Address 1000 Bloomingdale Ave

19 (a) (b) Registrar
(Date rec'd by registrar)

JAN 1944

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1944 at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1944 to Jan 11 1944 and that I last saw her alive on Jan 11 1944.

Immediate cause of death: Cardiac failure — Duration: 2 days

Due to: Myocarditis of unknown etiology — 4 yrs.

Due to:

Other Conditions: Cerebral embolism, Pulmonary embolism — 3 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John R Burmingham M. D.

Address JHH Date signed 1-12

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

G 12845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 12845 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 8

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5days.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1611 Rutland Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Chester H. Baker

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-3103

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Sophia M. Ritz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1893

8. AGE: Years	Months	Days	If less than one day
50	5	9	hr. min.

9. Birthplace Kentucky
(Town, county, and state)

10. Usual Occupation Electrician

11. Industry or business Brown & Heim Inc.

FATHER
12. Name not known
13. Birthplace Kentucky

MOTHER
14. Maiden Name not known
15. Birthplace Kentucky

16 (a) Informant Sophia M. Baker
(b) Address 1611 Rutland Ave.

17 (a) Burial (b) Date thereof 1/15/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) 1-13-1944 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1944, at 9 40 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to Mitral Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed January 12 1944

VS 151

Cause age is especially important. Physicians: please write the causes of death clearly and legibly.

C 128-6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

C 128-6 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town) 3
(d) Street No. 4331 Old York Road
(If rural give location) 3609 Hamilton Ave
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES M. ~~HAUPTMAN~~ Huppman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anna C Huppman

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) June 19 1898

8. AGE: Years 45 | Months 6 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Clerk Md Distillery

11. Industry or business

FATHER
12. Name John P Huppman
13. Birthplace md

MOTHER
14. Maiden Name Mary M Kirth
15. Birthplace Md

16 (a) Informant Mrs Anna C Huppman
(b) Address 3609 Hamilton Ave

17 (a) Burial (b) Date thereof 1-15-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Leonard J. Rupp
(b) Address 5305 Harford Rd

19 (a) ..... (b) Arlington Williams
(Date rec'd by registrar) Registrar

JAN 13 1944

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13, 1944, at 9 A. M

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 1-13-44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 G

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 510 Beaumont Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 510 Beaumont Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN S. CHANEY

3 (b) If veteran, name war --

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna S. Chaney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1884

8. AGE: Years	Months	Days	If less than one day
60	0	3	hr. min.

9. Birthplace A. A. Co., Md.
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Real Estate

FATHER
12. Name Andrew Chaney
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah M. Gardner
15. Birthplace Md.

16 (a) Informant Mrs. Anna S. Chaney
(b) Address 510 Beaumont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/44 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 JAN 12 1944 (Date received by Local Registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12, 1944, at M

21. I certify that death occurred on the date above stated, that I attended deceased from 8/10/43 to 1/12/44, and that I last saw him alive on 1/9/44.

Immediate cause of death: Cardiac thrombosis — Duration 5 days

Due to: Senile Myocarditis — 2 yrs

Due to: arteriosclerosis — 2 yrs

Other Conditions: hypertension — 2 yrs

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Thurston Hollins, M.D.
Address 6 E. Lexington St. Date signed 1/13/44

G 128 3 — BALTIMORE CITY HEALTH DEPARTMENT — G 128 3

CERTIFICATE OF DEATH 1937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0.0.a
(e) Length of stay in Baltimore (yrs., mos., or days) 60yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 603 Walnut Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Wallschlager

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. W. (owed)

6 (b) Name of husband or wife Margaret M

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 76 | Months | Days | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Christian Wallschlager
(b) Address 1220 Argonath Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-44 (month) (day) (year)
(c) Cemetery or crematory Mt Marys (Hampden
Location Balto City

18 (a) Funeral director Frank H Seitz
(b) Address [illegible]

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1944 at 10 M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Jan 12 1944

VS 151

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 6128 9 / 1610

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Dr Schmeidler's Clinic 3508 Bank St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6816 Fait Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Joseph Charles Kuba

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO —	NONE	Male	W.	SINGLE

6 (b) Name of husband or wife —
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) Jan 11-44

8. AGE: Years	Months	Days	If less than one day
—	—	3	14 hr. ..... min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name Joseph (Stanley) Kuba
13. Birthplace Strathen - Ohio

MOTHER
14. Maiden Name Anna Mary Bocklage
15. Birthplace Baltimore Md

16 (a) Informant Anna Mary Kuba.
(b) Address 6816 FAIT AVE.

17 (a) BURIAL (b) Date thereof JAN. 14/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER CEM.
Location BELAIR ROAD
18 (a) Funeral director Lilly and Zeiler INC
(b) Address 403 S. WOLFE ST.
19 (a) JAN 12 1944 Clayton Williams, Registrar
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1944, at 4 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 - 1944, to Jan 12 1944 and that I last saw him alive on Jan 12 1944.

Immediate cause of death	Duration
Atelectasis	14 hrs.
Due to	
Due to	
Other Conditions Bronchopneumonia	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Theodore J. Schmeidler Jr
Address 3508 Bank St Date signed 1/13/44

C 128.0 C 128.0

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 171a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTO.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 633 S. Lakewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clemant Ruley

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 214-01-4084

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: MARY C. RULEY

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 31 1893

8. AGE: Years	Months	Days	If less than one day
50	5	11	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation FOREMAN

11. Industry or business STANDARD OIL CO.

FATHER
12. Name GEORGE RULEY
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name ELIZABETH SCHMIDT
15. Birthplace BALTO. MD.

16 (a) Informant MARY C. RULEY (WIFE)
(b) Address 633 S. LAKEWOOD AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 15/44 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Zeiler INC
(b) Address 403 S. WOLFE St.

19 (a) JAN 12 1944 (Date rec'd by registrar) (b) [illegible] Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1944, at 10:10 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Subdural and subarachnoid hemorrhage of brain, traumatic

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 10/2 30

(a) Date of injury January 12 1944 1 A.M.
(b) Where did injury occur Madison & Ainsworth Sts.
(c) Did injury occur at home, on farm, industrial place, in public place? street While at work? no
(d) Means of injury Pedestrian struck by street car

23. Signature Robert L. Graham M.D. Medical Examiner.

Date signed January 12, 1944

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 1285 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-O-A
(e) Length of stay in Baltimore (yrs., mos., or days) 20 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Altamont Hotel Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Hyser

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Elizabeth Hyser

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 27-1885

8. AGE: Years 58 | Months 9 | Days 16 15 | If less than one day hr. min.

9. Birthplace Phila. Pa
(Town, county, and state)

10. Usual Occupation Physician

11. Industry or business FOR SELF

FATHER
12. Name WILLIAM HYSER
13. Birthplace PA.

MOTHER
14. Maiden Name SALLYIE J. FOSTER
15. Birthplace PA.

16 (a) Informant WALTER HYSER (BROTHER)
(b) Address 222 CAROL ST. PHILA. PA.

17 (a) BURIAL (b) Date thereof JAN. 15/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory CEDAR HILL
Location PHILA. PA.

18 (a) Funeral director Lillyard Geiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) JAN 13 1944 (b)
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11- 19 44, at 12 25 AM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Lobar Pneumonia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Rhoades M.D.
Medical Examiner.
Date signed 1-11-44

VS 151

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 12852 / 1577

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fairland + Loen Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 43 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. ~~915 S. Hanover~~ St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Stevenson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1943

8. AGE: Years	Months	Days	If less than one day
	1	12	hr. — min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mother - Margaret Stevenson
(b) Address 915 S. Hanover St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 4 '44 (month) (day) (year)
(c) Cemetery or crematory City
Location JOHN HOPKINS MEDICAL SCHOOL JAN 13 1944

18 (a) Funeral director Commissioner of Health
(b) Address

19 JAN 13 1944 (b) Registrar Hunting for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/4/44 1944 at 12:01 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1944 to Jan 4 1944 and that I last saw her alive on Jan 3 1944

Immediate cause of death — Dehydration, possibly overwhelming failure — Duration: 43 days

Due to Congenital deformities Hair lip, cleft palate

Due to

Other Conditions Microcephaly
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations —

of autopsy: Hare lip, cleft palate, pulmonary stenosis, dehydration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alfred I. Nelson M. D.
Address University Hospital Date signed

Correct age is especially important. Physicians, please write the causes of death clearly and legibly.

VS 150

0639

2853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 12

Registered No. G 12853

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Richmond & Lucas
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 124 Perry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Ga

3 (a) FULL NAME Thomas Crockett

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Bl	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Laborer in Poultry Company
11. Industry or business 203 Hanover St

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 13 1944

18 (a) Funeral director Commissioner of Health
(b) Address

19 JAN 13 1944 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1944, at 8 50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2 1944, to January 4 1944, and that I last saw h. alive on Jan 4 1944

Immediate cause of death	Duration
Tetanus	14 days
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence December 22 at 5 P.M.
(c) Where did injury occur? Baltimore Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Stepped on rusty nail
23. Signature W. U. Palmer M. D.
Address University Hospital Date signed 1/11/44

VS 150

0638

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

128-4

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 128-4

Registered No. 1570

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Reduwood and Howard St
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day and 9½ Hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1031 N Stricker St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jacqueline Marie Heste

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	—

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-6-44

8. AGE: Years	Months	Days	If less than one day
0	0	1 - 9½ Hrs.	hr. min.

9. Birthplace University Hospital
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Harry Walton Heste
13. Birthplace Indianapolis, Ind.

MOTHER
14. Maiden Name Matia Taylor
15. Birthplace Baltimore Maryland.

16 (a) Informant Marie Heste (Mother)
(b) Address 1031 N Stricker St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 13 1944

18 (a) Funeral director Commissioner of Health
(b) Address

JAN 13 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8- 1944, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-6- 1944 to 1-8 1944, and that I last saw her alive on 1-8 1944.

Immediate cause of death UNKnown — Duration

Due to —

Due to —

Other Conditions Spina Bifida - Meningocele, talipes - Malformations of Skull.
(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: none

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George H. Davis M.D.
M. D.
Address Univ. Hosp. Date signed 6/12/44

VS 3

0637

C 128-5

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. C 128-5

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raynor + Dukeland Aves
(c) Hospital or institution:
West Baltimore Gen. Hospital | 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 24 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7223 Dunglen Court,
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Gertrude Elizabeth Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-10-44

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Charles Raymond Smith
13. Birthplace Balto. Maryland

MOTHER
14. Maiden Name Gertrude Mae Decker
15. Birthplace Balto. Maryland

16 (a) Informant Mrs. Gertrude Smith
(b) Address 7223 Dunglen Court, Dundalk

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 13 1944

18 (a) Funeral director Commissioner of Health
(b) Address

19 JAN 13 1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11 1944, at 5 3/4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10 1944, to 1-11 1944, and that I last saw her alive on 1-11 1944.

Immediate cause of death	Duration
Prematurity (wt 2 lb 3 oz)	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Warren O Johnson M. D.
Address Med Arts Bldg Date signed 1-12-44

VS 150

0640

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

C 12856 C 12856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92E

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3417 Liberty Heights Ave.
(c) Hospital or institution: 15

(d) Length of stay in hospital or inst. (yrs., mos., or days) –
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3417 Liberty Heights Ave.
(If rural, give location)
(e) Citizen of foreign country? Yes. (Yes or No)
If yes, name country .....

3 (a) FULL NAME Edward J. McCann

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mildred M. McCann
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 4 - 1882

8. AGE: Years 61 | Months 7 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Plumber

11. Industry or business .....

FATHER 12. Name Edward J. McCann
13. Birthplace Maryland

MOTHER 14. Maiden Name Margaret Welch
15. Birthplace Maryland

16 (a) Informant Mrs. Mildred M. McCann
(b) Address 3417 Liberty Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14-1944 (monthly) (day) (year)
(c) Cemetery or crematory St. Mary's Govans
Location Baltimore, Md.

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Fifth Road

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

VS 1944 JAN 13 1944 Huntington Williams, M.D.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11 1944 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10 1944 to Jan. 11 1944. and that I last saw h— alive on Jan 10 1944.

Immediate cause of death ..... Duration

Coronary Occlusion .....

Due to Endocarditis 6 mos.

Due to Arteriosclerosis 2 yrs.

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature H. C. Brumbach M. D.

Address 4209 Gibson Ave. Date signed Jan 12

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12857 — 1937 — Registered No. G 12857

PLEASE WRITE PLAINLY, with ink. Fill in all blanks. Be sure and answer every question. Be sure to state the causes of death clearly and legibly. Be sure correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2605 E. Fairmount Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2605 E. Fairmount Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary Elizabeth Riese

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William Riese
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21-1867

8. AGE: Years	Months	Days	If less than one day
76	1	22	hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Joseph H. Machin
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Ann Petticord
15. Birthplace Maryland

16 (a) Informant Miss Charlotte L. Machin
(b) Address 2605 E. Fairmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15-1944 (month) (day) (year)
(c) Cemetery or crematory Lexington
Location Baltimore Co. Md.

18 (a) Funeral director Burgee Funeral Home
(b) Address [illegible] Falls Road

19 (a) JAN 13 1944 (b) [illegible] Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13- 1944, at 3-27 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13, 1939 to Jan. 13 1944, and that I last saw h.er alive on Jan. 12 1944

Immediate cause of death	Duration
Myocarditis (Chronic)	1 yr.
Due to Bronchial Asthma	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene L. Cerasoli M. D.
Address 614 Drury Lane Date signed 1/13/44

G 12858 G 12858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Days
(e) Length of stay in Baltimore* (yrs., mos., or days) 78 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1316 N. Caroline St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Louise Bayley

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 27 - 1863

8. AGE: Years	Months	Days	If less than one day
80	4	15	hr. min.

9. Birthplace BALTIMORE MD (Town, county, and state)
10. Usual Occupation Retired Teacher
11. Industry or business

FATHER
12. Name George W. Bayley
13. Birthplace Maryland

MOTHER
14. Maiden Name Regina Wise
15. Birthplace Maryland

16 (a) Informant JOSEPH F. GRAHAM
(b) Address 1316 N. CAROLINE ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 16 1944 (month) (day) (year)
(c) Cemetery or crematory CATHEDRAL
Location FREDERICK ROAD

18 (a) Funeral director Chas. L. Evans, Jr.
(b) Address 118 N. Mt. Royal Ave

19 (a) JAN 12 1944 (Date received by registrar) Hunting [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/12 1944, at 8:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw her alive on 1/12 19

Immediate cause of death	Duration
Cardio Respiratory Failure	
Due to Senility	
Due to	
Other Conditions Fracture left hip. (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence December 24, 43
(c) Where did injury occur? 1316 N. Caroline St. Baltimore Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell down flight of stairs
23. Signature H. B. McMechan M. D.
Address Date signed 1/12/44

Approved by Howard J. Mercer, M. D.

G 1285 9

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 87c

G 1285 9

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Gold Spring Ave
(c) Hospital or institution Gold Spring Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2217 Hampden Ave (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) **FULL NAME** Lawrence J McGee

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife * * *
6 (c) If alive, give age * years

7. Birth date of deceased (mo., day, yr.) — 1873

8. AGE: Years	Months	Days	If less than one day
71 70?			..... hr. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Michael McGee
13. Birthplace Ireland

MOTHER
14. Maiden Name Brigitte Duffy
15. Birthplace Ireland

16 (a) Informant LAWRENCE J. O'HARE
(b) Address 3828 Tudor Arms Ave

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof JAN. 14-1944 (month) (day) (year)
(c) Cemetery or crematory MT. OLIVET CEMETERY
Location WASHINGTON, D.C.

18 (a) Funeral director Chas. J. Evans & Son, Inc.
(b) Address 118 N. Mt. Royal Ave

19 (a) ..... (b) Huntington Hiss Registrar
(Date rec'd by registrar) JAN 13 1944

PLEASE WRITE PLAINLY. With ... the causes of death clearly and legibly. Physician: please write the correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1944, at 5 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1943 to Jan 12 1944, and that I last saw h.. alive on Jan 11 1944

Immediate cause of death Paralysis Agitans — Duration .....
Due to ..... — .....
Due to ..... — .....
Other Conditions ..... — .....
(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature W. N. Cutterman M. D.
Address 234 Reisterstown Rd Date signed 1/13/44

G 12860

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1944

G 12860 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 126 S. Exeter St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 3 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 126 S. Exeter St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George M. Shiflett

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Rosa Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17th 1869

8. AGE: Years	Months	Days	If less than one day
74	6	26	hr. min.

9. Birthplace Mill Creek W. Virginia
(Town, county, and state)

10. Usual Occupation Farmer
11. Industry or business Retired

FATHER
12. Name Wm Shiflett
13. Birthplace Unknown

MOTHER
14. Maiden Name Mc Cauley
15. Birthplace "

16 (a) Informant Robert Shiflett
(b) Address 126 S. Exeter St

17 (a) Removal (b) Date thereof 1/13/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mill Creek
Location W. Va.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) (b) Mill Creek W. Va.
Date rec'd by Registrar Number of Permit

JAN 13 1944

VS 161

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1944, at 2:10 A.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Intermediate cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. Zevallenwerber M.D.
Medical Examiner.
Date signed January 13, 1944

G 12861 — BALTIMORE CITY HEALTH DEPARTMENT — G 12861

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1234 S Charles St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 75
(e) Length of stay in Baltimore (yrs., mos., or days) 86yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1234 S Charles St (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Long

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife: Robert D. Long
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 21, 1857

8. AGE: Years	Months	Days	If less than one day
86	7	21	____ hr. ____ min.

9. Birthplace: Cumberland Md (Town, county, and state)
10. Usual Occupation: At home
11. Industry or business

FATHER
12. Name: Wolff
13. Birthplace: Germany

MOTHER
14. Maiden Name: Dyer
15. Birthplace: Germany

16 (a) Informant: Mrs Gazella Matushazy
(b) Address: 1234 S Charles St

17 (a) Burial — (Burial, cremation, or removal) (b) Date thereof: Jan. 15, 1944 (month) (day) (year)
(c) Cemetery or crematory: London Park Cem.
Location: Baltimore Md

18 (a) Funeral director: A. Howard Gwinn
(b) Address: 1400 L. Charles St.

JAN 13 1944 (Date received by registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 12, 1944, at 6.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26, 1943, to Jan 12, 1944, and that I last saw h[illegible] alive on Jan 10, 1944

Immediate cause of death	Duration
Apoplexy	2 hrs
Due to: Cerebral Hemorrhage	2 wks.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation: none
Major findings of operation:
of autopsy:

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature: W. E. L. Campbell M.D.
Address: 1604 Hanover St Date signed: 1/23/44

Note: Age is especially important. Physicians: please write the entries of death clearly and legibly.

128:2 X V G 128:2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 wk.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Kent Co.
(c) City or town Chestertown
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME OREM Highly IRVING

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31, 1943

8. AGE: Years | Months 7½ | Days 12 | If less than one day hr. min.

9. Birthplace Chestertown, Md (Town, county, and state)

10. Usual Occupation child

11. Industry or business

FATHER
12. Name Dudley Drew
13. Birthplace Crumpton, Md.

MOTHER
14. Maiden Name Lucy Gardner
15. Birthplace Chestertown, Md

16 (a) Informant hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/44 (month) (day) (year)
(c) Cemetery or crematory Chester
Location Chestertown Maryland

18 (a) Funeral director Maynie V. Williams
(b) Address Chestertown Maryland

19 (a) JAN 14 1944 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 13 1944, at 2 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1 - 6 1944, to 1 - 13 1944 and that I last saw h. alive on 1 - 13 1944.

Immediate cause of death: Meningitis — Duration: 1 month
Due to: Hemophilus influenzae
Due to:
Other Conditions: Septicemia, hydrocephalus
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Margaret H. D. Smith M. D.
Address Sydenham Hosp Date signed 1-13-44

correct age is especially important. Physicians: please write

G 12863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 12863

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St. 23
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 60yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 32 E Randall St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Maggie Loughlin.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband or ~~wife~~: John Thomas Loughlin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 31st 1872

8. AGE: Years 71 | Months 2 | Days 12 | If less than one day ....hr. ....min.

9. Birthplace Church Hill, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Wm Dill
13. Birthplace Md.

MOTHER
14. Maiden Name Miller (Unknown)
15. Birthplace Md.

16 (a) Informant Emma A. Bell
(b) Address 32 E. Randall st

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/15/44 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Cedar Hill
Location C. A. Co. Md.

18 (a) Funeral director Wm Cook Inc
(b) Address 129 St. Paul St

19 JAN 14 1944 (Date rec'd by Registrar) (b) Huntington Williams M.D. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13 1944, at 3:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-13 1944, to 1-13 1944, and that I last saw h[illegible] alive on 1-13 1944.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ....at ....M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles B. McDonald M. D.
Address 1213 Light St Date signed 1-13-44

12864 G 12864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hopkins Hts
(c) ~~Hospital or institution~~: 31st & St. Paul st
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. Hopkins Hts (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Coggin Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, or divorced: Widowed

6 (b) Name of husband ~~wife~~ Edwin Stanley Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10th 1861

8. AGE: Years 82 | Months 6 | Days 2 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and ~~state~~)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Charles Coggins
13. Birthplace England

MOTHER
14. Maiden Name Martha Denny
15. Birthplace St. Michaels Md

16 (a) Informant Frank V. Coggins
(b) Address 323 Broxton Rd. Balto Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/14/44 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Balto
Location "Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) Filed (b) Huntington Williams, M.D. Registrar
JAN 14 1944

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12th 1944, at 3:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1941, to Jan 12th 1944, and that I last saw h~~e~~r alive on Jan 11th 1944

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Arteriosclerosis	
Due to	
Other Conditions Indefinite	
(Include pregnancy within 3 months of death)	

Date of operation none

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Holland Mecke M. D.
Address 3005 St Paul St. Date signed 1-13-44

Please write the cause of death clearly and legibly. Physicians: please correct age is especially important.

G 12815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 12815

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner Av & Dukeland
(c) Hospital or institution:
West Balt Gene Hosp 27-19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 73 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5726 Pimlico Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CARRIE I. BOLDEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Howard W. Bolden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14th 1866

8. AGE: Years	Months	Days	If less than one day
77	8	29	hr. min.

9. Birthplace W. Va. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Harry Wollett
13. Birthplace Va.

MOTHER
14. Maiden Name Virginia Miller
15. Birthplace Va.

16 (a) Informant Marion Shrentny
(b) Address 5726 Pimlico Rd

17 (a) Burial (b) Date thereof 1/15/44 (month) (day) (year)
(c) Cemetery Western
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) Date received by Registrar JAN 14 1944 (b) Registrar Huntington Williams, M.D.

VS 160

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Please correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/13/44 19 , at 11 00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/7/44 19 , to 1/13 1944 and that I last saw h.e alive on 1/13 1944

Immediate cause of death Pulmonary Edema

Due to Arteriosc. CVD

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation NONE

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P. M. Friedman M. D.
Address West Balt Gene Date signed 1/13/44

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 12806

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 907 De Soto Road
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 907 De Soto Rd (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Robert Lee Moore

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Josephine Moore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26 - 1864

8. AGE: Years 79 | Months 5 | Days 16 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Benem Moore
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Hardy
15. Birthplace Md.

16 (a) Informant Mrs G L Riley
(b) Address 907 De Soto Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/44 (month) (day) (year)

(c) Cemetery or crematory Reisterstown
Location Reisterstown, Md

18 (a) Funeral director F. O. Wisehart Son
(b) Address 300 Eutaw Place

19 (a) Filed JAN 14 1944 Registrar Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11th 1944 at 9:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1943 to Jan 11 1944 and that I last saw h.e.s.he alive on 1/11/1944

Immediate cause of death: Cerebral Hemorrhage — Duration 3 mos

Due to Hypertension — 1 yr

Due to —

Other Conditions Bronchopneumonia — 1 wk

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Benjamin Miller M.D. M. D.

Address 2030 Wilkens Ave Date signed 1/13/44

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12857 G 13854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

PLEASE WRITE PLAINLY with pencil or pen and ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2627 E. Oliver St
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2627 E. Oliver St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Diedrich

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Millard J. Diedrich
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) April 24-1856

8. AGE: Years 57 | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore. Md.
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER 12. Name Frank Kinkelman
13. Birthplace Maryland.

MOTHER 14. Maiden Name
15. Birthplace Maryland.

16 (a) Informant Millard J. Diedrich
(b) Address 2627 E. Oliver St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore. Md.

18 (a) Funeral director J. R. Wheatley Inc.
(b) Address 130 E. Eutaw Place

19 (a) JAN 14 1944 (Date received by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1944 at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8- 1944 to Jan 12 1944. and that I last saw her alive on Jan 12 - 1944.

Immediate cause of death	Duration
Acute Dilatation of Heart	1 day
Due to Chronic Myocarditis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature E. Gill Hall
Address 1621 E North Ave Date signed 1/13/44 M. D.

G 12868 ✓ G 12868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4600 Park Heights Ave
(c) Hospital or institution: Mt Sinai Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-13
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2416 Loyola Southway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ETHEL FINKELSTEIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife: Baruch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years 86 Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Abraham
13. Birthplace Russia

MOTHER
14. Maiden Name Anna
15. Birthplace Russia

16 (a) Informant Mrs. Wm. Finkelstein
(b) Address 2416 Loyola Southway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-44 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Dundalk Pk

18 (a) Funeral director Jack Levin Inc.
(b) Address 1439 E. Balt. St.

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 14 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13-44 19 , at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/5 19 44, to 1-12 19 44
and that I last saw h alive on 1/12 19 44

Immediate cause of death — Duration

Acute Bronchial Pneumonia

Due to

Due to Chronic Cardiac failure

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Hornstein M. D.
Address 733 Argonne Dr Date signed 1/13/44

Please fill in the cause of death clearly and legibly.

G 1289 ✓X G 1289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No.....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution:
Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7- 11- 11
(e) Length of stay in Baltimore (yrs., mos., or days) 7- 11- 11

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County.....
(c) City or town Green Castle
(If outside city or town limits, write RURAL and give town)
(d) Street No.....
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3 (a) FULL NAME John M. Easton

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1871

8. AGE: Years	Months	Days	If less than one day
72	6	15	.....hr. .....min.

9. Birthplace Franklin County, Penna
(Town, county, and state)
10. Usual Occupation Retired Salesman
11. Industry or business

FATHER
12. Name Colonel A. S. Easton
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Flanagan
15. Birthplace Pennsylvania

16 (a) Informant Mount Hope Retreat
(b) Address 6420 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-44 (month) (day) (year)
(c) Cemetery or crematory Greencastle, Penna.
Location Penna.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) JAN 14 1944 (Date received by Registrar) Hunting Town Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1944, at 8:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 22 1936, to Jan. 13 1944, and that I last saw him alive on Jan. 13 1944

Immediate cause of death: Right bronchial Pneumonia — Duration 5 days
Due to.....
Due to.....
Other Conditions Paranoid Psychosis — 7 yrs
(Include pregnancy within 3 months of death)
Date of operation.....
Major findings of operation:.....
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at..... M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature Norman P. Williams M. D.
Address 33 W. Madison St. Date signed 1/17/44

C 12870 C 12880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

109

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3207 Sun Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25-6

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3207 Sun Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY M. BROOKS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Oregon Brooks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1889

8. AGE: Years 54 | Months 9 | Days 11 | If less than one day hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Mosley Marin
13. Birthplace Va.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Va.

16 (a) Informant M'g Ruby Brooks
(b) Address 3207 Sun Street

17 (a) Burial (b) Date thereof 1-16-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cem.
Location A. A. Co., Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) JAN 14 1944 (b) Huntington Williams M.D. Registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

A

20. DATE OF DEATH Jan 12, '44 19 at 5:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2 1944, to 1/12 44 19, and that I last saw her alive on 1/12/44 19

Immediate cause of death Pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 601 N Calhoun Date signed 1/13/44

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10 #04549 G 138.1 ✓ G 138.1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 138

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
Baltimore City Hospitals 15 1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos. 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1337 Woodyear St.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Cornish

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Frederick Cornish

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1914

8. AGE: Years 29 | Months 5 | Days 18 | If less than one day hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Charlie Schools
13. Birthplace Va.

MOTHER
14. Maiden Name Bertha Rhone
15. Birthplace Md.

16 (a) Informant Records, Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15-1944 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director Wm Brooks
(b) Address 463 N. Carey St

19 (a) (Date rec'd by registrar) (b) Williams, M.D. Registrar

JAN 14 1944 Huntington

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11, 1944, at 10:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-27 1943 to 1/11 1944, and that I last saw h[illegible] alive on 1/11 1944.

Immediate cause of death Pulmonary TBC — Duration 3

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Mahr

Address B.C.H. Date signed 1/13/44 M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 128.2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 128.2 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 914 Argyle Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 914 Argyle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lottie Harvey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 66 | Months | Days | If less than one day hr. min.

9. Birthplace Washington (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant Rev. Helen Brown
(b) Address 1015 Argyle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/44 (month) (day) (year)
(c) Cemetery or crematory Arbutus Park
Location Arbutus, Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 (a) (Date rec'd by local registrar) JAN 14 1944 Huntington Williams (Signature) M.D.

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11, 1944 at 7:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5 1944, to Jan 11 1944, and that I last saw h[illegible] alive on Jan 11 1944

Immediate cause of death — Duration

Due to Chronic Myocarditis several years

Due to Arterio Sclerosis. several years

Other Conditions Old age

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

25. Signature Wm. Lent C. Blake M. D.
Address Med. Arts Bldg Date signed

please write the causes of death clearly and legibly. Physicians: please state the correct age in especially important.

C 1283 — BALTIMORE CITY HEALTH DEPARTMENT — C 1283

CERTIFICATE OF DEATH

92a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Smith Balto. Gen. Hospital 24T
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 Andre Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert L. Jackson

3 (b) If veteran, name war: no. —
3 (c) Social Security Account No. 215-09-3482

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Mulatto	Widower

6 (b) Name of husband or wife Emma Jackson.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13. 1884

8. AGE: Years	Months	Days	If less than one day
59 60	11	27	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Drain Trimmer
11. Industry or business

MOTHER / FATHER
12. Name Unknown
13. Birthplace Unknown
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Floyd Jackson
(b) Address 1305 Andre st

17 (a) Burial (b) Date thereof 1/14/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Trinity Cem.
Location Balto Co. Md.

18 (a) Funeral director Charles H. Bell.
(b) Address 1501 E Fort Ave

19 (a) 1-11-1944 (b)
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10- 1944, at 7.30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Chronic Myocardial Degeneration
Due to Aortic Aneurism

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mowbray M.D.
Medical Examiner.
Date signed 1-11-44

C 128 4 — BALTIMORE CITY HEALTH DEPARTMENT — C 128 4

II- 85088

CERTIFICATE OF DEATH

136

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 15d
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 N. Stricker St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Bevans

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Maude

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 26, 1881

8. AGE: Years	Months	Days	If less than one day
62	11	15	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name David Bevens
13. Birthplace Va.

MOTHER
14. Maiden Name Nancy Geskins
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof Jan 13-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Sam'l. Grason Son
(b) Address 638 N. Gilmor St.

19 (a) JAN 14 1944 Waiting for Williams, M.D.
(Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/11/44 19 , at 5:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-26 1943 to 1/11 1944, and that I last saw h.. alive on 1/11 1944

Immediate cause of death ? Pulmonary TBC — Duration ? 6 mos.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Mallon M. D.

Address B. C. H. Date signed 1/12/44

G 1285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 1285

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Rayner Ave & Dukeland

(c) Hospital or institution: West Balto. Gen'l Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2705 Garrison Blvd (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME ANNA DIEDEMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W.

6 (b) Name of husband or wife Chas G Diedeman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14 1879

8. AGE: Years	Months	Days	If less than one day
64 65	5	28	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER

12. Name John Hochadale

13. Birthplace Balto

MOTHER

14. Maiden Name Anna Lawston

15. Birthplace Balto

16 (a) Informant Miss Anna Diedeman

(b) Address 2705 Garrison Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Balto Cem

Location Balto Md

18 (a) Funeral director Ulman Funeral Home

(b) Address 2008 Calhoun St

19 (a) (Date rec'd by registrar) Huntington Hill Registrar

VS 180

correct age is especially important. Physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/12/44 19, at 2:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/5/44 19 to 1/12 19 44 and that I last saw h alive on 1/12 19 44

Immediate cause of death	Duration
Cerebral Accident	
Due to Arteriosclerosis CVD	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 1/12/44

Major findings of operation: Cereb Acc - a Arteriosc CVD, Coronary

of autopsy: Sacrosus, Pulm. Infarct

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature O. N. Friedman

Address West Balt Gen'l. Date signed 1/12/44 M. D.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. 12873

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2326 E. Fairmount Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-33
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2326 E. Fairmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George T. Schaake

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1873

8. AGE: Years	Months	Days	If less than one day
70	5	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Doormen Of Movie Theatre
11. Industry or business

FATHER
12. Name Ferdinand Shaake
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Memhardt
15. Birthplace Baltimore

16 (a) Informant Mrs. Mary Hadermann
(b) Address 2326 E. Fairmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15, 1944 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto. Co., Maryland

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2004-2008 Orleans St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JAN 14 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12th 1944 at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10th 1944 to Jan 12th 1944, and that I last saw him alive on Jan 12th 1944

Immediate cause of death	Duration
Cerebral Hemorrhage	2 hours
Due to Hypertension and arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. J. Dankin M. D.
Address 1002 N. Milton Date signed 1/14/44

Please write the cause of death clearly and legibly. Physicians: please correct age is especially important.

C 1287 — C 1287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1944

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 337 S. Cornwall St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 337 S. Cornwall St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace M. Cross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Philip Cross
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 1882

8. AGE: Years	Months	Days	If less than one day
61	5	20	hr. min.

9. Birthplace Balto. County, Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Andrew C. Tawney
13. Birthplace Maryland

MOTHER
14. Maiden Name ———
15. Birthplace Maryland

16 (a) Informant Edgar T. Jordan
(b) Address 337 S. Cornwall St.

17 (a) Burial (b) Date thereof Jan. 15, 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Matthews
Location Balto., Md.

18 (a) Funeral director Ullrich Funeral Home
(b) Address " 2004-8 Orleans St.

19 (a) (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

JAN 14 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-12 1944, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1941, to Jan 12 1944, and that I last saw h.. alive on Jan 12 19 44

Immediate cause of death myocardosis — Duration

Due to arteriosclerotic heart disease

Due to arteriosclerosis

Other Conditions Chronic bronchitis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John J Gould M. D.
Address 1411 E. Eager Date signed 1-14-44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Jo #85920 G 1285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1270

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day 7 hrs. 40 min.
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3213 Bayonne Ave.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Cora Schnurr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Jacob (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1872

8. AGE: Years 71 | Months 1 | Days 31 20 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William Ripley
13. Birthplace Md.

MOTHER 14. Maiden Name Mary Hudgens
15. Birthplace Md

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan, 5/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Gilbert Funeral Home
(b) Address 2008 Orleans St (Pennington for Pittsburgh)

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 14 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12, 1944, at 2:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10 1944, to 1-12 1944, and that I last saw h[illegible] alive on 1-12 1944.

Immediate cause of death: Gen. Peritonitis — Duration ?

Due to: Chole cystitis — ?

Due to: ? Ruptured Gall Bladder — ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1-11-44

Major findings of operation: above

of autopsy: same

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald B. Lebo M. D.
Address Balto City Hosp Date signed 1-12-44

Please write the causes of death clearly and legibly. Physicians: please write correct age in especially important.

G 328.9 G 328.9

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1316

Registered No. 9698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 117 W. 22 St.
(c) Hospital or institution:

12-7

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 117 W. 22 St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Christopher Wood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Mrs Ella Wood
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Jan 27 1887

8. AGE: Years	Months	Days	If less than one day
56	11	15	hr. min.

9. Birthplace Glouster Co. Va.
(Town, county, and state)
10. Usual Occupation Butler
11. Industry or business Mr Edward Stinson 214 Windsor Rd

FATHER
12. Name James Wood
13. Birthplace Va

MOTHER
14. Maiden Name Eliza Norton
15. Birthplace Va

16 (a) Informant Mrs Ella Wood
(b) Address 117 W. 22 St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14 1944 (month) (day) (year)
(c) Cemetery or crematory
Location Ware Neck, Va.

18 (a) Funeral director Mrs. George H. Stallard
(b) Address 1631 Druid Hill Ave.

19 (a) (Date rec'd by registrar) (b) Thurlington for Williams, M.D. Registrar

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-12-1944, at 8:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1-1941, to 1-12-1944, and that I last saw him alive on 1-11-1944.

Immediate cause of death: Myocarditis — Duration 3 years

Due to

Due to

Other Conditions Nephritis + Arteriosclerosis — Duration Unknown

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 1029 N. Stricker St. Date signed 1-12-44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1318

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3118 Barclay St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3118 Barclay St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel B. Marshall

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 6-1892

8. AGE: Years	Months	Days	If less than one day
51 y 2	9	5	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Ice Business

11. Industry or business

FATHER
12. Name Robert C. Marshall
13. Birthplace Md

MOTHER
14. Maiden Name Susie Scott
15. Birthplace Md

16 (a) Informant Anna Marshall
(b) Address 3118 Barclay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-44 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co

18 (a) Funeral director Raynes Sanders
(b) Address 1412 E. Preston St

19 (a) JAN 14 1944 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1944, at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1943 to Jan 10 1944, and that I last saw him alive on Jan 9 1944.

Immediate cause of death Obstruction of Heart — Duration 30 minutes

Due to Myo-Condutis Endocarditis — month

Due to — month

Other Conditions Chronic Nephritis — month

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert M. Foster, M. D.
Address 2424 St. Paul St. Date signed Jan 10-44

VS 150

G 1281

BALTIMORE CITY HEALTH DEPARTMENT V G 1681

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvedere & Greenspring Aves.
(c) Hospital or institution:
Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere & Greenspring
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Yetta Rudo

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late Bernard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1869

8. AGE: Years: 73 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business: None

FATHER
12. Name: Solomon Silverman
13. Birthplace: Russia

MOTHER
14. Maiden Name: Miriam ?
15. Birthplace: Russia

16 (a) Informant: Zachary Rudo
(b) Address: 3701 Towanda Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14, 1944 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Washington Road
Location: Washington Blvd

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124 1126 W North Ave

19 (a) (Date rec'd by registrar) (b) Thurlington Williams, M.D. Registrar

JAN 14 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1944 at 6.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 15 1943 to Jan. 14 1944 and that I last saw her alive on Jan. 14 1944

Immediate cause of death: Cardiac vas. disease
Duration:
Due to: Cerebral sclerosis, Hypertension
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Edmund Levin M. D.
Address Levindale Date signed 1/14/44

BALTIMORE CITY HEALTH DEPARTMENT V C 12852

CERTIFICATE OF DEATH 94B

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution:
West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2012 Ridgehill Ave.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME CHARLES DARNELL

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife unknown

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1896

8. AGE: Years 47 | Months 3 | Days 9 10 | If less than one day ..... hr. ..... min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business .....

FATHER
12. Name Percivall Darnall
13. Birthplace Md.

MOTHER
14. Maiden Name unknown
15. Birthplace .....

16 (a) Informant Joseph E. Taylor
(b) Address 2012 Ridgehill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/44 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 14 1944 (Date received by registrar) (b) [signature] Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13, 44, at 2:15 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....
(d) Means of injury .....

23. Signature Henry L. Wollenweber, M.D.
Per Edmund J. Makosia, M.D.
Medical Examiner.
Date signed Jan. 13, 1944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137 A

Registered No. G 12853

12853

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

15-8

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3724 Woodhaven Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD George ROST.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	M	W	M

6 (b) Name of husband or wife America Milbourne
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1863

8. AGE: Years	Months	Days	If less than one day
81	0	11	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Water Engineer (retired)
11. Industry or business City of Balto.

FATHER
12. Name Martin Rost
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothea Kopp
15. Birthplace Germany

16 (a) Informant Miss Florence Rost
(b) Address 3724 Woodhaven Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/44 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 14 1944

correct age is especially important. Physicians: please write

MEDICAL CERTIFICATION

20. DATE OF DEATH JANUARY 13, 1944, at 2:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JANUARY 1, 1944, to JANUARY 13 1944, and that I last saw h.i.M alive on JAN. 13, 1944

Immediate cause of death Anemia and Septicemia — Duration

Due to Prostatic hypertrophy

Due to Hypertensive Arteriosclerotic Heart Disease

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Dec. 17 1943 Jan 3, 44
Major findings of operation: Benign Prostatic Hypertrophy
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Janice Dean Paschal M. D.
Address University Hospital Date signed 1/13/44

12864

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 128

CERTIFICATE OF DEATH 131A

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 913 RIDGELY ST
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County .....
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 913 Ridgely St (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME LEWIS GORBRADGE

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex MALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) JAN-1st 1875

8. AGE: Years 69 | Months 0 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace BALTO MD (Town, county, and state)

10. Usual Occupation PAPER HANGER.

11. Industry or business .....

FATHER
12. Name NOT KNOWN.
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant MR. IRVIN BRESLAU
(b) Address 913 Ridgely ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 15-44 (month) (day) (year)
(c) Cemetery or crematory MT. OLIVET.
Location BALTO MD

18 (a) Funeral director Bernard C Hahn
(b) Address 121 E Mad St

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

JAN 14 1944 Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 12th 1944, at 4.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8 1944 to 1-12 1944 and that I last saw h..... alive on ..... 19.....

Immediate cause of death ..... Duration
Cardio Renal disease 6 mo
Due to Hypertension 10 yrs
Due to .....
Other Conditions Probably Chronic Glomerulonephritis

(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature George McCrea M. D.
Address 28 W 25th St Date signed 1-13-44

correct age is especially important. Physicians: please w

G 1285 ✓ G 1285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83A

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 424 Howil Ter.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 424 Howil Ter.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie West

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	Widowed

6 (b) Name of husband or wife William West
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
64 60			hr. min.

9. Birthplace Accomac Co., Va.
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Un Known
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Leonard West
(b) Address 424 Howil Ter.

17 (a) Burial (b) Date thereof 1/16/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Metompkin
Location Va.

18 (a) Funeral director J. Edgar Thomas
(b) Address Accomac, Va. Pungoteague Williams

19 (a) (b)
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1944 at 4:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1944 to Jan 12 1944 and that I last saw h alive on Jan 12 1944

Immediate cause of death Cerebral Hemmorhage — Duration

Due to — Jan 12

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Thos E Coleman M. D.
Address 2329 Jennings St Date signed Jan 12 1944

correct age is especially important. Physicians: please write

C 12836 ✓ C 12836

AB-85647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 11-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 Linden Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clyde Wagstaff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married-Separated

6 (b) Name of husband or wife: Jessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18-1915

8. AGE: Years 30 | Months 9 | Days 21 20 | If less than one day hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Mack Wagstaff
13. Birthplace N.C.

MOTHER
14. Maiden Name Emily Stanfield
15. Birthplace N.C.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/44 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Bentley Ave

19 (a) (Date rec'd by registrar) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/T 1944, at 6:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/27 1943 to 1/T 1944
and that I last saw him alive on 1/T 1944

Immediate cause of death: Pulmonary TBC

Due to: T.B. Laryngitis + Caseous pneumonia

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: as above

Duration
1

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. L. Simmons M. D.

Address BCH Date signed 1/11

Please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

G 12857 ✓ G 12857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83A

Registered No. 62770

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Amland & Lanvale
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 Fremont Ave
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest Hurley

3 (b) If veteran, name war	3 (c) Social Security Account No. ?
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Bl	married

6 (b) Name of husband or wife Estelle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
57	26		hr. min.

9. Birthplace Calvert Co. Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Joe Hurley
13. Birthplace Calvert Co. Md

MOTHER
14. Maiden Name Fizzie Freeman
15. Birthplace Calvert Co. Md

16 (a) Informant Estella Hurley
(b) Address 1306 Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/44 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Wm. H. Kelson
(b) Address 1303 Pressman

19 (a) JAN 14 1944 (Date received by Registrar) (b) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-12-44 19 , at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/12 1944 to 1/12 1944, and that I last saw him alive on Jan. 12 1944.

Immediate cause of death	Duration
Sub-arachnoid Hemorrhage	
Due to Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Sub-arachnoid hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John S. Haught
Address University Hospital, Balto. Md. Date signed 1/13/44 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. 63949

Please write the causes of death clearly and legibly. Physicians: please note that the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 917 Jordan St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Wallace

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-14-2334

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Mahel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1897

8. AGE: Years	Months	Days	If less than one day
46	2	27?6	hr. min.

9. Birthplace N. C.
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Ayyatt
13. Birthplace S. C.

MOTHER
14. Maiden Name Nance Hamilton (d)
15. Birthplace S. C.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-44 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location md

18 (a) Funeral director George H. Watson
(b) Address 1844 Eastman St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/13 1944, at 9:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/12 1944 to 1/13 1944, and that I last saw h[illegible] alive on 1/12 1944

Immediate cause of death Pulmonary tuberculosis — Duration 2

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Mass M. D.
Address B.C.H. Date signed 1/13/44

G 12879 ✓ G 12879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83 A

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 S. Chapel St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin S. Kopczynski

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-0743

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Joanna Kopczynski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 56 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Ludwik Kopczynski
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Joanna Kopczynski
(b) Address 612 S. Chapel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17/44 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozarowski
(b) Address 1930 Eastern Ave

19 (a) [illegible] (Date rec'd by registrar) (b) [illegible] Registrar

JAN 3 VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13 1944, at 7 15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11 1944 to 1-13 1944.
and that I last saw h[illegible] alive on 1-13 1944.

Immediate cause of death — Duration
Cerebral Hemorrhage — 2 dy.
Due to [illegible]
Due to Hypertension

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles D. Macdonald M. D.
Address 1213 Light St Date signed 1-13-44

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Homerity Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 2 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town Westminster Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WESLEY SAUBLE

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Not Known
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov - 1865

8. AGE: Years	Months	Days	If less than one day
78	2	-	hr. min.

9. Birthplace Carroll Co - Maryland (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Retired.

FATHER
12. Name Not Known
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known.

16 (a) Informant Lyman Sauble
(b) Address Westminster Md. R. D.

17 (a) Burial (b) Date thereof Jan - 16 - 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Church Cem.
Location Near Henry Shoemaker Old

18 (a) Funeral director D. D. Hauf & Sons
(b) Address Near Shoemaker & Shriner Bros

19 1 4 1944 Huntington Williams, Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH JANUARY 14, 1944, at 6:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from JAN. 3, 1944, to JAN. 14, 1944, and that I last saw him alive on JAN 14, 1944

Immediate cause of death	Duration
CEREBRAL THROMBOSIS	
Due to HYPERTENSIVE HEART DISEASE	
Due to FRACTURE OF RIGHT FEMUR	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation JAN. 3 1944
Major findings of operation: FRACTURE OF RIGHT FEMUR
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence January 2, 1943 at 9 P. M
(c) Where did injury occur? Westminster Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Slipped + fell in his back yard.
(f) Signature Orion Pannell M. D.
Address University Hospital Date signed 1/14/44

VS 189

Approved: Robert Lee Yeatts M.D. Jan 19 1944

Direct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12891 ✓ C 12891

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94A

Registered No. 1

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy General Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1729 Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Lappin (John T. Lappin)
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1868

8. AGE: Years	Months	Days	If less than one day
76	6 7		hr. min.

9. Birthplace Chicago, Ill
(Town, county, and state)
10. Usual Occupation Retired Postal Clerk
11. Industry or business

FATHER
12. Name — Lappin
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant
(b) Address

17 (a) Removal (b) Date thereof 1/15/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Calvary
Location Chicago, Ill

18 (a) Funeral director David Sonnheim & Son
(b) Address 1902 Eutaw Place

19 (a) (Date rec'd by registrar) JAN 14 1944 (b) Huntington Hilliard Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11-19 44, at 2 45 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 1-11-44

G 128 2 ✓ G 128 2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No.

Every item or information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 831 N. Bond St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 831 N. Bond St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minta Cannon

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex F. | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Jessie Cannon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 26, 1886

8. AGE: Years 57 | Months 8 | Days 12 | If less than one day hr. min.

9. Birthplace Delaware
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Robert Cannon
13. Birthplace Delaware

MOTHER
14. Maiden Name Annie
15. Birthplace Delaware

16 (a) Informant Mrs Rose Clark
(b) Address 831 N. Bond St

17 (a) Burial (b) Date thereof Jan 18 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Old Court Rd

18 (a) Funeral director Robert F. Kelly
(b) Address 15-15 W. Chesapeake Huntington Woodlawn Md

19 (a) JAN 19 1944 (b) 8
(Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1944 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1944 to Jan 13 1944 and that I last saw h.e alive on Jan 13 1944

Immediate cause of death — Duration
Coronary Occlusion — 1 day
Due to Myocardial degeneration
Due to Diabetes Mellitus
Other Conditions Gangrene of foot - Amputation
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alan W. Calvert M. D.
Address 822 N. Bond St Date signed 1/14/44

G 128 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92L

V G 128 3

Registered No.

Please write the causes of death clearly and legibly. Physicians: please write as legibly important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1637 E Madison
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1637 E Madison
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Annie Camphor Perry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Deceased

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 67 | Months | Days | If less than one day hr. min.

9. Birthplace Cambridge Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Samuel Hollis
13. Birthplace Cambridge Md

MOTHER 14. Maiden Name Margaret Travers
15. Birthplace Cambridge Md

16 (a) Informant Eleanor Hughes
(b) Address 1637 E Madison

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14-1945 (month)

(c) Cemetery or crematory Mt Calvary Cemetery
Location

18 (a) Funeral director Robert Waring
(b) Address 1670 McElderry

19 (a) JAN 14 1945 (Date rec'd by registrar) (b) Huntington Hill Registrar

MEDICAL CERTIFICATION

20

20. DATE OF DEATH Jan 11 1945, at 11 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1945, to Jan 11 1945, and that I last saw h... alive on Jan 11 1945

Immediate cause of death	Duration
Mitral Insufficiency	
Due to	
Influenza Viral	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Edw. Tichard M. D.
Address 1 E Monument Date signed Jan 12 1945

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c

Registered No. C 12854

1. PLACE OF DEATH: Franklin Square Hospital
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun St
(c) Hospital or institution: Franklin Square Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 631 Dumbarton
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur C Gittings.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Hedwig

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11 - 1878

8. AGE: Years	Months	Days	If less than one day
66	0	2	hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business U S Industrial Chemical

FATHER
12. Name
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Family
(b) Address —

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 1/15/44 (month) (day) (year)
(c) Cemetery or crematory Bethlehem
Location Old Frederick Rd

18 (a) Funeral director James L. McCully
(b) Address 450 E. Mount Ave

19 (a) (b)
(Data rec'd by registrar)
Registrar

VS 2

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/13 1944 at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/6 1944 to 1/13 1944 and that I last saw her alive on 1/13 1944.

Immediate cause of death
Rheumatic Carditis
Due to Vascular Disease
Due to
Other Conditions Anaemia

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
10 yrs.
4 wks.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means

23. Signature Thomas Clyde Webster M. D.
Address Franklin Sq. Hosp. Date signed 1/13/44

G 1285 BALTIMORE CITY HEALTH DEPARTMENT G 1285

CERTIFICATE OF DEATH 93E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1635 JACKSON
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Wood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Geo. Ege

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8 1876

8. AGE: Years 67 | Months 3 | Days 5 | If less than one day hr. min.

9. Birthplace Scotland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Wood King
13. Birthplace Scotland

MOTHER
14. Maiden Name Elsie Mair King
15. Birthplace Scotland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 1/17/44 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Retching Highway

18 (a) Funeral director Jno. L. McCarthy
(b) Address 130 E. Fayette

19 (a) JAN 14 1944 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 13 1944 at 410 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 13 1944 to JAN 13 1944 and that I last saw her alive on JAN 13 1944

Immediate cause of death: Cardiac Failure — Duration 12 hrs.

Due to: Myocardial insufficiency

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Clay Lundquist M. D.
Address Johns Hopkins Date signed 1/13/44

VS 150

Howard W. Kelly, Wallenberg, by Howard J. Mason M.D.

C 1286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

C 1286 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Md.
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1143 Park Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eddiemae Gibbs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12 | 27 | 43

8. AGE: Years | Months | Days: 16 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Woodrow M. Gibbs
13. Birthplace D. C.

MOTHER
14. Maiden Name Janiemae
15. Birthplace Md.

16 (a) Informant Cynthia Conard
(b) Address 1143 Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-44 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cemetery
Location Cedar Hill Md.

18 (a) Funeral director Mclehose Halstead
(b) Address 918 Druid Hill ave.

19 (a) [illegible] (Date rec'd by registrar) [illegible] Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13, 1944, at 8:45 A. M

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pneumonia, lobular, primary

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 1-13-44.

C 1287 ✓ C 1287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2756 Kinsey ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 /

(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2756 / Kinsey Av
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME William L. Schuchardt

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Laura M.

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 27 - 1876

8. AGE: Years 67 | Months 11 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business .....

FATHER 12. Name Henry E. Schuchardt
13. Birthplace Germany

MOTHER 14. Maiden Name M. A. Binnin
15. Birthplace Germany

16 (a) Informant Laura Schuchardt
(b) Address 2756 Kinsey Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17-44 (month) (day) (year)

(c) Cemetery or crematory Parkwood
Location Gayld. ave

18 (a) Funeral director Wm. H. Valentine
(b) Address 2326 Baltimore St.

19 (a) 1944 (Date filed by Registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1944 at 430 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to Jan 13 1944 and that I last saw h. alive on Jan 13 1944

Immediate cause of death Coronary thrombosis — Duration 1 da.

Due to Arteriosclerosis

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature J. Elw. Talbert M. D.

Address 2723 St Paul Date signed 1/18/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 122a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 717 Fayette St
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 717 Arlington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Anna E Clifford.

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Thomas D. Clifford.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 10, 1876

8. AGE: Years	Months	Days	If less than one day
67	1	1	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Home.
11. Industry or business

FATHER
12. Name John Boren
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Anna Heim
15. Birthplace Balto. Md.

16 (a) Informant Thomas D. Clifford
(b) Address 717 Arlington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15-44 (month) (day) (year)
(c) Cemetery or crematory Mun. Bath.
Location Old Frederick Rd.

18 (a) Funeral director John A Moran
(b) Address 3000 E. Balto St.

19 (a) (Date rec'd by registrar) (b) Arlington Williams, M.D. Registrar

VS 8 JAN 14 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1944, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4-44 19..., to 1-11 1944 and that I last saw her alive on 1-11 1944.

Immediate cause of death	Duration
Massive Pulmonary Embolism (Post Operative)	15 mins
Due to	
Due to	
Hypertensive C-V Dis.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 1-8-44
Major findings of operation: Strangulated Umbilical Hernia Massive Pulmonary Embolism

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L J Kreig M.D.
Address Bon Secours Hosp Date signed 1-11-44

G 128 9 ✓ G 128 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use the terms which will state the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2103 W. Mulberry
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2103 W. Mulberry (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leo. J. Hennessy ✓

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4 Sex Male | 5 Color or race White | 6 (a) Single, married, widowed or divorced Married

6 (b) Name of husband or wife Mary
6 (c) If alien, give age 24 years

7. Birth date of deceased (mo., day, yr.) June 12 1916

8. AGE: Years 27 | Months 28 | Days 11 | If less than one day 29 hr. min.

9. Birthplace Balto. Md.
10. Usual Occupation Pipe Fitter
11. Industry or business Ship Yard.

FATHER
12. Name Jno P. Hennessy
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Bessie Ellard
15. Birthplace Balto Md.

16 (a) Informant Jno. E. Hennessy
(b) Address 2103 W. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15-44 (Month) (Day) (Year)
(c) Cemetery or crematory Loudon Park Cem. Co.
Location Old Frederick Rd.

18 (a) Funeral director John A. Inman
(b) Address 800 E. Baltimore St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150

JAN 14 1944 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11 1944, at 10 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1944, to Jan 11 1944, and that I last saw h[illegible] alive on Jan 10, 1944.

Immediate cause of death Influenza / Pneumonia — Duration

Due to Grippe

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo E. Shannon M.D.
Address 520 Medical Arts Bldg Date signed 1/13/44
M. D.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No. [illegible]

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important. WHERE SPACE IS INSUFFICIENT, USE SUPPLEMENTAL SHEET

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene St.
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3913 Brooklyn Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Myers

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Catherine Myers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1878

8. AGE: Years	Months	Days	If less than one day
66	4	23	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Prop. of Cafeteria
11. Industry or business In Shipyards

FATHER
12. Name Henry Myers
13. Birthplace North Carolina

MOTHER
14. Maiden Name Margaret Williams
15. Birthplace North Carolina

16 (a) Informant Katherine E. Myers
(b) Address 3913 Brooklyn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13/44 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Ritchie Highway

18 (a) Funeral director Fred. A. Kramer & Son
(b) Address 1216 N. Charles St.

19 (a) (Date rec'd by registrar) (b) Hunting for Hill Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/10 1944, at 2:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/5 1944, to 1/10 1944, and that I last saw h~~im~~ alive on 1/10 1944.

Immediate cause of death	Duration
Carcinoma, generalized	2 mos.
Due to Carcinoma of stomach	4 mos.+
Obstruction, jaundice	1 mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Glenn O. Summerlin M. D.
Address University Hosp. Date signed 1/11/44

12901 ✓ G 12901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette Sts.
(c) Hospital or institution: Franklin Square Hosp. 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1031 Hillman St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Noll

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-10-44

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Henry

13. Birthplace

MOTHER 14. Maiden Name Frederick

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHN HOPKINS MEDICAL SCHOOL JAN 14 1944

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) JAN 14 1944 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11- 1944 at 3.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10- 1944 to 1-11- 1944, and that I last saw her alive on 1-11- 1944.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Clyde Watkins M. D.
Address Franklin Square Hosp. Date signed 1-12-44

VS 3

0644

Be sure age is especially important. Physicians: please write the causes of death clearly and fully.

G 12902 ✓ G 12902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45B

Registered No. 15 47

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2125 Denison St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2125 Denison St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Lewis L. Kirby

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Eilleen MacWilliams
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1875

8. AGE: Years 68 | Months -- | Days 23 | If less than one day ... hr. ... min.

9. Birthplace St. Michaels, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business Collection Agency

FATHER
12. Name Lewis Kirby
13. Birthplace Md.

MOTHER
14. Maiden Name Ella Jefferson
15. Birthplace Md.

16 (a) Informant Richard P. Kirby
(b) Address 213 Dunbarton Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/44 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Windsor Mill Road, Baltimore

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) JAN 14 1944 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1944, at 7:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 20 1943, to Jan 13 1944, and that I last saw [illegible] alive on Jan 12 1944.

	Duration
Immediate cause of death: Coronary Thrombosis	1 Day
Due to: Generalized sclerosis	4 years
Due to:	
Other Conditions: Carcinoma of the tongue (Include pregnancy within 3 months of death)	6 mos.

Date of operation
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Helen F. Richman M. D.
Address 6 E. Biddle St. Date signed

VS 150

G 1293 G 1293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 931

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hospital for Women of Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 Bolton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helene Jennie Becker

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1869

8. AGE: Years 74 | Months 1 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Henry Becker
13. Birthplace Germany

MOTHER
14. Maiden Name Clara Mulfer
15. Birthplace Balto., Md.

16 (a) Informant Ernest F. Becker
(b) Address 226 W. Lanvale St., Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15 '44 (Month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3501 Frederick Ave

18 (a) Funeral director John A. Mitchell Home
(b) Address 1905 Eutaw Place

19 (a) 1-15-1944 (Date received by registrar) (b) Irving Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1944, at 12 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20 1943, to 1-14 1944, and that I last saw her alive on 1-14 1944.

Immediate cause of death	Duration
Coronary Occlusion	29 days
Due to Arterio-Sclerotic Heart Disease	1 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank H. Ridgely Jr. M. D.
Women's Hospital Date signed 1-14-44

VS 8

C 12914 X C 12914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1048 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution: Greene St

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Rural West Friendship
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Earl. Summers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1927

8. AGE: Years 17 | Months | Days | If less than one day hr. min.

9. Birthplace New Market Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Knockout Factory

FATHER
12. Name Albert Summers
13. Birthplace Md

MOTHER
14. Maiden Name Irma Wimpegar
15. Birthplace Md

16 (a) Informant Albert Summers
(b) Address New Market

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16-44 (month) (day) (year)
(c) Cemetery or crematory Middletown Cem
Location Middletown Md

18 (a) Funeral director W. C. Fakoner
(b) Address New Market Md

(c) (Name) Lemington Williams M.D. (b)

JAN 14 1944 (Date filed by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 | 14 1944 at 5:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/21 1943 to 1/14 1944, and that I last saw h. alive on 1/14 1944.

Immediate cause of death: Brain Abscess
Due to: Osteomyelitis frontal bone
Due to: Acute suppurative sinusitis
Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation 1/8/44
Major findings of operation: Same
of autopsy: Same

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. H. Thompson M. D.
Address Univ. Hosp. Date signed 1/14

VS 150

Write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

G 12905 XV G 12905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 -
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Severna Park (If outside city or town limits, write RURAL and give town)
(d) Street No. Jones Station (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-24-97

8. AGE: Years 46 | Months - | Days 19 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Railroad Work

11. Industry or business

FATHER: 12. Name Charles Wilson
13. Birthplace Maryland

MOTHER: 14. Maiden Name Louise Brown
15. Birthplace Maryland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 1944 (month) (day) (year)
(c) Cemetery or crematory Catonsville Hill
Location B. & O.

18 (a) Funeral director J. B. Johnson
(b) Address Johns Hopkins Hosp

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 19 44 at 12 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 21 1943 to Jan 13 19 44 and that I last saw him alive on Jan. 13 1944

Immediate cause of death	Duration
Urinary extravasation	3 wks
Due to Urinary tract infection	
Due to Chronic urethral stricture	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Dec. 22, 1943

Major findings of operation: Extensive urinary extravasation - infected.

of autopsy: Same

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Russell B. Roth

Address Johns Hopkins Hosp Date signed 5"

Please write correct age is especially important. Physicians: please write the cause of death clearly and legibly.

C 12906 ✓ C 12906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X 46E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours 20
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ~~Bel~~ Harford
(c) City or town Baltimore Aberdeen
(If outside city or town limits, write RURAL and give town)
(d) Street No. 622 N Bel Air Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Ebben V. Voights.

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband ~~or wife~~ Henry C Voigts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10 - 1858

8. AGE: Years 85 | Months 6 7 | Days 4 | If less than one day hr. min.

9. Birthplace Harford Co Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William Creswell
13. Birthplace Harford Co. Md

MOTHER
14. Maiden Name Margaret Kramer
15. Birthplace Harford Co Md

16 (a) Informant Miss. M. Etta Voigts
(b) Address 622 N Bel Air Ave Aberdeen Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17 1944 (month) (day) (year)
(c) Cemetery or crematory Union Chapel
Location Wilna Harford Co.

18 (a) Funeral director Henry Fanning Sons
(b) Address Aberdeen Md

19 JAN 15 1944 (Date rec'd by registrar) (b) Huntington Willis Resident M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 14 1944, at 12 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1 - 5 1944, to 1 - 14 1944, and that I last saw h~~e~~r alive on 1 - 14 1944.

Immediate cause of death: Congestive Heart Failure — Duration: 24 hrs.
Due to: Hypertensive C-Vas. Disease
Due to: Generalized Arteriosclerosis
Other Conditions: Ca. Ca - Sigmoid
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Mass in Sigmoid

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis Vogel, Jr. M.D.
M. D.
Address Bon Secours Hosp Date signed 1-15-44

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 301 S. Robinson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 301 S. Robinson St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Giuseppe Petrosillo

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Wid.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12 1881

8. AGE: Years	Months	Days	If less than one day
62	9	-	hr. min.

9. Birthplace Castellana- Bari (Italy)
(Town, county, and state)
10. Usual Occupation Coal miner (Ritired)
11. Industry or business

FATHER
12. Name Pietro Petrosillo (Dead)
13. Birthplace Italy

MOTHER
14. Maiden Name Caterina Pertosa
15. Birthplace Italy

16 (a) Informant Galileo Petrosillo (Son)
(b) Address 301 S. Robinson St.

17 (a) Burial (b) Date thereof Jan. 15/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oaklawn Cemetery
Location 7225 Eastern Ave Balt. Md.

18 (a) Funeral director Frank Della Noce
(b) Address 52 N. Morley St.

19 JAN 15 1944 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/12 1944, at 4:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/8 1944, to 1/11 1944, and that I last saw him alive on 1/11 1944.

Immediate cause of death Peritonitis
Bronchopneumonia

Duration
one week

Due to

Due to

Other Conditions Syphilis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank V. Manieri M. D.
Address 333 S. Eden Ave. Date signed 1/12/44

VS 8

MANIERI

12968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

✓ G 12968 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1506 W Fayette St
(c) Hospital or institution: 19

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1506 W Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Felix Shimkevec.

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 215-03-8700

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Johanna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Lith (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name ?
13. Birthplace Lith

MOTHER
14. Maiden Name ?
15. Birthplace Lith

16 (a) Informant Johanna Shimkevec.
(b) Address 1506 W Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/44 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blan, Md

18 (a) Funeral director Joseph Kasmerkas
(b) Address 612 W Washington Blvd

19 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

JAN 15 1944

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/11/44 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1943 to 1/11/44 19 and that I last saw h[illegible] alive on 1/11/44 19

Immediate cause of death: Acute Coronary Thrombosis — Duration: Mins

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M Bisch M. D.

Address 2904 R R Date signed 1/13/44

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1289 9 — 937 — Registered No. 6-32909

Please write clearly and legibly. Use ink. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 402 Lorraine Avenue
(c) Hospital or institution:
12-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 402 Lorraine Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alois A. Schindler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Rosa Roeder Schindler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25-1860

8. AGE: Years	Months	Days	If less than one day
83	7	17	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation retired shoemaker
11. Industry or business

FATHER
12. Name ?
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant Mrs. Henry E. Schindler
(b) Address 402 Lorraine Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/44 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cathedral
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road

JAN 15 1944 (Date received by Registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12 1944, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3, 1943, to Jan. 12, 1944, and that I last saw him alive on Jan. 12, 1944

Immediate cause of death	Duration
Myocardial Failure	6 mos.
Due to Chronic Myocarditis	"
Due to ✓	
Other Conditions Arterio-sclerosis	?

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: none
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at ✓ M
(c) Where did injury occur? ✓ (City or town) ✓ (County) ✓ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓
(e) Means of injury ✓

23. Signature Frank M. Ogden M. D.
Address 2701 N. Calvert St Date signed Jan. 13, 44

G 12910 — BALTIMORE CITY HEALTH DEPARTMENT — G 12910 Registered No.

CERTIFICATE OF DEATH

YA-83684 — 13B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4240 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS — 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos. 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 507 S. East Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jean Roloff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1925

8. AGE: Years	Months	Days	If less than one day
19		4	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Joseph Bogun-Step-father
13. Birthplace Poland

MOTHER
14. Maiden Name Victoria Slatkowski
15. Birthplace Poland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18/44 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozazewski
(b) Address 1920 Eastern Ave

19 (a) JAN 5 1944 (Registrar) (b) Registrar

JAN 5 1944 — Hunting for Williamsburg

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13 1944, at 7:17 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-7 1943, to 1-13 1944, and that I last saw him alive on 1-13 1944.

Immediate cause of death: Pulmonary TBC — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Mall M. D.
Address B-C. H. Date signed 1/14/44

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-85797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. 12911

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4240 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 226 N. Bruce St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Leppard HILL.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife William (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?-1889 1889

8. AGE: Years	Months	Days	If less than one day
55	?	?	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name ? Leppard

13. Birthplace ?

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16, 1944 (month) (day) (year)

(c) Cemetery or crematory Mount Auburn
Location City Baltimore

18 (a) Funeral director Joseph A. Smith
(b) Address 1191 Mount Street

19 JAN 15 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11-44 19 , at 1 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/4 1944 to 1/11 1944, and that I last saw h- alive on 1/11 1944

Immediate cause of death Cerebral Accident — Duration ?

Due to: Uremia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jane Mah M. D.

Address B. C. H. Date signed 1/11/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 1292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 1292

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
Franklin Square Hospital 19-2

(d) Length of stay in hospital or inst. (yrs., mos., or days) d.o.a.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 229 N. Parrish Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILBERT SNELL

3 (b) If veteran, name war: WORLD WAR I

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 13, 1893

8. AGE: Years	Months	Days	If less than one day
50	11	29	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation Loiner

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary Snell
15. Birthplace Baltimore Maryland

16 (a) Informant Laura Dunedy Aunt
(b) Address 1400 Bonn Court

17 (a) Burial (b) Date thereof Jan 17, 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Baltimore City

18 (a) Funeral director Joseph A. Lisby
(b) Address 419 North Mount Street

19 (a) JAN 15 1944 (b) Huntington Williams, M.D.
(Registered by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12, 1944, at 1:50 P. M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Pneumonia, lobar, bilateral.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Williams M.D.
Medical Examiner.
Date signed 1-13-44.

6 1293 — BALTIMORE CITY HEALTH DEPARTMENT — 6 1293

CERTIFICATE OF DEATH 131a

Registered No. 1453

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2049 Division Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 56

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2049 Division Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME London Thomas Walthey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Smithfield, Va. (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Catherine Estergard
(b) Address 2049 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17-1944 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Wed Post

18 (a) Funeral director Jas Brooks
(b) Address 1463 N. Carey St

19 (a) JAN 15 19[illegible] (Date rec'd by registrar) [illegible] for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1944, at 1 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1944, to Jan 13 1944, and that I last saw him alive on Jan 13 1944.

Immediate cause of death	Duration
Bronchopneumonia	4 days
Due to Arteriosclerotic Nephritis	3 mos
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 2243 Madison Ave. Date signed 1/14/44

G 12914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

G 12914 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1148 Washington Blvd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1148 Washington Blvd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph W. Hauhn

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	213-10-2035

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20, 1880

8. AGE: Years	Months	Days	If less than one day
63	8	23	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Retired chauffeur
11. Industry or business American Brewery

FATHER
12. Name John Hauhn
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Gripe
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Josephine A. Wernig (Sister)
(b) Address 1722 Holbrook Street

17 (a) Burial (b) Date thereof Jan. 17, 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Balto; Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

JAN 15 1944 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan; 13th 1944, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1944 to Jan 13 1944, and that I last saw h[illegible] alive on Jan 13 1944.

Immediate cause of death	Duration
(Hypostatic Pneumonia	1 day
Due to Cardiac Decompensation	
Due to Myocardial Failure Arteriosclerosis	
Other Conditions Obesity	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis J. Lang M. D.
Address 916 Arlington Ave Date signed Jan 15, 1944

C 1295 C 1295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2916 N. Calvert st
(c) Hospital or institution: 12

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2916 N. Calvert st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emil Budnitz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of ~~husband or wife~~ Flora M. Budnitz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28th 1862

8. AGE: Years	Months	Days	If less than one day
81	5	15	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Attorney
11. Industry or business Self

FATHER
12. Name Henry Budnitz
13. Birthplace Germany

MOTHER
14. Maiden Name Conradine Seng
15. Birthplace Germany

16 (a) Informant Mrs Emund Budnitz
(b) Address Tuscany apts

17 (a) Burial (b) Date thereof 1/15/44
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location " Md.

18 (a) Funeral director William Cook Inc
(b) Address St Paul St

JAN 15 1944

19 (a) (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13th 1944, at 3 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1943 to Jan 13 1944, and that I last saw h. alive on Jan 13 1944.

Immediate cause of death Myocarditis

Due to arteriosclerosis

Due to

Other Conditions Senile & forfeiting Dementia 8 hr

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy:

Duration
Myocarditis 2 yrs
arteriosclerosis ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Leslie Lorber Fort
Address 207 Preston St Date signed 1/17/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

Wethersee Fort

C 12916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

Registered No. C 12916

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1905 Riggs Ave
(c) Hospital or institution: 16-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1905 Riggs Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edgar L. Miles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 14th 1879

8. AGE: Years	Months	Days	If less than one day
64	4	0	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Manager

11. Industry or business Kingan & Co

FATHER
12. Name Charles L. Miles
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Annie P. Henry
15. Birthplace Balto Md

16 (a) Informant Bessie E. Miles
(b) Address 1905 Riggs Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/44 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director Wilkinson Cook & Lyon
(b) Address 1417 St. Paul St

19 (a) JAN 15 1944 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14th 1944, at 1A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1944 to Jan 14 1944 and that I last saw h[illegible] alive on 1-13 1944

Immediate cause of death	Duration
Cardiac Insufficiency	1 day
Hypertrophy of Heart	2 mo.
Due to Bronchial Asthma	3 yrs
Due to Pneumonia	3 yrs
Other Conditions Edema of Body	1 mo.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marion Lee Brooke
Address 2062 Fulton Ave Date signed 1/17/44 (M. D. Y.)

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

12917 — 12917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 577

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1234 S. Ellwood Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3 (a) FULL NAME John Markowski

3 (b) If veteran, name war .....

3 (c) Social Security Account No. 213-07-0964

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Antoinette Markowski
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 6, 1884

8. AGE: Years	Months	Days	If less than one day
59	8	7	2 hr. 55 min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Acetylene Welder
11. Industry or business Shipbuilder

FATHER
12. Name — Markowski
13. Birthplace Poland

MOTHER
14. Maiden Name —
15. Birthplace Poland

16 (a) Informant Wife - Antoinette Markowski
(b) Address 1234 S. Ellwood Ave.

17 (a) [illegible] (Burial, cremation, or removal) (b) Date thereof 1-17-44 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Dorman & Hill Rd.

18 (a) Funeral director John J. Linda
(b) Address 2629 Hudson St.

19 (a) Date received JAN 15 1944 (b) Huntington Williams M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1944, at 2:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-31 1943, to Jan 14 1944, and that I last saw him alive on Jan. 13 1944.

Immediate cause of death	Duration
Cardio-Resp. Failure	7 wks.
Due to Brain tumor, removal	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Jan. 11, 1944
Major findings of operation: Brain tumor
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M.
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature G. E. Hornbrook M. D.
Address Mercy Hospital Date signed 1-17-44

12913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

113

C 12913 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 4-

(d) Length of stay in hospital or inst. (yrs., mos., or days) D-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass. (b) County -
(c) City or town New Bedford
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5 Emory Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Albert E. Coutu [redacted]E Coutu

3 (b) If veteran, name war ? -

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Eugenia Richer

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Sept. 14 1892

8. AGE: Years	Months	Days	If less than one day
51 yr.	3	29	..... hr. ..... min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation Electrician

11. Industry or business

FATHER
12. Name Philias Coutte
13. Birthplace Canada

MOTHER
14. Maiden Name Josephine Paquette
15. Birthplace Canada

16 (a) Informant Wm E. Paquette
(b) Address New Bedford Mass

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-44 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart
Location New Bedford Mass.

18 (a) Funeral director Geo. E. Bayer Jr
(b) Address 1512 Hollins St Hunting for Williams, M.D.

19 (a) ..... (Date rec'd by Registrar) (b) ..... Registrar

JAN 15 1944

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13- 1944, at 11 P. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH acute Congestive Cardiac Failure
Emphysema

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury ..... at ..... M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....
(d) Means of injury .....

23. Signature Howard J. Merideth M.D.
Medical Examiner.
Date signed 1-14-44

C 12919 C 12919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1042 N. Gay St.
(If rural give location)
(e) Citizen of foreign country? (Name No)
If yes, name country

3 (a) FULL NAME George Farmer

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-14-2232

4. Sex Male

5. Color or race Negro

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) March 7 1889

8. AGE: Years 54 | Months 10 | Days 5 | If less than one day hr. min.

9. Birthplace Wilson Co. N. C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Shipyard.

FATHER
12. Name Warren Farmer
13. Birthplace N. C.

MOTHER
14. Maiden Name Minnie V.
15. Birthplace N. C.

16 (a) Informant Margaret Farmer
(b) Address 1042 N. Gay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-1944 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location A. A. Co. Md

18 (a) Funeral director Belcourt Inman & Wright
(b) Address 721 Aisquith St

19 (a) (Date received by Registrar) JAN 15 1944 (b) Hunting for Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1944, at 12 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1944, to Jan 12 1944, and that I last saw h. l. alive on Jan. 12 1944.

Immediate cause of death

Due to Lobar Pneumonia (Bilateral)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Approx 2 weeks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. J. Pampeis M.D.
Address Provident Hosp. Date signed 1/12/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 1290 G 1290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 645 Eanor St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-

(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 645 Eanor St
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Mamie Nickens

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife. Irvin Nickens
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 3, 1898

8. AGE: Years	Months	Days	If less than one day
45	6	9	..... hr. ..... min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Irvin Nickens
(b) Address 645 Eanor St

17 (a) Burial (b) Date thereof Jan. 15/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A.A. County Md.

18 (a) Funeral director Mrs. Robert A. Elliott Dft.
(b) Address 1129 N. Carrie St.

19 (a) JAN 15 1944 (b) Huntington Williams MD
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-12-1944 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-6-1944, to 1-12-1944, and that I last saw h[illegible] alive on 1-11-1944.

Immediate cause of death	Duration
Lobar Pneumonia	8 dys
Due to	
Due to	
Other Conditions Valvulitis	unknown

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature H. McCanjers M. D.
Address 611 N. Carrie Date signed 1-17-44

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Spec.-7-17-26—A Co.—200 Bks.

12921

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 12921

CERTIFICATE OF DEATH

✓ 937

1-PLACE OF DEATH St Elizabeth's Home

City of BALTIMORE: (No. 3725 ~~St Elizabeth~~ Ellerslie ave St., Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sr. Mary Antonia Crean

(a) RESIDENCE NO. St Elizabeth Home St. 9-1 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 5 1864

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	79	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nun

(b) General nature of industry, business, or establishment in which employed (or employer) Religious

(c) Name of employer

9 BIRTHPLACE (city or town) Co. Cork

(State or country) Ireland

PARENTS

10 NAME OF FATHER Cornelius Crean

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Connors

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Home Record

(Address)

15 Filed JAN 15 1944 19

16 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/14 1944

17 I HEREBY CERTIFY, That I attended deceased from 1/12, 1944, to Jan 14, 1944, that I last saw her alive on January 14, 1944, and that death occurred, on the date stated above, at 8:02 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation - Pulmonary Oedema - Bronchopneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis - Chronic Myocarditis

Hypertension (duration) 2 yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Francis J Robert, M. D.

1/14. 1944 (Address) 1101 Hospital St #2.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Henry W Jenkins & Sons Co — Date of Burial Jan 17 1944

20 UNDERTAKER St Elizabeths Home — ADDRESS McCulloh & Orchard Sts

very important. See instructions on back of certificates.

2922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 1294

1314

Registered No. 127

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2810 Fox St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 35yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 2810 Fox St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME: Thomas J. Banks

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ella

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 2/2/1871

8. AGE: Years 72 | Months 11 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace Stafford Co. Va. (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name ?
13. Birthplace Va.

MOTHER
14. Maiden Name Susan Smith
15. Birthplace Va.

16 (a) Informant Ella Banks (wife)
(b) Address 316 W. 28th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/44 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.A. County Md

18 (a) Funeral director Chas. H. Cooper
(b) Address 512 N. Carrollton Ave

19 (a) ..... (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JAN 15 1944

MEDICAL CERTIFICATION

A

20. DATE OF DEATH 1/12/44 19 , at 11:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1943, to Jan 12 1944 and that I last saw h alive on Jan 12 1944

Immediate cause of death: Cardio Renal Disease — Duration: 8 mos

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis A. Johnson M. D.

Address 2829 Greenford Date signed Jan 15 1944

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. 12923

Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 623 S. CLINTON ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE MD. 21
(If outside city or town limits, write RURAL and give town)
(d) Street No. 623 S. CLINTON ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN L. MICHAEL

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: SINGLE
6 (b) Name of husband or wife:
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) SEPT. 9-1943
8. AGE: Years | Months: 4 | Days: 5 4 | If less than one day: hr. min.
9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name JOHN L. MICHAEL
13. Birthplace BALTIMORE MD.

MOTHER
14. Maiden Name ELTA CATTERBUCK
15. Birthplace PENN.

16 (a) Informant ELTA M. MICHAEL (MOTHER)
(b) Address 623 S. CLINTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 15/44 (month) (day) (year)
(c) Cemetery or crematory DRUID RIDGE
Location PIKESVILLE MD.

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (c) JAN 15 1944 Huntington Williams M.D. (Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 13 1944, at 7 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10 1944, to 1/13 1944, and that I last saw him alive on 1-13 1944.

Immediate cause of death: Bronchio. pneumonia — Duration: 4 days

Due to:

Due to: Myocardial Degeneration — Duration: 2 days

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel Miller M. D.
Address 15 00 N Bdwy Date signed 1/15/44

G 12924

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

G 12924 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner ave
(c) Hospital or institution: West Balt Gen'l Hosp 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25d
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1911 Christian St
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM C HARRISON

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-09-0390

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	div.

6 (b) Name of husband or wife Divorced

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 9, 1872

8. AGE: Years	Months	Days	If less than one day
71 72	4	3	hr min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business B&O R.R.

FATHER 12. Name Wm C. Harrison

13. Birthplace Md

MOTHER 14. Maiden Name Unknown

15. Birthplace Md

16 (a) Informant Mrs Wm Bowers

(b) Address 1911 Christian St

17 (a) Burial (b) Date thereof Jan 14/44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto. Md

18 (a) Funeral director Harry H. Wotzke

(b) Address 401 Edmondson Ave

19 (a) JAN 15 (b) Huntington Williams M.D.
(To be filled in by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12 1944 at 8:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 17 1943, to Jan 12 1944, and that I last saw h-- alive on Jan 12 1944.

Immediate cause of death	Duration
Diabetic Gangrene	
Due to Diabetes mellitus	
Due to	
Other Conditions General arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation 1-12-44

Major findings of operations: Diabetic Gangrene

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature O. N. Friedman M. D.

Address W. Balt. Gen'l Hosp Date signed 1/12/44

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 250

G 12925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 81a

G 12925 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hosp. 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 dys
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4126 Walnut Ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A Vost.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Peter Ambrose V.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 20, 1881

8. AGE: Years	Months	Days	If less than one day
62	3	22	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Frank J. Ripple
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary (unknown)
15. Birthplace ? Austria

16 (a) Informant Mrs. Alfred W. Wheatley
(b) Address 4400 Harrison Blvd.

17 (a) Burial (b) Date thereof 1/17/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md

18 (a) Funeral director Harry H Witzke
(b) Address 4101 Edmondson Ave

19 (a) JAN 15 1944 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1943 at 10 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1944 to Jan 12 1944 and that I last saw her alive on Jan 12 1944

Immediate cause of death	Duration
Respiratory failure	
Due to Pneumococcic meningitis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. R. Guyther
Address Mercy Hosp Date signed 1/14/44

VS 180

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. 12976

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp. 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 13
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4217 Roland View Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas S Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Frances J. Lewis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Michigan
(Town, county, and state)

10. Usual Occupation Optical work

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 15 1944

18 (a) Funeral director Commissioner of Health
(b) Address

JAN 15 1944 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6 1944 at 4:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1944, to Jan 6 1944, and that I last saw him alive on Jan 6 1944.

Immediate cause of death	Duration
Cardiac failure	
Due to Myocardial infarction	
Due to Arteriosclerotic heart disease	
Other Conditions Diabetes	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leonard Aikman M. D.
Address Date signed

Correct age if specially important. Physicians: please write plainly.

VS 150

0646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 830 6129

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 195 Stricker ST.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Hattie A Downs. (HATTIE A. DOWNS)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife Harry W. Downs
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Sept 1, 1877

8. AGE: Years 66 | Months 4 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation House wife.

11. Industry or business —

FATHER
12. Name Bryan Hargadon
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Hattie Hohn
15. Birthplace Baltimore Md.

16 (a) Informant Harry W. Downs.
(b) Address 195 Stricker St.

17 (a) Buried. (b) Date thereof Jan 18 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto Md.

18 (a) Funeral director F. Vernon Keehner
(b) Address 2301 Edmondson Ave.

19 (a) JAN 15 1944 (b) Huntington Hill, Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14-44 19__, at 7:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5-44 19__, to 1-14 1944 and that I last saw h[illegible] alive on 1-14 1944

Immediate cause of death Coronal Thrombosis. — Duration 6 hrs

Due to —

Due to —

Other Conditions Senility.
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward L. Kreig M. D.
Address Bon Secours Hosp Date signed 1-17-44

Copies of this certificate are obtainable from the Bureau of Vital Statistics, City Health Department, Baltimore, Md.

G 12973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2735 Wilkins Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-5
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto city
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2735 Wilkins Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Ellen Nora Reardon

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25-1867

8. AGE: Years 76 | Months 7 6 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace Carroll County.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name John Reardon
13. Birthplace Ireland

MOTHER 14. Maiden Name Anny Arthur
15. Birthplace Ireland.

16 (a) Informant Jeremiah Langley
(b) Address 2735 Wilkins Ave

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 1/17/44 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Rd

18 (a) Funeral director Bernard A Fink
(b) Address 3603 Belair Rd.

19 (a) JAN 15 1944 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13 1944 at 2-30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1944, to 1944
and that I last saw her alive on 1-12 1944.

Immediate cause of death: Cerebral thrombosis — Duration: .....
Due to: arteriosclerosis. — Duration: 2 yrs.
Due to: ..... — Duration: .....
Other Conditions: ..... — Duration: .....
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gerrit K. Lortscher M. D.
Address 210 E St Paul St Date signed 1-13-44

Have certificate ok'd. by M. E.

G 5579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 12979 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1815 W. North Ave.
(c) Hospital or institution:

15-2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1815 W. North Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME OWEN W. Van DANIKER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Lillie May
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1867

8. AGE: Years	Months	Days	If less than one day
76	1	27	hr. min.

9. Birthplace Lillie May Balto., Md.
(Town, county, and state)
10. Usual Occupation Retired Contractor
11. Industry or business

FATHER
12. Name George W. Van Daniker
13. Birthplace Holland

MOTHER
14. Maiden Name Margaret Barnard
15. Birthplace England

16 (a) Informant Mr. George W. Van Daniker
(b) Address 5019 Palmer Ave.

17 (a) Burial (b) Date thereof 1/17/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 15 1944 (b) Huntington Williams M.D. Registrar
(Date received by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13, 1944, 2.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1944 to — 19—, and that I last saw him alive on Jan 7 1944.

Immediate cause of death: Cerebral Hemorrhage

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis T. Lewis
Address 644 W. Lafayette Ave. Date signed 1/15/44

approved by Howard J. Wallis, M.D.

Contact is urgently important. Physicians: please write carefully. Use one cause of death clearly and legibly.

C 12930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

C 12930 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2501 Edmondson Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2501 Edmondson Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BESSIE V. McKEE

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife John J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1871.

8. AGE: Years	Months	Days	If less than one day
72	7	12	hr. min.

9. Birthplace Harford Co., Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name William R. Sanders
13. Birthplace Harford Co., Md.

MOTHER
14. Maiden Name Sarah J. Renshaw
15. Birthplace Md.

16 (a) Informant Mr. Wm. M. Sanders
(b) Address 4103 Boarman Ave.

17 (a) Burial (b) Date thereof 1/15/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory WOODLAWN CEM.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 15 1944 (b) Huntington Maryland, 1/15

JAN 15 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13, 1944, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1944 to Jan 13 1944, and that I last saw h[illegible] alive on Jan 13 1944

Immediate cause of death Chronic myocarditis — Duration yrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. A. Lally M.D.
Address 3517 Edmondson Ave Date signed Jan 17, 1944

JAW 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44a

Registered No. 16

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mt. Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 922 N. Fulton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Duncan F. Cromwell (Duncan Finley Cromwell)

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-05-1229

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mamie C. Cromwell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1879

8. AGE: Years	Months	Days	If less than one day
64	3	23	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Retired W.F.&N.
11. Industry or business Maintenance Man

FATHER
12. Name Beverly W. Cromwell
13. Birthplace Md.

MOTHER
14. Maiden Name Effie B. Smith
15. Birthplace Md.

16 (a) Informant Mrs. Mamie Cromwell
(b) Address 922 N. Fulton Ave.

17 (a) Removal (b) Date thereof 1/15/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Norfolk, Va.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 13 1944 (b)
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/13 1944, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Carl Myers, M. D.
Address Mt. Sinai Hosp. Date signed 1/13/44

12932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 12932 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert.
(c) Hospital or institution: Mercy Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 3 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto. 9
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Kingsway Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country no

3 (a) FULL NAME BABY BOY REA

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife - - -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-13-44

8. AGE: Years	Months	Days	If less than one day
			3 hr. min.

9. Birthplace Balto, Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name SAM W. P. REA
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name KATHERINE T. O'MARA
15. Birthplace Baltimore County Md.

16 (a) Informant Mr. Sam W.P. Rea (Father)
(b) Address 1615 Kingsway Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15. 1944 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Baltimore County Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

JAN 15 1944 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13 1944 at 3 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-13 1944, to 1-13 1944, and that I last saw him alive on 1-13 1944.

Immediate cause of death	Duration
Due to Premature Infant	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. R. Inglis M. D.
Address Mercy Hospital Date signed 1-13-44

0 1293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 920

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3416 Chestnut Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 - 10

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3416 Chestnut Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** John Lewis Bubb.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married.

6 (b) Name of husband or wife Charlotte M. Bubb.
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) July 15 1878

8. AGE: Years	Months	Days	If less than one day
65	5	29	hr. min.

9. Birthplace Penna.
(Town, county, and state)
10. Usual Occupation Retired Conductor
11. Industry or business Penna. R.R.

FATHER
12. Name Henry Bubb.
13. Birthplace Penna.

MOTHER
14. Maiden Name Mantilla Hantz.
15. Birthplace Penna.

16 (a) Informant Charlotte M. Bubb.
(b) Address 3416 Chestnut Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17, 1944. (month) (day) (year)
(c) Cemetery or crematory Druid Ridge.
Location Pikesville, Md.

18 (a) Funeral director Rhinehart & Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) (Date rec'd by registrar) JAN 19 1944 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17, 1944, at 7 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1943, to Jan 14 1944, and that I last saw him alive on Jan 14 1944

Immediate cause of death Myocardial failure — Duration

Due to Aortic stenosis — 2

Due to Cardiac dilatation & hypertrophy

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Wm. H. Smith M. D.
Address 8429 Chestnut Ave. Date signed 1/17/44

WM. H. SMITH

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

129.4

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. 129.4

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3900 Fifth St Brooklyn
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3900 Fifth St Brooklyn (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Rasmussen.

3 (b) If veteran, name war

3 (c) Social Security Account No. 174-18-3189

4. Sex: M | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Mary E. Rasmussen
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Dec 19 1885

8. AGE: Years 58 | Months - | Days 25 | If less than one day hr. min.

9. Birthplace Denmark (Town, county, and state)

10. Usual Occupation Pipe fitter

11. Industry or business Shipyard.

FATHER
12. Name Rasmus Rasmussen
13. Birthplace Denmark

MOTHER
14. Maiden Name Karen ?
15. Birthplace Denmark.

16 (a) Informant Mary E. Rasmussen
(b) Address 3900 Fifth St Brooklyn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15/44 (month) (day) (year)
(c) Cemetery or crematory Lemistown
Location Md.

18 (a) Funeral director C. Kenneth Dawson
(b) Address 2415 Lakewood Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams Rec'd 1/12

JAN 15 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1944 at 6:5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1944 to Jan 14 1944 and that I last saw him alive on Jan 10 1944.

Immediate cause of death Pneumonia, lobar, Left — Duration 5 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hyman Eckoff M. D.
Address 320 Patapsco Date signed 1-15-44. M. D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12935 ODACHOWSKI G 12935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92D

Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 634 S. Lakewood ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 T 2
(e) Length of stay in Baltimore (yrs., mos., or days) 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 634 S. Lakewood ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eva Odachowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Adolf Odachowski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE:	Years	Months	Days	If less than one day
	73	2		hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Dymowski
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace Poland

16 (a) Informant Daughter
(b) Address 634 S. Lakewood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18/44 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore Md

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street Huntington Williams, Mgr.

JAN 15 1944 (Date received by Registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1944, at 12:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1943 to Jan 14 1944; that I last saw her alive on Jan 14, 1944.

Immediate cause of death Acute dilitation of the heart

Due to congestive failure

Due to chronic valvular heart disease

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration
Days
months
several years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature John J. Kroger M.D.
Address 262 Eastern Ave Date signed 1/15/44

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 132

1. PLACE OF DEATH:
Baltimore City, Maryland
(b) Street address 1718 N. Mount St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-2
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 N. Mount St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ernestine Collins

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-28-18

8. AGE: Years 25 | Months 2 | Days 15 | If less than one day hr. min.

9. Birthplace Orange, Va. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Joseph Collins
13. Birthplace Madison, Va.

MOTHER
14. Maiden Name Julia Gunner
15. Birthplace Orange Va.

16 (a) Informant Julia J. G. Collins
(b) Address 1716 N. mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/44 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md.

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Presstman St.

19 (a) Filed by [illegible] (b) Registrar's signature

JAN 15 1944

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13-1944 at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-10 1943 to 1-13 1944, and that I last saw h[illegible] alive on 1-13-1944

Immediate cause of death	Duration
Pulmonary Tuberculosis	15 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George C Bage M. D.
Address 1516 N. mount St. Date signed 1-14-44

F.O. #63644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 138

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 311 N. Carey St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME: Audrey Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1927

8. AGE: Years	Months	Days	If less than one day
16	6	0	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Phillip Carter
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Blay
15. Birthplace Md.

16 (a) Informant Records, Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/44 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) (Date received by registrar) (b) Registrar

JAN 19 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14, 1944, at 5:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-27 1943 to 1-14 1944 and that I last saw him alive on 1-14 1944

Immediate cause of death: Pulmonary TBC — Duration: 1 yr

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: 2 above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Hess M. D.
Address B. C. H. Date signed 1-14-44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-12-44

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 12938 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1306 Argyle Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., ~~mos.~~ or ~~days~~). 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1306 Argyle Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry W. Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-26-1880

8. AGE: Years	Months	Days	If less than one day
63	10	16	hr. min.

9. Birthplace La Plata, Md. (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER
12. Name Albert Lee
13. Birthplace La Plata Md

MOTHER
14. Maiden Name Elizabeth Hawkins
15. Birthplace La Plata Md

16 (a) Informant Lillian Lee
(b) Address 1306 Argyle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-44 (month) (day) (year)
(c) Cemetery or crematory Arbutus M. Park
Location Balto Co. Md

18 (a) Funeral director Mrs. Ira H. Holland
(b) Address 1631 Druid Hill Ave.

19 JAN 15 1944 (b) Registrar
Huntington Williams, MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1944 at 5.4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1944 to Jan 12 1944 and that I last saw h~~im~~ alive on Jan 12 1944

Immediate cause of death: Cerebral-Vascular Renal — Duration: 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edw. J. Mueller M. D.
Address 1224 S. Mt. Ave Date signed

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 12939 ✓ C 129.3

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 15-10

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., ~~mos.~~ or ~~days~~) 31

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4005 Bells ave: attended from same Hse. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thornton Molden

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Madeline
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-7-1889

8. AGE: Years	Months	Days	If less than one day
54	10	3	hr. min.

9. Birthplace St. Mary's Co. Md. (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Frederick Moulden
13. Birthplace St. Mary's Co. Md

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Madeline Moulden
(b) Address 1418 Argyle Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-44 (month) (day) (year)
(c) Cemetery or crematory Balto Nat.
Location Balto Md.

18 (a) Funeral director Mrs. Geo. H. Boland
(b) Address 631 Druid Hill Av

19 (a) JAN 15 1944 (Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10- 1944, at 6.35 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Ceremonia of Penis
Due to mit pneumonia

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 1-11-44

6 1290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87E G 1290

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Maryland Hospital
(c) Hospital or institution: Stamford & Green 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Md
(c) City or town 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1500 Blk Green St
(If rural give location)
(e) Citizen of foreign country? Harrisburg Pa (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth Rodgers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Drexel Rodgers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10-1906

8. AGE: Years 37 | Months 6 | Days 5 4 | If less than one day hr. min.

9. Birthplace Penna (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John A Miller
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Katherine Robb
15. Birthplace Pennsylvania

16 (a) Informant Drexel Rodgers
(b) Address Harrisburg Penna

17 (a) Removal (b) Date thereof Jan 15-44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory East Harrisburg Pa
Location Harrisburg Pa

18 (a) Funeral director William Cook & Son
(b) Address 1217 SE Market Street

19 JAN 15 1944 (b) Huntington Williams, M.D.
(Filed rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/14 1944, at 8:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/4 1944 to 1/14 1944, and that I last saw h.er alive on 1/14 1944.

Immediate cause of death: Medullary compression

Due to: Massive spontaneous subarachnoid Hemorrhage

Due to: Congenital aneurysm?

Other Conditions

(Include pregnancy within 3 months of death)

Duration

Date of operation 1/8/44

Major findings of operation: internal hydrocephalus

of autopsy: as above (Over)

PHYSICIAN

Underline the cause for which [illegible] be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. K. Thompson M. D.

Address Univ. Hosp. Date signed 1/15/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2941

BALTIMORE CITY HEALTH DEPARTMENT ✓

CERTIFICATE OF DEATH 46F

C 12941
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 304 S. Collins Ave.
(c) Hospital or institution:
none

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-8
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 304 S. Collins Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Edna Frizzell Thurlow

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Harry D. Thurlow
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) April 24, 1882

8. AGE: Years	Months	Days	If less than one day
61	8	21	0 hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name James W. Frizzell
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret Ann Frizzell
15. Birthplace Md.

16 (a) Informant Martha Thurlow
(b) Address 304 S. Collins Ave.

17 (a) Burial (b) Date thereof 1/17/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

JAN 15 1944 (b) Huntington Williams M.D.
(Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14, 1944, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1943, to Jan 14 1944, and that I last saw h[illegible] alive on Jan 9 1944.

Immediate cause of death Carcinoma of Jaw — Duration 8 Mos.
Due to
Due to
Other Conditions Carcinoma of abdomen — 2 days
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James H. Katzenberger M. D.
Address Medical Arts Bldg. Date signed 1/14/44

Dr. Katzenberger

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 12942 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Usual Address Howard + Madison
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 N. Caroline St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Ambrose S. Hardwick

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Viola E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 16 1887

8. AGE: Years	Months	Days	If less than one day
56	-	27	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Statistician
11. Industry or business B+O R.R.

FATHER
12. Name Harry Hardwick
13. Birthplace Balto.

MOTHER
14. Maiden Name Phoebe Ann Otty
15. Birthplace Media Pa.

16 (a) Informant Mrs Viola Hardwick
(b) Address 1215 N. Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-44 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director Wendell E Humphreys
(b) Address 1621 N. Broadway

JAN 15 1944 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12 1944, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1944, to Jan 12 1944, and that I last saw h[illegible] alive on Jan 12 19 44

Immediate cause of death	Duration
Coronary thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Herman Williams M. D.
Address Md. Gen. Hosp. Date signed Jan. 12, 1944

12943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1600

G 12943 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 E. Preston St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Ashley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/11/44

8. AGE: Years	Months	Days	If less than one day
—	—	4	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business —

FATHER
12. Name Alfred Joseph Ashley
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Jean Louise Shipley
15. Birthplace Salisbury, Md.

16 (a) Informant Jean Ashley
(b) Address 2010 E. Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-44 (month) (day) (year)
(c) Cemetery or crematory London Park Cem
Location Frederick Rd.

18 (a) Funeral director John C. Miller Funeral
(b) Address 2425 E. Oliver St

JAN 15 1944 (Date rec'd by registrar)

(b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14 1944 at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11-1944 to 1-14 1944 and that I last saw he alive on 1-14 1944.

Immediate cause of death Respiratory failure

Due to Intercranial hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Williams M.D.
Address Davis, Md. Date signed 1-14-44

VS 150

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

C 12944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52a

Registered No. C 12944

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1006 N. Chaple St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 N. Chaple St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gladys Amanda Boston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	Married

6 (b) Name of husband or wife Paul Boston
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1912

8. AGE: Years	Months	Days	If less than one day
31	6	10	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Robert Williams
13. Birthplace Md.

MOTHER
14. Maiden Name Malinda Price
15. Birthplace Md.

16 (a) Informant Paul Boston
(b) Address 1006 N. Chaple St.

17 (a) Burial (b) Date thereof 1/15/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley Ave.

19 (a) JAN 15 1944 (b) Hunting for Williams M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1944 at 6.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1943 to Jan 11 1944 and that I last saw h.. alive on Dec 10 1943

Immediate cause of death Carcinoma of Liver

Duration
7
7

Due to Hypernephroma

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Bernard Hoover M.D.
Address 207 N Conkling St Date signed 1/14/44

correct age is especially important. Physicians, please

12945 E. Allen

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 12945
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1427 Mullikin Ct.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1427 Mullikin Ct.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Iola Parham

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	Married

6 (b) Name of husband or wife Harris F. Parham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace North Carolina
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name W. J. Wilkims
13. Birthplace N. C.

MOTHER
14. Maiden Name Emma Hill
15. Birthplace N.C.

16 (a) Informant Harris F. Parham
(b) Address 1427 Mullikin Ct.

17 (a) Burial (b) Date thereof 1/15/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley Ave.

JAN 15 1944 (b) Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 150

correct age is especially important for colored females

MEDICAL CERTIFICATION

1/10/44 5:35 AM

20. DATE OF DEATH Jan 10 1944

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1944 to Jan 10 1944, and that I last saw h alive on Jan 7 1944.

Immediate cause of death Cardiac Embolism (Primary) — Duration 12 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. L. Allen, M.D.
Address 21 S. Eutaw St. Date signed 1/14/44

G 12946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124a

G 12946

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 3rd
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0.0.0.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 828 Bethel Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife James Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/14/1909

8. AGE: Years 34 | Months 1 | Days 25 | If less than one day hr. min.

9. Birthplace Newport News, Va
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name John Jackson
13. Birthplace Va.

MOTHER
14. Maiden Name Sadie Jackson
15. Birthplace Va

16 (a) Informant Sadie Jackson
(b) Address Newport News, Va.

17 (a) Buried (b) Date thereof 1/17/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Bradley Ave

19 (a) JAN 15 1944 (b) Irving for William Hill Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9, 1944, at 10 30 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Leo death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fatty degeneration of Liver

Due to Chronic alcoholism

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Jan 12 1944

VS 161

C 12947 ✓ G 12947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 S. Dallas St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Odell Speaks

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 7 1896

8. AGE: Years	Months	Days	If less than one day
48	-	4	hr. min.

9. Birthplace Sanders S. C.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Myrtle Cox
(b) Address 17 S. Dallas St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/44 (month) (day) (year)
(c) Cemetery or crematory Baltimore Natl
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley

19 (a) JAN 15 1944 (Date received by Registrar) (b) Huntington Williams Jr. (Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1944, at 4:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pulmonary Hemorrhage

Due to Chronic pulmonary tuberculosis with cavity in right upper lobe.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Frates M.D.
Medical Examiner.
Date signed January 12, 1944

12948 RIAL ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 87D

G 12948 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens
(c) Hospital or institution: Jenkins Memorial 13-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1545 Clifton Ave (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country

3 (a) FULL NAME Leonard K. Rial

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1926

8. AGE: Years	Months	Days	If less than one day
17	7	7	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER
12. Name Armand Rial
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Almina Gerard
15. Birthplace Baltimore Md.

16 (a) Informant Jenkins Memorial Hosp.
(b) Address 1100 Caton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/44 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 15 19 44 (Date rec'd by registrar) (b) 0 Registrar

VS 216

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/14/ 1944 at 3:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/13 1938 to 1/14/ 1944 and that I last saw h[illegible] alive on 1/14/ 1944

Immediate cause of death: Respiratory Paralysis — Duration:
Due to: Multiple Sclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Bryson M.D. M. D.
Address Jenkins Memorial Date signed 1/24/44

12949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 12949 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2808 Clifton Ave.
(c) Hospital or institution:

15-7

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 2808 Clifton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET RUTH JONES

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife E. Thompson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1867

8. AGE: Years	Months	Days	If less than one day
76	1	19	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Smack
13. Birthplace Va.

MOTHER
14. Maiden Name Colbourne
15. Birthplace Va.

16 (a) Informant Mrs. Russell D. Jones
(b) Address 2808 Clifton Ave. - 16

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/[illegible]/44 (month) (day) (year)
(c) Cemetery or crematory
Location Girdletree, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JAN 15 1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14, 1944, at M

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 1916, to 1/[illegible] 1944, and that I last saw h[illegible] alive on 1/13 1944

Immediate cause of death Coronary Embolus — Duration [illegible]

Due to Diabetes Mellitus — Duration 5 yrs

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 1601 Eutaw Pl Date signed 1/14/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12950

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G 12950 •

CERTIFICATE OF DEATH 186a

Registered No.

Please write the causes of death clearly and legibly. Physicians: please see that all items are correct as especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Driveway and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md. 12-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Wisconsin (b) County
(c) City or town Milwaukee
(If outside city or town limits, write RURAL and give town)
(d) Street No. 618 N. 20th Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME SCHEEL, LEONARD WALTER

3 (b) If veteran, name war	3 (c) Social Security Account No.
----------	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/29/13

8. AGE: Years	Months	Days	If less than one day
30	10	15	hr. min.

9. Birthplace Turtle Lake, Wis. (Town, county, and state)
10. Usual Occupation Lt j.g. U. S. Coast Guard
11. Industry or business

FATHER
12. Name Ernest Scheel
13. Birthplace Wisconsin

MOTHER
14. Maiden Name Ruth
15. Birthplace Wisconsin

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16-1944 (month) (day) (year)
(c) Cemetery or crematory
Location Turtle Lake Wisconsin

18 (a) Funeral director Pott & Byrnes Walter
Address Pott & Church St

19 (a) JAN 13 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14, 1944, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8, 1944, to Jan. 14, 1944, and that I last saw him alive on Jan. 14, 1944.

Immediate cause of death: Basal skull fracture; Fracture of occipital bone; Bilateral subdural hematoma. — Duration: 6 days

Due to: Fall from high place

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 24/1
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Jan 8 1944 at 9 A.M.
(c) Where did injury occur? Fort McHenry (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? U.S. Coast Guard (Specify type of place) While at work? yes
(e) Means of injury Fall from ladder

23. Signature [signature]
Address US Marine Hospital, Baltimore, Maryland. Date signed 1/15/44 M. D.

Approved! Robert Lee Graham M.D. Jan 15 1944

G 12951

SENKBEIL

BALTIMORE CITY HEALTH DEPARTMENT G 12951

CERTIFICATE OF DEATH

Registered No. 108 12957

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 719 S Bond St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia Senkbeil

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Harold Senkbeil
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21, 1908

8. AGE: Years	Months	Days	If less than one day
35	7	22	hr. min.

9. Birthplace Baltimore (City or county, and state)
10. Usual Occupation Factory Worker
11. Industry or business

FATHER
12. Name James Kenny
13. Birthplace West Va

MOTHER
14. Maiden Name Mary Taylor
15. Birthplace

16 (a) Informant Hospital Record
(b) Address Baltimore Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/44 (month) (day) (year)
(c) Cemetery or crematory
Location Cumberland, Md

18 (a) Funeral director H. C. Mearns & Son
(b) Address 805 N. Calvert St.

JAN 16 1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1944, at 3 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1944 to Jan 13 1944, and that I last saw deceased alive on Jan 12, 1944.

Immediate cause of death Lobar pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. R. Leyther

Address Mercy Hospital Date signed 1/17/44

VS 150

Please write the cause of death clearly and legibly. Physicians: please write correct age is especially important.

G 12952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12952 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Woodbine
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert N. Miller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Wid.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 4 1883

8. AGE: Years	Months	Days	If less than one day
60	2	11	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Charles Miller
13. Birthplace Maryland.

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Maryland

16 (a) Informant Harry W. Miller
(b) Address Woodbine, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19-44 (month) (day) (year)
(c) Cemetery or crematory Stablemiller
Location White Hall R.F.D. Md

18 (a) Funeral director Howard S. Mathias
(b) Address White Hall Md

19 1944 (Date rec'd by registrar) (b) Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15 1944, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11 1944, to 1-15 1944, and that I last saw h/m alive on 1-15 1944.

Immediate cause of death Acute Pneumonia

Due to Edema

Due to Hypostatic congestion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Jane Foley M. D.
Address Mercy Hosp. Date signed

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12953 X G 12953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1370

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Madison
(c) Hospital or institution: Maryland Gen'l Hospital
(d) Length of stay in hospital or inst. (~~yrs.~~ ~~mos.~~, or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James A. Settle

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Nora

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22 1880

8. AGE: Years 63 | Months 11 | Days 16 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Thomas Price
13. Birthplace Va

MOTHER
14. Maiden Name Francis Harris
15. Birthplace Va.

16 (a) Informant Robert A. Settle
(b) Address Westminster Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18 44 (month) (day) (year)
(c) Cemetery or crematory Trinity Lutheran Cem.
Location Carroll Co.

18 (a) Funeral director H. Bankard & Son.
(b) Address Westminster Md.

19 (a) JAN 16 1944 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1944 at 7 05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-3 1944, to 1-15 1944, and that I last saw him alive on 1-14 1944.

Immediate cause of death Uremia — Duration

Due to Kidney failure

Due to Urinary Retention

Other Conditions Due to Prostatic hypertrophy
(Including pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Md. Gen'l Hospital Date signed 1/12/44

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Any duplicate is correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12954 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Levindale
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 7-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring Ave
(If rural give location)
(e) Citizen of foreign country? Naturalized (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Lerner

3 (b) If veteran, name war: ~
3 (c) Social Security Account No. ~

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Mr. Sigmund Feinblatt
(b) Address Belvedere & Greenspring Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/44 (month) (day) (year)
(c) Cemetery or crematory Hebrew Cem. Washington Blvd
Location

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1024-26 W. North ave

19 (a) Date received JAN 16 1944 (Registrar) H. Buckingham Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1944 at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-1 1943 to 1-14 1944 and that I last saw h alive on 1-14 1944

Immediate cause of death Cerebral hemiplegia — Duration
Arterio sclerosis
Hypertension
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Edmund Levin, M.D.
Address Levindale Date signed 1/14/44

G 12955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52B

G 12955 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2126 Brookfield Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2126 Brookfield Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Max Kellner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Hetta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Tailor (Self)

11. Industry or business

MOTHER / FATHER

12. Name Arthur Louis

13. Birthplace Poland

14. Maiden Name Rebecca

15. Birthplace Poland

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/16/44 (month) (day) (year)

(c) Cemetery or crematory Southern Ave

Location

18 (a) Funeral director Jack Jeffrey

(b) Address 1429 E Balto St

JAN 16 1944 (Date rec'd by registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15 1944 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8, 1941, to Jan 15 1944, and that I last saw h. alive on Jan 10 1944.

Immediate cause of death	Duration
Uremia	
Due to Carcinoma of Bladder (Primary)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Nov. 13, 1942

Major findings of operation: Transitional Cell Carcinoma

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?

(e) Means of injury

23. Signature Edward S. Levy M.D.

Address 11 W Medical Arts Bldg Date signed 1/16/44

G 12956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12956
Registered No.

Please write the causes of death clearly and legibly. Physicians: please supply correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Md.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) d.o.a.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Whitelock

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (month) Oct. 6 1942

8. AGE: Years 1 | Months 3 | Days 18 | If less than one day hr. min.

9. Birthplace Daniels Howard Co Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Ernest H Whitelock
13. Birthplace Georgia

MOTHER 14. Maiden Name Margaret E. Braden
15. Birthplace Georgia

16 (a) Informant Ernest H Whitelock
(b) Address Daniels Md

17 (a) Burial (b) Date thereof Jan 16, 1944
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem
Location Ellicott City

18 (a) Funeral director Eastern Stars
(b) Address Ellicott City

19 JAN 16 1944 (b) Huntington Williams, M.D.
(Date rec'd by reg. (Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14, 1944, at 3:30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bronchopneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed 1-15-44

For Nitsche

G 12957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G 12957 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 S Payson
(c) Hospital or institution: No

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. [redacted]18 S Payson st
(If rural give location)
(e) Citizen of foreign country? F.M.D. (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur J Reynolds

3 (b) If veteran, name war: World I

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catherine J

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 9 1896

8. AGE: Years 47 | Months 9 | Days 4 | If less than one day hr. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual Occupation: Cement Finisher

11. Industry or business

FATHER
12. Name: Arthur P. Reynolds
13. Birthplace: Md

MOTHER
14. Maiden Name: Mary Steffungo
15. Birthplace: Md

16 (a) Informant: Mrs. Catherine J Reynolds
(b) Address: 418 S Payson st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-44 (month) (day) (year)
(c) Cemetery or crematory: Catholic
Location: Baltimore

18 (a) Funeral director: George G Farley
(b) Address: Fulton & Fayette

Jan 16 1944 (Date received by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1944, at 6 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1943, to Jan 13 1944 and that I last saw [redacted] alive on Jan 12 1944

Immediate cause of death: Myocarditis
Due to: Cardiac Hypertrophy
Due to: Pulmonary Tuberculosis
Other Conditions: Pulmonary Edema

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert O Nitsche M. D.
Address 215 E Baltimore Date signed Jan 17 1944

G 12958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12958 Registered No. 1110a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3428 Auchentoroly Terrace
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3428 Auchentoroly Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Louise Mulby

3 (b) If veteran, name war	3 (c) Social Security Account No. 220-09-2063

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1912

8. AGE: Years	Months	Days	If less than one day
31	4	1	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Personnel Manager
11. Industry or business Fish, Dry cleaners

FATHER
12. Name John H. Mully
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name L. Bertha Artel
15. Birthplace Md.

16 (a) Informant Mrs. L. Bertha Mulby (mother)
(b) Address 3428 Auchentoroly Terr.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17, 1944 (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location Baltimore, Md.

18 (a) Funeral director G. Howard Evans
(b) Address 1400 N. Charles St. Balto. 30
Huntington Williams, M.D.

19 (a) (Date received by registrar) (b) Registrar

JAN 18 1944

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1944, at 12 M

21. I certify that I took charge of the remains described above, held an ..... thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to ..... death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH (a) Fibroid Pulmonary Tuberculosis 1/20/44
Emphysema

Due to

Other Conditions Fibrinous pericarditis.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 1-14-44

Please correct age is especially important. Physician: please write the causes of death clearly and legibly.

over

G 12959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12959 / 108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 m. 4 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 632 East Fort Ave.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Darlene Gatton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	unmar

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	4	29	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Samuel F Gatton
13. Birthplace Ga Mary Co

MOTHER
14. Maiden Name Marie Myers
15. Birthplace Balto. Md

16 (a) Informant Marie Gatton (Mother)
(b) Address 632 E Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18, 1944 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto

18 (a) Funeral director A. Howard Evans
(b) Address 1400 S Charles St

19 (a) JAN 16 1944 Huntington Williams Registrar
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14, 1944, at M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute interstitial pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert L. Graham M.D.
Medical Examiner.
Date signed 1-15-44

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 12960 G 12960

CERTIFICATE OF DEATH 95c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1134 Mosher St., Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie D Perry

If U. S. Veteran specify WAR.....

(a) Residence: No. 1134 Mosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Solomon

6. DATE OF BIRTH (month, day, year): 2-2-1875

7. AGE: Years 68; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Columbus S. C.

FATHER

13. NAME: Joseph Small

14. BIRTHPLACE (city or town) (State or country): S. C.

MOTHER

15. MAIDEN NAME: Caroline Kemp

16. BIRTHPLACE (city or town) (State or country): S. C.

17. INFORMANT: Solomon Holsey

(Address) 1134 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus M. Park Date 1-16 1944

19. UNDERTAKER: Mrs. Geo. H. Holland

(Address) 1631 Druid Hill Ave.

FILED JAN 16 1944 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 11, 1944

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1943 to Dec 2, 1943

I last saw her alive on Dec 2, 1943 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal causes of death and related causes of importance were as follows:

	Interval between onset and death
Organic Heart Disease	1 yr

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Dog Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R Garland Thompson M. D.

(Address) 1534 Druid Hill Ave

Informed: Robert Lee Graham M.D. Jan 17 '44

Subject to Inquest ordered by the Medical Examiner if Need.

OCCUPATION is very important. See instructions on back of certificate.

G 12961 | BALTIMORE CITY HEALTH DEPARTMENT | G 12961 Registered No.

CERTIFICATE OF DEATH 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1411 Madison Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 Madison Av (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Anderson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	Colored	Widowed

6 (b) Name of husband or wife George W
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3-1863

8. AGE: Years	Months	Days	If less than one day hr.	min.
80				

9. Birthplace Alexandria Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jerry Dunlap
13. Birthplace Va

MOTHER
14. Maiden name Melinda ?
15. Birthplace Va

16 (a) Informant Viola Carroll
(b) Address 1411 Madison Av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-44 (month) (day) (year)
(c) Cemetery or crematory Arbutus Park
Location Balto Co. Md.

18 (a) Funeral director Wm. Geo. F. Holland
(b) Address 1631 Druid Hill Ave

19 (a) Huntington Williams, M.D. (Date received) (Registrar)

JAN 16 1944 VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13 1944 at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-13 1943 to 1-13 1944
and that I last saw h.e.r. alive on 1-12 1944

Immediate cause of death: Cerebral hemorrhage — Duration: 2 days
Due to: Hypertensive cardio-renal disease
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rayner Browne

Address 1500 E. Madison Av Date signed 1/15

Rayner Browne

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 12962

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 555 Mosher St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Gilbert Jr

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-20-1928

8. AGE: Years	Months	Days	If less than one day
16			hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph Gilbert
13. Birthplace Georgia

MOTHER
14. Maiden Name Rosalie Dixon
15. Birthplace Georgia

16 (a) Informant Rosalie Gilbert
(b) Address 555 W. Mosher St.

17 (a) Burial (b) Date thereof 1/18/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel Co. Md

18 (a) Funeral director Mrs. Guy H. Hoeland
(b) Address 1631 Druid Hill Ave.

19 (a) 1/16 1944 (b) Lington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1944, at 8 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 12 1944, to Jan 14 1944, and that I last saw him alive on Jan 14 1944.

Immediate cause of death Empyema, Left
Due to (b) Lobar Pneumonia
Due to (c)
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Banfield M. D.
Address Provident Hospital Date signed 1/14/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2314 W. North Ave

G 12963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12963 Registered No.

1314

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2109 Lyndhurst St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2109 Lyndhurst St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Georgia A. Frost

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Thomas Frost
6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) March 11-1874

8. AGE: Years	Months	Days	If less than one day
69	10	4	hr. min.

9. Birthplace Twin Market - Tennessee
(Town, county, and state)
10. Usual Occupation Retired Musician
11. Industry or business

FATHER
12. Name Jos. L. Laurence
13. Birthplace Tennessee

MOTHER
14. Maiden Name Nancy A. Willett
15. Birthplace Jonesboro - Tennessee

16 (a) Informant Mrs Ethel M. Mayo
(b) Address 2109 Lyndhurst St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5-44 (month) (day) (year)
(c) Cemetery or crematory Cold Hill Cem.
Location Johnson City - Tennessee

18 (a) Funeral director Mamie Cobb Sifer
(b) Address 1600 W. North Ave

JAN 16 1944
(Date rec'd by registrar) (b) Registrar Huntington Williams, MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15 1944, at 8:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8 1944, to Jan. 15 1944, and that I last saw [illegible] alive on Jan. 14 1944

Immediate cause of death Uremia
Due to Chronic Nephritis
Due to Mercaditis
Due to Bacillus Tuberculosis
Due to Arteriosclerosis.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. B. Meade M. D.
Address 2314 W. North Ave Date signed Jan. 15/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12964 | BALTIMORE CITY HEALTH DEPARTMENT | G 12964

CERTIFICATE OF DEATH 1210

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 15-19
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Sinai Aged Home (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Sophie Bruhn (Sophie Bruhn)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1864

8. AGE: Years 79 | Months 6 | Days 3 | If less than one day ... hr. ... min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Moses Bruhn
13. Birthplace Germany

MOTHER
14. Maiden Name Louisa —
15. Birthplace Germany

16 (a) Informant Mr. Emanuel Wyman
(b) Address New York.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/44 (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director Harid. Goodheim & Son
(b) Address 1902 Eutaw Place

19 (a) 1944 (Date) (b) Signature of registrar Livingston Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/15/ 1944, at 6:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1940 to Jan 1944, and that I last saw her alive on 1/15/ 1944.

Immediate cause of death Myocardial failure — Duration

Due to Renal cardiac condition

Due to Complete heart block

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard Altman, M.D.
Address Sinai Hosp. Date signed 1/25/44

G 12965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X G 12965 Registered No. 46E

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1242 Broadwater Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mrs Catherine Calander

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Ops. Calander

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 10 - 1905

8. AGE: Years 38 | Months 1- | Days | If less than one day: hr. min.

9. Birthplace Pennsylvania
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own home

FATHER
12. Name Harry Williams
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Alice Tarkow
15. Birthplace Pennsylvania

16 (a) Informant Mr. O.S. Calander
(b) Address 1242 Broadwater Rd. Dundalk.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 18/44 (month) (day) (year)
(c) Cemetery or crematory OAK RIDGE
Location ALTOONA PA.

18 (a) Funeral director Lilly and Geiler INC,
(b) Address 403 S. WOLFE ST.

19 (a) JAN 16 1944 (Date received by Registrar) (b) Huntington Will, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1944, at 1 40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 to Jan 15 1944, and that I last saw h[illegible] alive on Jan 15 19 44.

Immediate cause of death: Intestinal obstruction — Duration

Due to: Carcinoma of Colon

Due to:

Other Conditions: Lobar pneumonia

(Include pregnancy within 3 months of death)

Date of operation 1-9-44

Major findings of operation: Intestinal Obstruction

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isabelle Hanson M. D.

Address Church Home + Hosp. Date signed 1-10-44

correct age is especially important. Physicians: please write

G 12966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B

G 12966

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 S. DEAN ST.
(c) Hospital or institution:

26

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 41 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 S. DEAN ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN SCHMIDT

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: ELIZABETH SCHMIDT
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): JAN. 20 1865

8. AGE: Years: 78 | Months: 11 | Days: 25 | If less than one day: hr. min.

9. Birthplace: GERMANY
(Town, county, and state)

10. Usual Occupation: RETIRED

11. Industry or business: COPPER WORKS

FATHER
12. Name: THEODORE SCHMIDT
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: UNKNOWN
15. Birthplace: GERMANY

16 (a) Informant: ELIZABETH SCHMIDT (WIFE)
(b) Address: 700 S. DEAN ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JAN. 17/44 (month) (day) (year)
(c) Cemetery or crematory: SACRED HEART
Location: GERMAN HILL ROAD

18 (a) Funeral director: Lilly and Feiler INC
(b) Address: 403 S. WOLFE ST.

19 (a) (Date received by registrar) (b) Registrar
JAN 15 1944 vs ltr

MEDICAL CERTIFICATION

20. DATE OF DEATH: JAN. 14 1944 at 6 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1942 to Jan 14 1944 and that I last saw him alive on Jan 13 1944.

Immediate cause of death: Carcinoma of Stomach
Arteriosclerosis —
Due to: Myocarditis

	Duration
Carcinoma of Stomach	1942
Arteriosclerosis —	1942
Myocarditis	1942

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: William J. Leehman M. D.
Address: 2500 Eutaw Place Date signed

Huntington Williams, M.D.

BLECHMAN Dan 14 '44

G 12967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 12967

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 318 S. Calhoun St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 318 S. Calhoun St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie Leimbach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 30-1866

8. AGE: Years 77 | Months 3 | Days 15 | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Geo H. Leimbach
13. Birthplace Germany

MOTHER
14. Maiden Name Susana Dill
15. Birthplace Germany

16 (a) Informant Mrs N. Lester
(b) Address 318 S. Calhoun St

17 (a) Burial (b) Date thereof 1/18/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Frederick Ave

18 (a) Funeral director Geo H. Leimbach
(b) Address 543 N. Lynnhurst St.

19 (a) (b) Arlington Williams Registrar
(Date rec'd by registrar)

JAN 16 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/15 19 44 at 6:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/15 19 43 to 1/15 19 44 and that I last saw h[illegible] alive on 1/15 19 44

Immediate cause of death Arteria - sclerotic cardio vascular disease — Duration 3 mos

Due to

Due to

Other Conditions Cerebral Thrombosis — 3 days
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 2030 Wilkens Ave Date signed 1/16 1944

G 12968

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 12968

CERTIFICATE OF DEATH 1937

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 E Arlington Ave St., 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lena V. Lowe

If U. S. Veteran specify WAR

(a) Residence: No. 701 E Arlington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dr. Adam C Lowe

6. DATE OF BIRTH (month, day, year) Dec 23-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockville Md

FATHER

13. NAME Braddock

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Roberta Pontier

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Denton Lowe (Address) 701 E Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL Woodlawn

Place Woodlawn Date Jan 17 1944

19. UNDERTAKER Geo. L. Bleyer Jr (Address) 1512 Hollins St

JAN 16 1944 Huntington Williams, M.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14/44 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1944 to Jan. 13, 1944

I last saw her alive on Jan 13, 1944 Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyroxendial degeneration	

Other contributory causes of importance

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Clinical Exam. No.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. Wilkes Grayton M. D.

(Address) 3963 Greenmount Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 8

for J W Grayton

G 12969 [illegible]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

Registered No. G 12969

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2007 E. Pratt Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2007 E. Pratt Street
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME John Slotosky

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-05-0105

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Slotosky

6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Apr. 30, 1879

8. AGE: Years	Months	Days	If less than one day
64	8	13	....hr. ....min.

9. Birthplace Bohemia
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Joseph Slotosky
13. Birthplace Bohemia

MOTHER
14. Maiden Name Mary Chak
15. Birthplace Bohemia

16 (a) Informant Marie Slotosky
(b) Address 2007 E. Pratt Street

17 (a) Burial (b) Date thereof 1-17-44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Frank Brach & Son
(b) Address 900 E. Chesapeake

19 (a) JAN 17 1944 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13- 1944, at 8:13 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Chronic Tuberculosis of Lungs

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 1-14-44

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133a

G 12970 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution 100 East 23rd St
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3412 Carlisle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Jacobs Caplan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Samuel H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Wolf Jacobs
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca
15. Birthplace Russia

16 (a) Informant Samuel H. Caplan
(b) Address 3412 Carlisle ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17/44 (month) (day) (year)
(c) Cemetery or crematory Bnai Israel Cemetery
Location On Southern

18 (a) Funeral director Sol Levinson & Bro
(b) Address 1124-26 W. North ave

19 (a) JAN 17 1944 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1944 at 6.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1943, to Jan 16 1944, and that I last saw h pt alive on Jan 16 1944

Immediate cause of death Bilateral Bronchopneumonia — Duration 24 hrs

Due to Pyelonephritis, left — 22 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis J. Kroll
Address 100 E. 23rd St. Date signed 1/16/44 M.D.

KROLL

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

926

G 12971 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Supply information for all items if possible. Any false statement may subject the person responsible for it to a penalty. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 643 W Lexington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4

(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 643 W Lexington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Freed

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: David

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1879

8. AGE: Years: 65 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business: House Work

FATHER
12. Name: Hyman Friedman
13. Birthplace: Russia

MOTHER
14. Maiden Name: Frona Unkown
15. Birthplace: Russia

16 (a) Informant: David Freed
(b) Address: 643 W Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 17, 1944 (month) (day) (year)
(c) Cemetery or crematory: Southern Ave
Location: Bnai Israel Cemetery

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124 1126 W North Ave

19. JAN 17 1944 (Date rec'd by Registrar) Huntington Williams, Registrar

VS 189

MEDICAL CERTIFICATION

1380

20. DATE OF DEATH: January 16, 1944, at [illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1943 to Jan 16 1944, and that I last saw h[illegible] alive on Jan 15 1944.

Immediate cause of death: Coronary Thrombosis

Due to: —

Due to:

Other Conditions: Mitral regurg.

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Chas J Block M. D.

Address: 20 E Preston Date signed: 1/16/44

12972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136

G 12972 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1805 N. Fulton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 N. Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Thomas Bedford

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-3030

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife Margaret M. Bedford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov - 3 - 1888

8. AGE: Years	Months	Days	If less than one day
55	2	11	hr. min.

9. Birthplace Belair Md (Town, county, and state)
10. Usual Occupation Pharmacist
11. Industry or business

FATHER
12. Name John A. Bedford
13. Birthplace Philadelphia, Pa

MOTHER
14. Maiden Name Annie Donnegan
15. Birthplace New York

16 (a) Informant Margaret M. Bedford
(b) Address 1805 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 17 - 44 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cem.
Location Baltimore Md

18 (a) Funeral director Howard S. Covington
(b) Address 21 W. 25th St

19 1 17 1944 (b) Huntington Williams M.D. (Signature of local registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1944, at 7-A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/4 1944, to 1/14 1944, and that I last saw h[illegible] alive on 1/13 1944

Immediate cause of death Acute Cardiac Dilatation — Duration 2 hr

Due to Chronic pulmonary T.B

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [illegible]
Address [illegible] Date signed 1/15/44 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12973

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

G 12973
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital

4

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown, but a number of years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 665 W. Mulberry Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM DEAN PRICE

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1890

8. AGE: Years 53 | Months 11 | Days 17 | If less than one day: hr. min.

9. Birthplace Aspen, Va.
(Town, county, and state)
10. Usual Occupation Longshoreman
11. Industry or business -

FATHER
12. Name Wm. Price
13. Birthplace Aspen, Va.

MOTHER
14. Maiden Name Lillian Huder
15. Birthplace Aspen, Va.

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-1944 (month) (day) (year)
(c) Cemetery or crematory Baltimore National Cem
Location Baltimore Md
18 (a) Funeral director Charles G. Cooper
(b) Address 512 N. Carrollton Ave

JAN 17 1944
(Date rec'd by registrar) per direction for Williams, M.D. Registrar

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH Jan. 13, 1944, at 10:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8, 1944, to Jan. 13, 1944, and that I last saw him alive on Jan. 13, 1944.

Immediate cause of death	Duration
Pneumococcus Lobar Pneumonia	11 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Adams M. D.
Address Baltimore, Md. Date signed 1/13/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

Va-14228

G 12974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51C

Registered No. G 12974

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 911 Lemdow Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 911 Lemdow Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 40 yrs years

3 (a) FULL NAME Isaac Roticovitz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sarah Goldsmith Roticovitz
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Oct 15 - 1884

8. AGE: Years	Months	Days	If less than one day
59	3	29	hr. — min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tavern proprietor
11. Industry or business Liquor

FATHER
12. Name Abraham Roticovitz
13. Birthplace Russia

MOTHER
14. Maiden Name Molly
15. Birthplace Russia

16 (a) Informant Mrs. Sarah Roticovitz
(b) Address 911 Lemdow Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-44 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mem Pk
Location Woodlawn Mem Pk.

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Baltimore St

19 JAN 17 1944 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14 1944 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10 1943 to Jan 14 1944 and that I last saw him alive on Jan 14 1944

Immediate cause of death Cancer of right testicle metastasis of cancer
Due to to brain and nasal region
Due to
Other Conditions Bulbar paralysis
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations Cancer of testicle
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Kadin M. D.
Address 2306 Eutaw Pl Date signed 1-15-44

Correct age is especially important. Physicians, please write the cause of death clearly and legibly.

G 12975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46d

G 12975 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 N. Wolfe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hyman Rudo

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Rebecca
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1860
8. AGE: Years 84 | Months | Days | If less than one day hr. min.
9. Birthplace Russia. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Solomon Rudo
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia.

16 (a) Informant Hyman Rudo
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-44 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phila. Rd & Hamilton Ave
18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St
JAN 17 1944 (Date received by local registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16 1944 at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1943 to Jan 16 1944 and that I last saw him alive on Jan 16 1944.

Immediate cause of death Carcinomatosis — Duration

Due to Cancer of Rectum

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 12/20/43
Major findings of operations: Colostomy performed for ca. Ca.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Irving Lebedun M. D.
Address Sinai Hosp. Date signed 1-16-44

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1342

G 12976 Registered No.

Please write the causes of death clearly and legibly. Physicians: please see that age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4104 Harris Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4104 Harris Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Livingston

3 (b) If veteran, name war ------
3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Harriet Livingston
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1859

8. AGE: Years	Months	Days	If less than one day
84 85	6	5	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

MOTHER / FATHER
12. Name John Livingston
13. Birthplace Balto. Md.
14. Maiden Name Emelia Wilson
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Harriet Livingston
(b) Address 4104 Harris Ave.

17 (a) Burail (Burial, cremation, or removal) (b) Date thereof Jan. 17/44 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Balto. Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St.

19 (a) Date received by Registrar JAN 17 1944 (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14/44 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1943, to Jan 14 1944, and that I last saw h[illegible] alive on Jan 13 1944

Immediate cause of death	Duration
Pyelo Nephritis	10 mos.
Due to Renal + Vesical Calculi	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Pokorny M. D.
Address 2200 E Madison St Date signed 1/14/44

12977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12977
Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 1357
(d) Length of stay in hospital or inst. (yrs., mos., or days) one day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4018 Hickory Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: ORVAL HENRY ISNER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Virginia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 24, 1902

8. AGE: Years 41 | Months 3 | Days 26 | If less than one day hr. min.

9. Birthplace West Virginia
(Town, county, and state)

10. Usual Occupation Electric welder

11. Industry or business Beth. Fairfield

FATHER
12. Name Wade Thomas Isner
13. Birthplace West Virginia

MOTHER
14. Maiden Name Daisy ——
15. Birthplace West Virginia

16 (a) Informant Mrs. Virginia Isner
(b) Address 4018 Hickory Avenue

17 (a) Removal (b) Date thereof 12/20/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Elkins, W. Va.

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2008 Orleans St.

19 (a) JAN 17 1944 (b) Huntington, W. Va.
(Date received by local registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1943, to Dec 20 1943, and that I last saw h. im alive on Dec 20 1943.

Immediate cause of death: Lobar Pneumonia — Duration: 2 weeks

Due to: —

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Harrell Pierce M. D.

Address 312 Medical Arts Bldg, Baltimore, Md Date signed 1-14-44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 12978
Registered No.

170 C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33
(c) Hospital or institution:
Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County Baltimore
(c) City or town Balto. Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 501 Edgevale Rd
(If rural give location)
(e) Citizen of foreign country? — No (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE LAWSON WILKINS

3 (b) If veteran, name war: no

3 (c) Social Security Account No. — ? —

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Single

6 (c) If dive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept-23-1927

8. AGE: Years 16 | Months 3 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation School Boy & Chauffer for U.S.

11. Industry or business Govt. owned mail truck.

FATHER
12. Name Dr Lawson Wilkins
13. Birthplace Balto Md

MOTHER
14. Maiden Name Lucile Mahool
15. Birthplace Baltimore Md

16 (a) Informant Dr Lawson Wilkins (Father)
(b) Address 501 Edgevale Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17-44 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Sherwood & Moore Co.
(b) Address 108 W North Ave.

19 (a) JAN 17 1944 (Date rec'd by registrar) (b) Signature for Wilkins, Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 19 44, at 10 52 a M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Crushing of head

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 1-15-44 at 10:40 A 27/16 M.
(b) Where did injury occur? Cold Spring Lane & Dell Road
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? Yes
(d) Means of injury Collision of two autos

23. Signature H. L. Waldhauer M.D.
Medical Examiner.
Date signed 1-15-44

12979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 12979

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31-7-19
(e) Length of stay in Baltimore (yrs., mos., or days) 31-7-19

2. USUAL RESIDENCE OF DECEASED:
(a) State Delaware (b) County
(c) City or town Wilmington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 806 East 10th Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy Dullmer

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25, 1861

8. AGE: Years	Months	Days	If less than one day
82	8	21	hr. min.

9. Birthplace Wilmington Delaware
(town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Dullmer
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Baum
15. Birthplace Germany

16 (a) Informant Mount Hope Retreat
(b) Address Baltimore 15, Maryland

17 (a) Burial (b) Date thereof Jan 19 44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Wilmington, Delaware

18 (a) Funeral director Stewart & Mowen Co.
(b) Address 108 W. North Ave., City.

19 (a) JAN 17 1944 (b) Physician for Registrar
(Date received by Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1944, at 6:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934, to Jan. 16 1944, and that I last saw her alive on Jan. 16 1944.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 wk.
Due to	
Due to	
Other Conditions: Schizophrenia, Paranoid Type	32 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Duncan P. Way M. D.
Address 33 W. Preston St. Date signed

correct age is especially important. Physicians: please write plainly

G 12980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12980 Registered No. 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1215 Bolton St.
(c) Hospital or institution:
none

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 Bolton St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Jane F. May Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife James Winship Lewis

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) February 25, 1898

8. AGE: Years 45 | Months 10 | Days 20 | If less than one day hr. min. 19

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation housewife, & secretary at

11. Industry or business law dept. of B & O RR

FATHER
12. Name John G. May
13. Birthplace Va.

MOTHER
14. Maiden Name Ione Cutler
15. Birthplace Va.

16 (a) Informant James Winship Lewis
(b) Address 1215 Bolton St.

17 (a) Burial (b) Date thereof 1/17/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 17 1944

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1944, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1943, to Jan. 14 1944, and that I last saw her alive on Jan 14 1944.

Immediate cause of death Coronary Thrombosis — Duration 11 days

Due to Malignant Hypertension and Arteriosclerosis — Duration Several years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert W. Garis, M.D.

Address 1014 St. Paul St. Date signed 1/17/44 M. D.

Dr. Robt. W. Garis

Please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

G 12981

BALTIMORE CITY HEALTH DEPARTMENT ✓

CERTIFICATE OF DEATH

115 B

G 12981

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3946 Brooklyn Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Myrtle I. Hill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~ William C. Hill

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30th 1895

8. AGE: Years	Months	Days	If less than one day
48	7	15	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name Geo. W. Hoff
13. Birthplace W. Va.

MOTHER
14. Maiden Name Mary V. Osborne
15. Birthplace Balto. Md

16 (a) Informant William C. Hill
(b) Address 3946 Brooklyn Ave

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 1/17/44 (month) (day) (year)
(c) Cemetery or ~~crematory~~ London Park
Location Balto. Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) (Signature and title) (b) Huntington Williams M.D.

JAN 17 1944

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15th 1944, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1944, to Jan 15 1944, and that I last saw h alive on 19

Immediate cause of death	Heart failure	Duration
Due to	Pulmonary congestion & edema	
Due to	Possible Diphtheria	
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Rubin M. D.
Address 203 Butchers Balto #25 Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 12982
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 9 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3116 Harford Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Anna Teresa Sadler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband ~~or wife~~ Philip H. Sadler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 24 1865

8. AGE: Years 78 | Months 11 | Days 21 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name John Gibson
13. Birthplace Va

MOTHER
14. Maiden Name Sarah Ashby
15. Birthplace Va

16 (a) Informant Mrs Thomas Burke
(b) Address 3116 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/44 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) (Date rec'd by registrar) (b) Burying or William Cook Inc

JAN 17 1944

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1944 at 12 50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1944 to June 15 1944, and that I last saw h[illegible] alive on June 15 1944.

Immediate cause of death Pneumonia — Duration

Due to

Due to

Other Conditions Diabetes

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature William H. Fuesting M. D.
Address St. Joseph's Hosp. Date signed 6-15-44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12983

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G 12983

CERTIFICATE OF DEATH 92 C

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Women's Hospital
(c) Hospital or institution:
Lafayette & John Sts
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town Sykesville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? Nes (Yes or No)
If yes, name country

3 (a) FULL NAME MRS ELNORA VIRGINIA THOMPSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife WILLIAM THOMPSON
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 27, 1915

8. AGE: Years	Months	Days	If less than one day
28	5	19	hr. min.

9. Birthplace Chambersburg Pennsylvania
(Town, county, and state)

10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name James Ellis
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth Payne
15. Birthplace Va.

16 (a) Informant Ezra L. Thompson
(b) Address Sykesville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 19, 1944 (month) (day) (year)
(c) Cemetery or crematory Oakland Cem.
Location Carroll Co., Md.

18 (a) Funeral director C. Harry Weer
(b) Address Sykesville, Md.

19 (a) JAN 17 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1944, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 13 1944, to January 16 1944, and that I last saw her alive on Jan. 16 1944.

Immediate cause of death	Duration
Respiratory failure	
Due to Hemolytic Streptococcus Septicemia with	
Due to Endocarditis	
Other Conditions Rheumatic C.V.D.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Vegetative growth attached

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Maryland Edward Day M. D.
Address Women's Hospital Date signed Jan 16 1944

G 12984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12984 Registered No. 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2137 Penrose Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2137 Penrose Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY D. CROWLEY

3 (b) If veteran, name war --

3 (c) Social Security Account No.

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Anna M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1870

8. AGE: Years	Months	Days	If less than one day
73	1	1	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation Retired Clerk

11. Industry or business Senator

FATHER
12. Name John Crowley
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Mason
15. Birthplace Md.

16 (a) Informant Mrs. Anna M. Crowley
(b) Address 2137 Penrose Ave. - 23

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/44 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Balto., Md.

JAN 17 1944

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14, 1944, at 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1943, to Jan 14 1944, and that I last saw h-- alive on Jan 14 1944.

Immediate cause of death	Duration
Coronary Thrombosis	1 hour
Cerebral Hemorrhage	6 min. (10th)
Due to Arterio - Sclerosis	5 yrs. known
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. W. Billups M. D.
Address 2224 N. North Ave. Balto. Md. Date signed 1/16/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G 12985

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 12985 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2905 Walbrook Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2905 Walbrook Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LULA LAVINA EBERHART

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Charles T. Eberhart

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1863

8. AGE: Years: 80 | Months: 7 | Days: 16 | If less than one day: hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mr. Charles T. Eberhart
(b) Address 2905 Walbrook Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/44 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 17 1944 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14, 1944, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1944 to Jan 14 1944 and that I last saw h[illegible] alive on Jan 14 1944

Immediate cause of death Chronic Cardio Vas. Dis.

Due to

Due to

Other Conditions Diabetes

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Grant W. Lahue M. D.
Address 1730 Pres. St. Date signed 1/17/44

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 150

G 12986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12986 Registered No. 1390

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St, Lyndon ave
(c) Hospital or institution: Maryland Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2948 Greenmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME Anna F Davis

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Corbett S. Davis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1913

8. AGE: Years	Months	Days	If less than one day
30	6	2	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business —

FATHER
12. Name Charles H. Helvie
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Lillian Walters
15. Birthplace Harford Co. Md.

16 (a) Informant Mr. Corbett S. Davis
(b) Address 2948 Greenmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/44 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1944, at 3.34 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 1944 to 1-15 1944, and that I last saw h[illegible] alive on 1-15 1944.

Immediate cause of death Septicemia — Duration

Due to Peritonitis

Due to pelvic inflammatory disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Traynor M. D.
Address Md. Gen'l. Hosp. Date signed

G 12987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12987 Registered No. 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th St
(c) Hospital or institution: Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 2 2 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1503 Mt. Royal
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Malvina Virginia Browning

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Rev. D. Monroe Browning

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8 1853

8. AGE: Years	Months	Days	If less than one day
90	3	7	hr. min.

9. Birthplace Maryland (Sandy Spring)
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph Davis
13. Birthplace Maryland (Sandy Spring)

MOTHER
14. Maiden Name Mary Jane Thomas
15. Birthplace Maryland (Sandy Spring)

16 (a) Informant Emily Bacchtel
(b) Address

17 (a) Burial (b) Date thereof 11/17/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Rockville Union Cem
Location Rockville, Md.

18 (a) Funeral director Wm. J. Luther & Sons
(b) Address Baltimore, Md.

19 (a) JAN 17 1944 (b) Huntington Williams
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15th 1944, at 1. P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/27 1943, to 1/15 1944, and that I last saw alive on 1/15 1944.

Immediate cause of death: Arteriosclerosis Obliterans — Duration 1 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Autopsy?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. S. Hershberger M. D.
Address 21 ff Medical Arts Bldg. Date signed 1/15/44

VS 3

G 12988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G 12988 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2808 Pelham Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2808 Pelham Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ROSE A. DIEPOLD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife [illegible]

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1899

8. AGE: Years	Months	Days	If less than one day
44	3	3	hr. min.

9. Birthplace Balto. Co., Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Grocery Store

FATHER
12. Name Peter Diepold
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Flierl
15. Birthplace Germany

16 (a) Informant Mrs. Andrew Endres
(b) Address 2808 Pelham Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 18, 1944 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Baltimore, Md.

18 (a) Funeral director Lansdale Funeral Home
(b) Address 7401 Belair Road

19 (a) JAN 17 1944 (Date rec'd by Registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15th 1944, at 7:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/17/43 19 to 1/15/44 19, and that I last saw her alive on 1/14/44 19.

Immediate cause of death Carcinoma of breast — Duration Unknown

Due to Metastasis to lung, spine and femur.

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2801 N. Charles St. Date signed Jan. 15-44

C 12989 ✓ C 12989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1210

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 604 S. Paca St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 604 S. Paca ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vincent Zelvis, Sr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	Widowed

6 (b) Name of husband or wife Madeleine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Lith
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name P
13. Birthplace Lith

MOTHER
14. Maiden Name P
15. Birthplace Lith

16 (a) Informant Vincent Zelvis
(b) Address 604 S. Paca St.

17 (a) Burial (b) Date thereof Jan 18 44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Blair Rd

18 (a) Funeral director Joseph Lasnikas Jr
(b) Address 602 Washington Blvd

19 (a) (b)
(Date rec'd by registrar) Registrar

VS 150 JAN 17 1944 Huntington Williams, Jr.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15 1944, at 2 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1944 to 1-15 1944 and that I last saw h alive on 1-13 1944

Immediate cause of death Acute Cardiac Failure — Duration 1 da

Due to Cardiovascular Renal — Duration 5 yr

Due to Prostate

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph G Lasnikas M. D.
Address 602 Washington Blvd Date signed 1-16-44

G 12990 G 12990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 630 PATAPSCO AVE
(c) Hospital or institution: BROOKLYN.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 630 PATAPSCO AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SALVOTORE BOVA

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex MALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife JENNIE BOVA.

6 (c) If alive, give age 3 years

7. Birth date of deceased (mo., day, yr.) DEC-28-1889

8. AGE: Years 54 | Months 0 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace ITALY. (Town, county, and state)

10. Usual Occupation PRODUCE BUSINESS

11. Industry or business SELF

FATHER
12. Name DOMINICK. BOVO
13. Birthplace ITALY.

MOTHER
14. Maiden Name ROSE MERLINA.
15. Birthplace ITALY.

16 (a) Informant VERA BALSOMA.
(b) Address 630 PATAPSCO AVE

17 (a) BURIAL. (Burial, cremation, or removal) (b) Date thereof JAN 18 44 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS CEM
Location A.A.Co.

18 (a) Funeral director Bernard C Hanbe
(b) Address 121 E West St

19 (a) ..... (Date rec'd by registrar) (b) Huntington Hollins Registrar

VS 18 JAN 17 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 14 1944, at 6.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/10 1944 to 1/14 1944 and that I last saw him alive on 1/17 1944.

Immediate cause of death Heart failure

Due to Myocarditis Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Balsoma M. D.
Address 203 Patapsco ave Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V

$3a

G 12991

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2516 Hamilton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2516 Hamilton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Kummelman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Margaret Kummelman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/3/1883

8. AGE: Years	Months	Days	If less than one day
60	11	11	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Balto City Water Dept
11. Industry or business

FATHER
12. Name Andrew Kummelman
13. Birthplace Baltimore

MOTHER
14. Maiden Name Elizabeth Annan
15. Birthplace Balto

16 (a) Informant Mrs John F Luber
(b) Address 2628 Windsor Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004-8 Allegheny Ave

19 JAN 17 1944 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1944, at 1 sp P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral Hemorrhage, spontaneous

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Jan. 14 1944

VS 151

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 12992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12992 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 506 N. Fayette Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard P. Farwell

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age 5/15/22 years

7. Birth date of deceased (mo., day, yr.) May 15 1907

8. AGE:	Years	Months	Days	If less than one day
	41	7	20	hr. min.

9. Birthplace Hancock N.H. (Town, county, and state)

10. Usual Occupation Steeple Jack

11. Industry or business self

FATHER
12. Name Frank C. Farwell
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Virginia Cumberland
(b) Address 636 Dover st.

17 (a) Burial (b) Date thereof 1-18-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem
Location Balto Md

18 (a) Funeral director E. Miller Lamborn
(b) Address 45 10 Liberty Balto.

19 (a) (b)
(Date rec'd by registrar) Registrar

JAN 17 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5-1942, at 12:55 AM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:
(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Lobar Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Weaver M.D.
Medical Examiner.
Date signed 1-5-42

G 12993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 12993 Registered No. 83a

Please write the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 Holbrook St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes F. Dowell (Agnes F. Dowell)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Louis Dowell
6 (c) If alive, give age 58 years
7. Birth date of deceased (mo., day, yr.) December 28, 1889 12-28-88
8. AGE: Years 56 | Months - | Days 17 | If less than one day: hr. min.
9. Birthplace Baltimore Maryland (town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Joseph Fahey
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Hunt
15. Birthplace Maryland

16 (a) Informant Friends
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18, 1944 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Baltimore, Md.
18 (a) Funeral director Miller Funeral
(b) Address 1003 W. Baltimore St.
19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150 JAN 17 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 19[illegible] at 10 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 19[illegible] to Jan 15 1944 and that I last saw her alive on Jan 15 19 44

Immediate cause of death	Duration
Cerebrovascular accident	
Due to Hypertension	
Due to	
Other Conditions Diabetes, mild	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John R. Bringham M.D.
Address JHH Date signed 1-15-44

G 12994 — 84762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G 12994 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 Etting St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Viola Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 4th, 1914

8. AGE: Years	Months	Days	If less than one day
29	10	11	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Harry Johnson
13. Birthplace Maryland

MOTHER
14. Maiden Name Florence Randella
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1-19-44 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location O.G. Co. Md

18 (a) Funeral director Hopkins A. Jackson
(b) Address 916 Penna. Ave.

19 (a) (b)

JAN 17 1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15 1944, at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-8 1943 to 1-15 1944 and that I last saw h[illegible] alive on 1-15 1944

Immediate cause of death	Duration
Pulmonary TBC	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Hall M. D.
Address B. C. H. Date signed 1/17/44

Please write the causes of death clearly and legibly. Physicians: please write correct age in especially important.

G 12995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 12995

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2903 Guilford Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) N
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2903 Guilford Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Nagle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife William P

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 15 1868

8. AGE: Years	Months	Days	If less than one day
75 76	8	28	hr. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John O'Neill
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret
15. Birthplace Ireland

16 (a) Informant Mrs John A. Meyer
(b) Address 2903 Guilford

17 (a) Burial (b) Date thereof Jan 17 44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Johns
Location Long Green

18 (c) Funeral director Leonard J Hagen
(Address) JAN 17 1944 405 Harford Rd

19 (a) (Date rec'd by registrar) Huntington Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1944, at 86 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1932 to Jan 1944, and that I last saw h alive on Nov 1 1943

Immediate cause of death Coronary Thrombosis — Duration

Due to Arteriosclerosis

Due to

Other Conditions Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank J Geroglaty M. D.

Address 3047 St Paul St Date signed 1/14/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12996 — 28598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 12996 — Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 - 23
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest Stromberg

3 (b) If veteran, name war	3 (c) Social Security Account No. 216-12-9795-A

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1875

8. AGE: Years	Months	Days	If less than one day
68	4	29	hr. min.

9. Birthplace Latvia (Town, county, and state)
10. Usual Occupation Seaman
11. Industry or business

FATHER
12. Name Martin Stromberg
13. Birthplace Latvia

MOTHER
14. Maiden Name Mac Smilkmick
15. Birthplace Latvia

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 17-44 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Geelen INC.
(b) Address 403 S. WOLFE ST.

19 JAN 17 1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/7 1944 at 9:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943 to 1/7 1944.
and that I last saw him alive on 1/7 1944.
Immediate cause of death Pneumonia, Lobar
Due to
Due to
Other Conditions Gen. arteriosclerosis and emphysema
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Ostensible

Duration: 5

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Sayman M. D.
Address B C H Date signed 1/13/44

G 12997

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 12997

CERTIFICATE OF DEATH

1313

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Riggs Ave St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR ...

2. FULL NAME Joseph W. Garrett

(a) Residence: No. 1515 Riggs Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 29 1924

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
19 18	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John Garrett

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary Goss

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

17. INFORMANT John Garrett
(Address) 1515 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Cem Date 1/18 19 44

19. UNDERTAKER Geo. B. Kelso
(Address) 1303 Pressman St

20. Date JAN 17 1944 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1944

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 19 44 to Jan 14 19 44 last saw him alive on Jan 1 19 44 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Pulmonary Tuberculosis	2 Yrs.
Other contributory causes of importance	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Jas. A. Queen M. D.

(Address) 514 W. Saratoga St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 12998
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park and 31st Street
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 Lorman Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
JOHN EDWARD STEWART

3 (b) If veteran, name war: WW-1
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eva McCoy
6 (c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.): 12/4/92

8. AGE: Years: 51 | Months: 1 | Days: 11 | If less than one day: hr. min.

9. Birthplace: Harrisburg, Pa.
(Town, county, and state)

10. Usual Occupation: WPA project-8 years ago

11. Industry or business

FATHER
12. Name: Charles M. Stewart
13. Birthplace: Gettysburg, Pa.

MOTHER
14. Maiden Name: Rachael Finley
15. Birthplace: Harrisburg, Pa.

16 (a) Informant: Records-US Marine Hospital
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/44 (month) (day) (year)
(c) Cemetery or crematory: Balto Nat
Location: md

18 (a) Funeral director: Hey. H. Kelson
(b) Address: 1303 Orenstman St

JAN 17 1944 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15, 1944, at 7:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6, 1944, to Jan. 15 1944, and that I last saw him alive on Jan. 15, 1944.

Immediate cause of death: Cavernous sinus thrombosis; septicemia (Streptococcus viridans) — Duration: 2wks.
Due to:
Due to:
Other Conditions: Epilepsy, Grand Mal; Cataract due to diabetes
(Include pregnancy within 3 months of death)
Date of operation: None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: C. S. Bunn M. D.
Address: US Marine Hospital Date signed: 1/16/44
Baltimore, Md.

12999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 12999

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Caton Ave.
(c) Hospital or institution:
Jenkins Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) About 8 Yrs
(e) Length of stay in Baltimore (yrs., mos., or days) About 45 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 Caton Avenue
(If rural give location)
(e) Citizen of foreign country? --------- (Yes or No)
If yes, name country ---------

3 (a) FULL NAME Miss Julia M. McGirr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ---------
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) --------- 1871

8. AGE: Years	Months	Days	If less than one day
About 73	---	---	---hr. ---min.

9. Birthplace New Windsor, Md.
(Town, county, and state)
10. Usual Occupation ---------
11. Industry or business ---------

FATHER
12. Name Francis A. McGirr
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Eliza Engle
15. Birthplace Maryland

16 (a) Informant Mrs. Eleanor H. Barrett
(b) Address R.F.D. 13, Richmond, Va.

17 (a) Burial (b) Date thereof 1/18/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19. JAN 17 1944 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15 1944 at 3:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1942 to Jan 15 1944, and that I last saw h.... alive on Jan 14 1944.

Immediate cause of death	Duration
Lobar pneumonia	
Due to	
Due to	
Other Conditions Chronic hypertrophic arthritis.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Dettner Rosberg
Address St. Agnes Hosp. Date signed 1/18/44

13000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13000 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) d.o.a.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 911 S. Ellwood Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK J. WIRDA Warda

3 (b) If veteran, name war

3 (c) Social Security Account No.

MEDICAL CERTIFICATION 11 A.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

20. DATE OF DEATH January 13, 1944, at M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant —
(b) Address —

17 (a) Burial (b) Date thereof 1-17th 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Leo G. Leach
(b) Address 1701-03 N. Patterson Park Ave

19 JAN 17 1944 (Date received by Registrar) Registrar for Williams ME

21. I certify that I took charge of the remains described above, held an inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 1-13-44.

VS 161

Please write the causes of death clearly and legibly. Physicians: please note that correct age is especially important.

G 13001 — 2 — 1944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 13001 — Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 913 E. Preston St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas P. McGuire

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) (Single) married, widowed, or divorced.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 14 1885

8. AGE: Years 58 | Months 10 | Days 0 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Police

11. Industry or business Balto Police Dept.

MOTHER / FATHER

12. Name Armand McGuire

13. Birthplace Ireland

14. Maiden Name Mary Barron

15. Birthplace Md

16 (a) Informant Katherine McGuire

(b) Address 913 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-44 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd.

18 (a) Funeral director Wendell E Humphreys

(b) Address N-01 N. Broadway

19 (a) JAN 17 1944 (Date received) Huntington Williams, Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14-44 19 , at 6:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12:15 1943, to 1-14 1944, and that I last saw him alive on 14 1944.

Immediate cause of death: Acute myocardial failure — Duration

Due to Arteriosclerosis

Due to

Other Conditions Diabetes mellitus infected tangrenous foot.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Hayley B Klyanovic M. D.

Address St Josephs Hosp Date signed 1-16-44

G 13002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13002 Registered No. 186a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~2024 Queen Anne Road~~ 3403 Elgin Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eda Browne (EDA LOUISE BROWNE)

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 14, 1872

8. AGE: Years 72 | Months 0 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Teacher (retired)

11. Industry or business

FATHER
12. Name Eugene H. Browne
13. Birthplace Portsmouth, Va.

MOTHER
14. Maiden Name Lillie Moody
15. Birthplace Balto., Md.

16 (a) Informant Hosp. Records
(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1/18/44 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Crem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (d) JAN 17 1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16 1944 at 3:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1 1944 to 1/16 1944 and that I last saw h[illegible] alive on 1/16 1944

Immediate cause of death (a) Carcinoma of liver — Duration

Due to

Due to

Other Conditions Pernicious Anemia Not Malignant Tumors.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 7/5
(a) Accident, suicide, or homicide
(b) Date of occurrence Jan. 3, 1944
(c) Where did injury occur? Sinai Hospital (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? hospital (Specify type of place) While at work? no
(e) Means of injury Hip broke and fell

23. Signature W. J. Tickner
Address Funeral Director Date signed 1/17/44

(over) VS 180

Approved: Robert Lee Grafton M.D. Jan. 17 1944

G 13003

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 13003 Registered No. 1312

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2813 E. Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2813 E Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Salvatore Brocato

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Genevieve Brocato
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Aug - 1 - 1898

8. AGE: Years 45 | Months 4 | Days 15 | If less than one day: hr. min.

9. Birthplace Sicily Italy (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business Self

FATHER
12. Name Joseph Brocato
13. Birthplace Sicily Italy

MOTHER
14. Maiden Name Carolina Librotino
15. Birthplace Sicily Italy

16 (a) Informant Genevieve Brocato
(b) Address 2813 E Preston St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1 - 19 - 44 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Belair Road Mills Ave

18 (a) Funeral director John E Oliver
(b) Address 2435 E Oliver St

(c) Date received by registrar JAN 17 1944 (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 16 - 1944 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943 to Jan 16 1944 and that I last saw h alive on Jan 16 1944

Immediate cause of death: Pulm. Tuberculosis — Duration 6 mos.
Due to: Left Empy.
Due to: Tuberculosis — Duration 1 year
Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank Brunetti M. D.
Address 600 N. Caroline St Date signed 1-17-44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 13004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. C 13004

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1121 S Carey St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 S. Carey St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward G. Buechert

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-10-2385

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Emma M. Buechert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 27th 1876

8. AGE: Years	Months	Days	If less than one day
67	3	19	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Store Keeper

11. Industry or business Self

FATHER
12. Name Godfrey Buechert
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Z.
15. Birthplace Pa

16 (a) Informant Emma M. Buechert
(b) Address 1121 S. Carey St

17 (a) Burial (b) Date thereof 1/19/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 JAN 17 1944 (b) Huntington Williams M.D.
(Date received by Registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16th 1944, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/16/1944 to 1-16-1944; and that I last saw h~~im~~ alive on 19

Immediate cause of death Acute Pulmonary Edema — Duration

Due to Acute Coronic Decompensation

Due to Myocardial Failure

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur ~~about~~ home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis H. Fox M. D.
Address 876 Wilkens Ave Date signed 1-1 44

G 13005

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1939

G 13005
Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D.O.A. University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 870 Vine St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Henry Parran

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Deamania B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 1872

8. AGE: Years 71 | Months 10 | Days | If less than one day ..... hr. ..... min.

9. Birthplace Calvert Co. Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Richard Parran
13. Birthplace Calvert Co., Md.

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Md.

16 (a) Informant Robert H. Parran
(b) Address 819 Vine st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 1944 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 2029 N. Edmondson Av.

19 (a) JAN 17 1944 (Date rec'd by Registrar) (b) Washington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/14 1944, at 6.00 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-vascular disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Eugene B. McNally M.D. Medical Examiner.
Date signed 1/14/44.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 13006

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G 13006 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 14
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM R. DUVALL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife June 29, 1889

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 54 | Months 6 | Days 17 | If less than one day 16 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Investigator.

11. Industry or business

FATHER
12. Name George W. Duvall
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ida B. Duvall
15. Birthplace Baltimore, Md.

16 (a) Informant George Duvall
(b) Address 4414 Bayonne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 | 18 | 44 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Hoath & Milton Aves.

18 (a) Funeral director Howard N. Bilgh Jr.
(b) Address 4914 Belair Road

19 (a) Hunter for Williams, M.D. (Date received by registrar) Registrar

JAN 17 1944

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1944, at 6 30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. Z. Wallenmeyer M.D. Medical Examiner.
Date signed 1-16-44

G 13007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 13007

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) V

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 902 Hanover Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 67 | Months | Days | If less than one day hr. min.

9. Birthplace Calvert Co., Maryland
(Town, county, and state)

10. Usual Occupation none

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Sallie
15. Birthplace Unknown

16 (a) Informant Carrie Jones
(b) Address 902 Hanover Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 1 19 44 (month) (day) (year)
(c) Cemetery or crematory J. H. Caley
Location Balto

18 (a) Funeral director Walter B. Griggs
(b) Address 1 S. Fulton Ave. Baltimore Md.

19 JAN 17 1944 (Date received by Registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13, 1944, at 12:30 P. M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular renal disease.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert L. Graham M.D.
Medical Examiner.
Date signed 1-15-44

VS 151

4 G 13098 4 6 4 3 9 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46D

G 13098
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 71

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A. Arundel
(c) City or town Annapolis
(If outside city or town limits, write RURAL and give town)
(d) Street No. 195 Maine St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Moss

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) 5 - 6 - 79

8. AGE: Years 64 | Months 8 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name George W Moss
13. Birthplace Md

MOTHER
14. Maiden Name Mary Parkinson
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19 44 (month) (day) (year)
(c) Cemetery or crematory St annes
Location Annapolis. Md

18 (a) Funeral director E L Hopkins
(b) Address Annapolis. Md.

19 (a) JAN 17 1944 (Date rec'd by Reg.) (b) Huntington Willis Burdick M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 16 1944, at 1140 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1943, to JAN 16 1944, and that I last saw him alive on JAN 16 1944

	Duration
Immediate cause of death: Carcinoma of penis and carcinoma of rectum	2 yrs
Due to:	
Due to:	
Other Conditions: Arteriosclerotic heart disease with failure (Include pregnancy within 3 months of death)	1 mo.

Date of operation Sept. 1942
Major findings of operation: Carcinoma of penis & rectum
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Russell B. Roth M. D.
Address Johns Hopkins Hosp. Date signed 1/17/44

G 13009
AB-84649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13009 Registered No. 186a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos-12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md/ (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2517 Jefferson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Brennan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?-? 1860 84?

8. AGE: Years	Months	Days	If less than one day
84 ?	?	?	hr. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Michael Coffey
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Kennedy
15. Birthplace Ireland

16 (a) Informant BALTIMORE CITY HOSPITALS RECORDS
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/44 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmonson Ave

18 (a) Funeral director C. E. SCHMUNK
(b) Address 2601 E. MADISON ST.

19 (a) 1944 Huntington Williams, Registrar
(Date received by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14 1944, at 5:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-2 1943, to 1-14 1944, and that I last saw h. alive on 1-14 1944

Immediate cause of death Pulmonary Embolism?

Due to

Due to Cerebral hemorrhage Fracture of femur

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 11-5-43 Major findings of operation Fracture Hip.

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 6/2
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11-2-43 at P. M
(c) Where did injury occur? Balto (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Slipped and fell on the floor in home,

23. Signature Donald Powers M. D.
Address Balto City Hosp Date signed 1-17-44

Title approved by Thomas J. Mullen, M.D.

G 13010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 77D

G 13010

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 425 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME DONALD KELLY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Aug 7 - 1902.

8. AGE: Years	Months	Days	If less than one day
41	11	8.	..... hr. ..... min.

9. Birthplace Baltimore Md. (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Donald Kelly
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. John J Benton
(b) Address 1366 Light Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/1944 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location 3801 Frederick Ave

18 (a) Funeral director John J Howard Son
(b) Address 901-07 Hollins St

19 (a) JAN 17 1944 (Date rec'd by registrar) (b) H. Livingston Hollander M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15. 1944, at 1.40 p.m. M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic alcoholism

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 1-16-44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 13011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13011

Registered No. 159

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital. 4th
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8104 Longboat Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Gates.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced. ✓
6 (b) Name of husband or wife ✓
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
75 min.			hr. 75 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation ✓
11. Industry or business ✓

FATHER
12. Name George Gates
13. Birthplace N.J.

MOTHER
14. Maiden Name Helen Sharpe
15. Birthplace N.J.

16 (a) Informant George Gates Dundalk
(b) Address 8104 Longboat Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18-44 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill Cemetery
Location Govanstown Md
18 (a) Funeral director J. William Cook, Inc.
(b) Address 1117 St. Paul & Treat Huntington Williams, Mgr.

JAN 17 1944
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17 1944 at 7 05 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw him alive on 1-17 1944.

Immediate cause of death	Duration
Respiratory Failure.	75 MIN.
Due to Prematurity.	75 MIN.
Due to Premature separation of placenta.	17 hrs.
Other conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Paul R. Ziegler M. D.
Address Mercy Hospital Date signed 1-17-44

13012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13012

Registered No. 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2427 Fait Ave (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Poland

3 (a) FULL NAME Joseph B. Szymanski

3 (b) If veteran, name war: None.

3 (c) Social Security Account No. 215-01-7430

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Anna Szymanski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
58	—	—	hr. min.

9. Birthplace Poland. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Konstanty
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Anna Szymanski
(b) Address 2427 Fait Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19/44 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore
18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave.

JAN 17 1944 (Date rec'd by Registrar) (b) Hunter for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1944 at 7 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-3 1944 to 1-15 1944 and that I last saw h alive on 1-15 1944

Immediate cause of death: Congestive Heart Failure — Duration
Due to: Arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation 1-3-44
Major findings of operation: Arteriosclerotic changes
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles B. MacDonald M. D.
Address 1213 Light St Date signed 1-15-44

VS 2

G 13013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13013
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town RURAL
(If outside city or town limits, write RURAL and give town)
(d) Street No. Cottage Grove Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WALTER S. BUSH.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Nora Bush

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 59 | Months | Days | If less than one day hr. min.

9. Birthplace Gilmore County W. Va
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Isaac Bush
13. Birthplace Gilmore County W. Va

MOTHER
14. Maiden Name M. Harris
15. Birthplace Albina W. Va.

16 (a) Informant Nora Bush
(b) Address 5 W. Franklin St.

17 (a) Burial (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory West Va.
Location Bunsonville W. Va.

18 (a) Funeral director Fred W Ozmanski
(b) Address 930 Eastern Ave Huntington West Va.

19 (a) JAN 17 1944 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/16 1944 at 9.35 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral Hemorrhage

Due to

Other Conditions Hypertensive Cardiovascular Disease -
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 1/17/44

VS 151

G 13014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124a

G 13014
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun
(c) Hospital or institution Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24a.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4401 Alhambra Av
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph P. Murray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25 1885

8. AGE: Years 58 | Months 6 | Days 22 | If less than one day hr. min.

9. Birthplace New York
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Patrick Murray
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Warren
15. Birthplace Maryland

16 (a) Informant Mary McNeil
(b) Address 4401 Alhambra Av

17 (a) Burial (b) Date thereof Jan 15 44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director John E. Hughes
(b) Address 3000 E. Balto St.

JAN 17 1944 (a) (b)
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1944, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13, 1943, to Jan. 15 1944
and that I last saw him alive on Jan. 13, 1944

Immediate cause of death
Cirrhosis of Liver
with Ascites
Due to Alcoholism

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy No autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. P. Fox M. D.

Address 1319 Eutaw St Date signed

G 13015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 13015
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette Sts.
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 728 E. 23rd St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Mary A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-5-1883

8. AGE: Years	Months	Days	If less than one day
60	6	12	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Bartender
11. Industry or business

FATHER
12. Name Joseph S.
13. Birthplace

MOTHER
14. Maiden Name Lunicwski
15. Birthplace

16 (a) Informant Mrs Mary Colemom
(b) Address 728 E 23rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-1944 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location

18 (a) Funeral director Maynard Medford
(b) Address 901 E. 23rd St

19 (a) Date received by (Registrar) (b) Registrar Hampton Williams, MD

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17- 1944, at 3:35 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5- 1944, to 1-17- 1944, and that I last saw him alive on 1-17 1944.

Immediate cause of death Chronic myocarditis — Duration 5 yr.

Due to

Due to

Other Conditions ed. inguinal hernia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas A. Lavin M. D.
Address Frank. G. Hosp Date signed 1/17/44

G 13016 Hopkins Pediatrics and Hill and

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13016 Registered No. 83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 805 George St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 805 George St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hayward A. Johnson - Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Laura Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1900

8. AGE: Years	Months	Days	If less than one day
43	-	21	hr. min.

9. Birthplace Kershaw, S. C.
(Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

MOTHER / FATHER

12. Name William M. Johnson

13. Birthplace S. C.

14. Maiden Name Ella F. Clarburn

15. Birthplace S. C.

16 (a) Informant Clyburn H. Johnson

(b) Address 805 George St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/44 (month) (day) (year)

(c) Cemetery or crematory

Location Kershaw, S. C.

18 (a) Funeral director Elroy O. Wilson

(b) Address 1000 Brantley ave

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 17 1944 Herrington Williams

VS 10

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/13 1944 at 7.55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/23/1943 to 1/13/1944 and that I last saw h— alive on 1/13/1944

Immediate cause of death: Apoplexy -

Due to: Arteriosclerosis

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
2 days
6 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. B. Hawkins M. D.

Address 1510 W. Baltimore St Date signed 1/17/44

G 13017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 12/a

G 13017

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given as completely as possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3114 Juneau Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3114 Juneau Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah E. Reigner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife. Horace Reigner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18, 1859

8. AGE: Years	Months	Days	If less than one day
84	2	28	hr. min.

9. Birthplace Penna (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Wm Roberts
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant J. H. Reigner
(b) Address 3114 Juneau Pl.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Co
Location

18 (a) Funeral director Leonard J. Buck
(b) Address 5305 Harford Road
JAN 17 1944 (Date rec'd by registrar) (b) Registrar
Filed for Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1944 at 11:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 25 1942 to Jan 15 1944, and that I last saw h[illegible] alive on Jan 15 1944.

Immediate cause of death: Chronic myocarditis — Duration 10 yrs
Due to Hypertension (malignant)
Due to Chronic cardio-vascular-renal disease
Other Conditions Muscular atrophy right leg
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. V. Harbold M. D.
Address 4706 HARFORD ROAD Date signed 1/17/44

G 13018 — BALTIMORE CITY HEALTH DEPARTMENT — G 13018

CERTIFICATE OF DEATH

Registered No. 1710

Please write the causes of death clearly and legibly. Physicians: please write your signature.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2700 Kennedy Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Leppert

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Katherine (Kate) Schaefer
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) June 9-1872

8. AGE: Years	Months	Days	If less than one day
71	7	5	..... hr. ..... min.

9. Birthplace Baltimore - Md.
(Town, county, and state)
10. Usual Occupation Storekeeper
11. Industry or business Confectionery

FATHER
12. Name Peter Leppart
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia ?
15. Birthplace Germany

16 (a) Informant Mrs. Katherine Leppert
(b) Address 2700 Kennedy Avenue

17 (a) Cremation (b) Date thereof 1-18-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director Leonard J. Keck
(b) Address 5305 Harford Rd.

19 (a) JAN 17 1944 (b)
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14 1944, at 9:40 P. M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Fracture of skull.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 1-13-44 at 12 Noon M.
(b) Where did injury occur? Baltimore & Calvert Sts.
(c) Did injury occur at home, on farm, industrial place, in public place? Public — While at work? No
(d) Means of injury Pedestrian struck by automobile.

23. Signature Robert L. Gaston M.D.
Medical Examiner.
Date signed 1-15-44

VS 151

G 13019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 13019 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Hampden
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4505 Elsinore Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Fogle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Walter N. Fogle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7-1871

8. AGE: Years	Months	Days	If less than one day
72	9	6	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Walter M. Fogle
(b) Address 4505 Elsinore Ave.

17 (a) Burial (b) Date thereof 1-17-44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Lorraine
Location Baltimore

18 (a) Funeral director Leonard J. Funk
(b) Address 5305 Harford Rd.

19 (a) 1-17-1944 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13 1944 at 5.10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1942 to Jan 13 1944, and that I last saw her alive on Jan 13 1944.

	Duration
Immediate cause of death Cerebral hemorrhage	2 days
Due to Hypertension	1½ yrs
Due to Chronic pyelonephritis	(?)
Other Conditions Chronic myocarditis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. T. Harbold M. D.
Address 4706 Harford Road Date signed 1/17/44

VS 150

13020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 13020 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 146 S.ELLWOOD AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 146 S.ELLWOOD AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SUSIE D.SAVAGE

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: THOMAS R.SAVAGE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): MAR.5 1880

8. AGE: Years: 63 Months: 10 Days: 9 If less than one day: hr. min.

9. Birthplace: BALTIMORE MD. (Town, county, and state)
10. Usual Occupation: HOUSE WIFE
11. Industry or business: AT HOME

FATHER
12. Name: HENRY NEED
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: AMANDA BUDEKE
15. Birthplace: N.C.

16 (a) Informant: THOMAS R.SAVAGE (HUS)
(b) Address: 146 S.ELLWOOD AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN.18/44 (month) (day) (year)
(c) Cemetery or crematory: LORRAINE
Location: WOOD LAWN MD.

18 (a) Funeral director: Lilly and Zeiler INC.
(b) Address: 403 S.WOLFE ST.

19. JAN 18 1944 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION PM.

20. DATE OF DEATH JAN. 14 1944, at 7/30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/5/1944, to 1/14 1944, and that I last saw h.. alive on 1/14 1944.

Immediate cause of death: Squamous Carcinoma of L. Breast — Duration: 5 Yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Joseph Taubman M. D.
Address: 441 S. Ellwood Ave. Date signed: 1/16/44

G 13021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 132

G 13021 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 710 E 51st St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Winnie Reid

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Emmett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years 48 | Months | Days | If less than one day hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Andrew Fisher
13. Birthplace VA

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18 1944 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Baltimore City Md

18 (a) Funeral director Leonard R Whalen
(b) Address 861 West Lane Street

19 (a) JAN 18 1944 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 13 1944 at 10 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 13 1944 to JAN 13 1944 and that I last saw her alive on JAN 13 1944.

Immediate cause of death Uremia — Duration 3 Mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Cleaveland Knight

Address Johns Hopkins Date signed 1/14/44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 13022 — BALTIMORE CITY HEALTH DEPARTMENT — G 13022 Registered No.

CERTIFICATE OF DEATH 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 716 E. Chase St.
(c) Hospital or institution: * * *
(d) Length of stay in hospital or inst. (yrs., mos., or days) *
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 716 E Chase St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country * * *

3 (a) FULL NAME Margaret E. Casey

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: John A. Casey
6 (c) If alive, give age * years

7. Birth date of deceased (mo., day, yr.) Nov- 11-1858

8. AGE: Years	Months	Days	If less than one day
85	2	6	..... hr. , ... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Peter Glenn
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Mannion
15. Birthplace Ireland

16 (a) Informant Marguerite Casey
(b) Address 716 E Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20-1944 (month) (day) (year)
(c) Cemetery or ~~cemetery~~ Cathedral
Location old Frederick Rd

18 (a) Funeral director Chas. F. Evans & Son
(b) Address 118 W. Mt Royal Ave

19 (a) JAN 18 1944 (Date rec'd by registrar) (b) ..... Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/17 1944 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/12 1939 to 1/17 1944 and that I last saw h~~e~~r alive on 1/17 1944.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 wks
Due to: Acute Upper Respiratory Infection — 1 wk
Due to: Senility
Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel J. Hankes M. D.
Address 2331 E. Lom. Ave Date signed 1/19/44

Huntington Williams, M.D.

G 13023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13023 Registered No. 49a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 64 days
(e) Length of stay in Baltimore (yrs., mos., or days) All Price

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 31 Nunnery Lane
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Grace Colvin

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Husband - Clinton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-28-1885

8. AGE: Years	Months	Days	If less than one day
58	7	19	hr. min.

9. Birthplace Baltimore - Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John J. Price
13. Birthplace Md.

MOTHER
14. Maiden Name Capitola Moore
15. Birthplace Ohio (Zanesville)

16 (a) Informant Mr. Clinton E. Colvin
(b) Address 31 Nunnery Lane

17 (a) Burial (b) Date thereof 1/19/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto., Md.

18 (a) Funeral director Wm. J. Tucker & Sons
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar
JAN 18 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1944 at 8:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-17 1943 to 1-17 1944, and that I last saw he alive on 1-17 1944.

Immediate cause of death	Duration
Generalized metastasis from Ovarian Sarcoma	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 11-17-43
Major findings of operation: Ovarian Sarcoma
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard W Steen M. D.
Address St Agnes Hosp Date signed 1/17/44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 13024 ✓ G 13024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 930

Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2140 Walbrook Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2140 Walbrook Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** JOSHUA E. PARKS

3 (b) If veteran, name war: none

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1856

8. AGE: Years 87 | Months 7 | Days 26 | If less than one day ... hr. ... min.

9. Birthplace Balto. Co., Md.
(Town, county, and state)

10. Usual Occupation Retired Balto. Transit

11. Industry or business

FATHER
12. Name James H. Parks
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Annie Morris
15. Birthplace Ireland

16 (a) Informant Miss Anna Parks
(b) Address 569 Laurens St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/44 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md. Huntington Hilliard

19 (a) JAN 18 1944 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15, 1944, at 10:50M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13 1944 to Jan. 15 1944.
and that I last saw him alive on Jan. 15 1944

Immediate cause of death: Cerebral hemorrhage — Duration 3 days

Due to: Hypertension + Arteriosclerotic C-V disease

Due to:

Other Conditions: Senility
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Brenizer, M.D.
M. D.
Address 1402 E. Lanvale Date signed 1-17-44

VS 160

G 13025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13025

Registered No. 83A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6000 Bellona Ave.

(c) Hospital or institution: Edgewood Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md/ (b) County

(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1646 N. Appleton St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN T. STONESIFER

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie E. Stonesifer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 26, 1856

8. AGE: Years 87 | Months 3 | Days 21 | If less than one day: hr. min.

9. Birthplace: Carroll Co., Md.
(Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business: Park Board Balto.City

FATHER
12. Name: unknown
13. Birthplace: Md.

MOTHER
14. Maiden Name: Sarah Arthur
15. Birthplace: Md.

16 (a) Informant: Mrs. Charles Jones, Daughter
(b) Address: 3022 Ferndall Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/44 (month) (day) (year)
(c) Cemetery or crematory: Western Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 18 1944 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17, 1944, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2 1943, to Jan 17 1944, and that I last saw him alive on Jan 16 1944

Immediate cause of death: Cerebral Hemorrhage — Duration: 4 mo

Due to: Exhaustion — 3 Days

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence: at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature H. C. Walker M. D.

Address 2757 W. Mrs Date signed 1/18/44

G 13026

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 920

G 13026 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2103 Cliftwood Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 / 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2103 Cliftwood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Zeltman

3 (b) If veteran, name war	3 (c) Social Security Account No.
----	----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Wm. Zeltman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1856

8. AGE: Years	Months	Days	If less than one day
87	4	4	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. I. Wells
(b) Address 2103 Cliftwood Ave.

17 (a) Burial (b) Date thereof Jan. 19/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location Balto. Md.

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St.

19 (a) (b)
(Date rec'd by registrar) Registrar

JAN 18 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16/44 19 , at 6.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1937 to Jan 16 1944, and that I last saw h alive on Jan 16 1944

Immediate cause of death	Duration
Pulmonary Edema	2 wks
Due to Chronic Myocarditis with Degeneration	10 yrs
Due to	
Other Conditions Chron Endocarditis	—

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Francis J. Ayd M. D.
Address 2005 E. Monument St Date signed 1/17/44

G 13027

BALTIMORE CITY HEALTH DEPARTMENT G 13027 Registered No.

CERTIFICATE OF DEATH 137a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St.
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 312 W Hoaver St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harry K. Brenneman

HARRY KAHLER BRENNEMAN

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 220-09-0330

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Lydia Smith Brenneman

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1867

8. AGE: Years 76 | Months 1 | Days 0 | If less than one day ... hr. ... min.

9. Birthplace Millersville, Pennsylvania (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name Benjamin N. Brenneman
13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Mary Kahler
15. Birthplace Pennsylvania

16 (a) Informant Mrs. Adah Mac Lea
(b) Address 3118 Hoaver Ave, Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/44 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE & BROADWAY

19 (a) Huntington Williams M.D. (Date rec'd by registrar) Registrar

JAN 18 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16 1944, at 2:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1944 to Jan 16 1944 and that I last saw h... alive on Jan 16 1944.

Immediate cause of death Uremia — Duration 12 days

Due to Uremia obstruction — 24 days

Due to Benign prostatic hypertrophy — 4 yrs.

Other Conditions Lobar pneumonia

(Include pregnancy within 3 months of death)

Date of operation Jan. 13, 1944

Major findings of operation: Benign prostatic hypertrophy, bilateral hydronephrosis and hydroureter

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Glenn A. Groo M. D.
Address Union Memorial Hosp Date signed 1/16/44

G 13028

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 13028

CERTIFICATE OF DEATH 93A

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information above 3 (a) is statutory and must be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Usual address 1735 N. Bentalou St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1735 N. Bentalou St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret M. Wenner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband ~~Louis~~ Wenner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17th 1884

8. AGE: Years 59 | Months 8 | Days 0 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Bernard V. McNamara
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Brown
15. Birthplace Ireland

16 (a) Informant Bernard J. McNamara
(b) Address 1735 N. Bentalou St.

17 (a) Burial (b) Date thereof 1/19/44
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 (a) JAN 18 1944
(Date received by Registrar) Registrar

Valid

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17th 1944 at 5a M

21. I certify that death occurred on the date above stated, that I attended deceased from 1/10 1944 to 1/17 1944, and that I last saw h. W alive on 1/16 1944

Immediate cause of death Cerebral Hemorrhage — Duration 7 da 4 hr

Due to Arterio Sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas. D. Cahn M. D.

Address 2145 W Balto Date signed

H. H. to Williams M.D.

G 13029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 120A

G 13029 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1502 Madison Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1502 Madison Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Harris

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Married

6 (b) Name of husband or wife Sterling Harris
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) June 21-1899

8. AGE: Years	Months	Days	If less than one day
44	6	24	hr. min.

9. Birthplace Belair Md
(Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name John Bolden
13. Birthplace Md

MOTHER
14. Maiden Name Fannie Bolden
15. Birthplace Md

16 (a) Informant Sterling Harris
(b) Address 1502 Mad Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-44 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Pk.
Location Balto Md

18 (a) Funeral director Archibald A. Gaddis
(b) Address 2101 McCulloh St

19 (a) (Date rec'd by registrar) JAN 18 1944 (b) Huntington Williams Registrar

Vs. 18 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1944, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-10 1943 to 1-15 1944 and that I last saw h-- alive on 1-14 1944.

Immediate cause of death	Duration
(a) Pernicious Anaemia	6 Months
Due to "	
Due to	
Other Conditions Acute Gastro-intestinal	11/4/43

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Calvin B. Le Compte M. D.
Address 1113 N Caroline St Date signed 1/17/44

correct age is especially important. Physicians: please write the

G 13030 — BALTIMORE CITY HEALTH DEPARTMENT — G 13030

CERTIFICATE OF DEATH 83A

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2102 Allendale Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 Years

1558

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2102 Allendale Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Benjamin F.Gooden,

3 (b) If veteran, name war: ----

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elizabeth F.Gooden,
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) April 9.1878

8. AGE: Years 65 | Months 9 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace Felton Delaware (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Auto Dealer

FATHER
12. Name Charles H.Gooden,
13. Birthplace Delaware

MOTHER
14. Maiden Name Julia Andrews,
15. Birthplace Maryland.

16 (a) Informant Mrs Elizabeth F.Gooden,
(b) Address 2102 Allendale Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan.19.1944 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore Co.Md.

18 (a) Funeral director George W.Little,
(b) Address 2700 Edmondson Ave.

19 (a) 1.18.1944 (Date received by local registrar) (b) Huntingtown Williamsport

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, as the value of the data depends largely upon its completeness. Be sure to fill in the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 16 1944 19 ..., at 1.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1928 to 1/16 1944.
and that I last saw him alive on 1/16 1944.

Immediate cause of death: Cerebral Hemorrhage — Duration 2 hrs

Due to: Uremia - Sclerosis of Arteriolar Nephrosclerosis — Duration Gradual

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M H Neely M. D.
Address 140 S Paca Ave. Date signed 1/17/44

G 13031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930

Registered No. G 13031

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 926 Woodyear Street
(c) Hospital or institution:

16

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give county)
(d) Street No. 926 Woodyear Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Slaughter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Virginia (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name William Slaughter
13. Birthplace Glochester Co Va

MOTHER
14. Maiden Name Susie Robinson
15. Birthplace Glochester Co Va

16 (a) Informant Edward Slaughter
(b) Address 926 Woodyear St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 19-1944 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary.
Location Brooklyn

18 (a) Funeral director Wm Brooks
(b) Address 1463 N. Carey St

19 (a) JAN 18 1944 (Date rec'd by registrar) (b) Signature and Title Wm Brooks, M.F. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15, 1944, at 9 A. M.

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardio-vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Le Gaston M.D.
Medical Examiner.
Date signed 1-15-44

VS 151

G 13032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 13032 Registered No. 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 Shields Pl.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** William Dennis

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Annie Dennis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15 1874

8. AGE: Years	Months	Days	If less than one day
69	4	-	hr. min.

9. Birthplace Va
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Annie Dennis
(b) Address 1519 Shields Pl.

17 (a) Burial (b) Date thereof 1-20-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location Md

18 (a) Funeral director George S. Nelson
(b) Address 1303 Pennsylvania Ave

19 (a) Date received by registrar JAN 18 1944 Washington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/15 1944, at 10:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/15 1944, to 1/15 1944, and that I last saw him alive on 1/15 1944.

Immediate cause of death Lobar Pneumonia

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John S. Haught M. D.

Address University Hosp. - Redwood & Green Sts. Date signed 1/16/44

G 13033 ✓ G 13033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 330 S Strieker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 87 19 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 330 S. Strieker St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wilhelmina K. Niddas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Wht

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife None.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9 1856

8. AGE: Years 87 | Months 3 | Days 7 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Geo Niddas
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Oester
15. Birthplace Germany

16 (a) Informant Minnie Weidenhammer
(b) Address 213 S. Calhoun St.

17 (a) Burial (b) Date thereof 1/19/44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Pk.
Location Front Ave

18 (a) Funeral director Geo Leimbach

(b) Address 526 N. Lyndhurst St.

JAN 18 1944 (b) Huntington Pennsylvania
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/16 1944, at 2 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/2 1944 to 1/16 1944 and that I last saw h[illegible] alive on 1/16 1944

Immediate cause of death Bronchopneumonia — Duration 2 wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller M. D.

Address 203 Wilkens ave Date signed 1/16/44

VS 150

G 13034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 D

G 13034 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2130 Morris Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2130 Morris Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosie Clay

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
43 42			hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name Dacies Johnson
15. Birthplace Md.

16 (a) Informant Harry Clay
(b) Address 2130 Morris St

17 (a) Burial (b) Date thereof 1 1944
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary -
Location

18 (a) Funeral director Adolphus Hall
(b) Address 918 Druid Hill Ave

19 (a) (b)
(Date rec'd by Registrar) Registrar

JAN 18 1944

Vs 151 Huntington Williams H.P.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1944, at 6:45 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry

by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Occlusion

Due to Syphilitic aortitis.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Fentress M.D.
Medical Examiner.
Date signed 1-15-44

correct age is especially important. If unknown, please write the

G 13035 Potye

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 E

Registered No. G 13035

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 416 S Gilmor St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 44
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 416 S Gilmore
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adam-Botye. Potye

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed.

6 (b) Name of husband or wife Barbara —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/8 1864

8. AGE: Years 79 | Months 8 | Days 7 | If less than one day hr. min.

9. Birthplace Austria Hungary
(Town, county, and state)

10. Usual Occupation Shoe

11. Industry or business

FATHER
12. Name Adam Potye
13. Birthplace Hungary

MOTHER
14. Maiden Name Fonteck
15. Birthplace Hungary

16 (a) Informant Anna Wabb
(b) Address 225 Gilmore ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/44 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Frederick Rd

18 (a) Funeral director Edward Faulkner
(b) Address 2359 West Baltimore

JAN 18 1944 Huntingtown Williams, Md.
(Date rec'd by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15- 1944 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1943, to Jan 15 1944, and that I last saw him alive on Jan 12 1944.

Immediate cause of death Carcinoma of liver

Due to carcinoma of intestines

Due to old age etc

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence 1/15/1944 at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sigmar Pirosh M. D.

Address 720 W Mt Royal Ave Date signed

SIGMAR PIROSH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 13036

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 13036

CERTIFICATE OF DEATH 131B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1327 N. Carey St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1327 N. Carey St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William A. Burley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Mary A

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-23-1870

8. AGE: Years 73 | Months 8 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county and state)

10. Usual Occupation Bellman

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Harriet B. Page
(b) Address 1327 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-44 (month) (day) (year)
(c) Cemetery or crematory Arbutus M. Park
Location Balto Co. Md

18 (a) Funeral director Mrs. Geo. F. Holland
(b) Address 1631 Druid Hill Av.

JAN 18 1944 (b)
(Date rec'd by Local Reg.) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1944 at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1943, to Jan 15 1944, and that I last saw h— alive on Jan 15 1944.

Immediate cause of death
(a) Uremia Nephritis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
not stated

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hyslop J. Wardlaw M. D.
Address 861 Hanlon Date signed 1/15/44

Huntington Williams, M.D.

G 13037

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 13037 Registered No.

CERTIFICATE OF DEATH 94A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6109 Ready Ave.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 57
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6109 Ready Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Milton H. Maynard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Sadie Heath

6 (c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): Dec. 24, 1872

8. AGE: Years 71 | Months -- | Days 23 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: retired Letter Carrier

11. Industry or business

FATHER
12. Name: George W. Maynard
13. Birthplace: Md.

MOTHER
14. Maiden Name: Josephine
15. Birthplace: Md.

16 (a) Informant: Mrs. Sadie H. Maynard
(b) Address: 6109 Ready Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/44 (month) (day) (year)
(c) Cemetery or crematory: Lorraine
Location: Windsor Mill Rd., Balto.

18 (a) Funeral director: John O. Mitchell & Sons, Inc.
(b) Address: 1900 Eutaw Place

19 (a) Date received JAN 18 1944 (b) Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1944, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19

Immediate cause of death: Sudden death
Coronary Thrombosis ?

Duration: 0 months 0 days 5 minutes

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Geo A. Hocking, M. D.
Address 5835 York Road Date signed

Dr. Hocking

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

13038 G 13038

CERTIFICATE OF DEATH 162B

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4407 Mary Ann St. Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

2. FULL NAME Elizabeth Whittle

(a) Residence: No. 4407 Mary Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Whittle

6. DATE OF BIRTH (month, day, year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
79	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Benedict Thompson

14. BIRTHPLACE (city or town) (State or country) Miss.

MOTHER

15. MAIDEN NAME Elizabeth Rhodes

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Ida Benedict

(Address) 4407 Mary Ann

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 1/19/44

19. UNDERTAKER John J. Gaither & Sons

(Address) 1704 Light St

JAN 18 1944

20. FILED ....., 19.....

Registrar

Huntington Wilson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16/43. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1944 to Jan 11, 1944

I last saw her alive on Jan 16, 1944 Death is said to have occurred on the date stated above, at 8:40 m. PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infirmities	

Other contributory causes of importance:

Infirmities	

Name of operation..... Date of.....

What test confirmed diagnosis? — Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.....

(Signed) Peggy Carman, M. D.

(Address) 1701 N. Carrollton Ave.

Make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

G 13039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 13039 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 213 E. 25th St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 213 E. 25th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Bessie Brick Stewart

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 11, 1885

8. AGE: Years 58 | Months 9 | Days 6 5 | If less than one day hr. min.

9. Birthplace Washington, D.C.
(Town, county, and state)

10. Usual Occupation Salesman
11. Industry or business Brush Co

FATHER
12. Name Walter Stewart
13. Birthplace Scotland

MOTHER
14. Maiden Name Margaret Stewart
15. Birthplace Baltimore, Md

16 (a) Informant Eliza Stewart
(b) Address 213 E. 25th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19 1944 (month) (day) (year)
(c) Cemetery or crematory Loraine Pk.
Location Baltimore, Md

18 (a) Funeral director Linwood L. Bowyer
(b) Address 21 W. 25th St

19 (a) 1-20-44 (b) Victor Williams
Date received by Local Registrar Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16- 1944, at 2-25 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Chronic Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 1-17-44

Please write the causes of death clearly and legibly. Physicians: please fill in all items.

C 43040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170 C (over)

C 13040
Registered No.

1. PLACE OF DEATH
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5930 5034 Greenhill Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Baglonis

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of ~~husband~~ or wife: Antonia
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1897
8. AGE: Years 47 | Months | Days | If less than one day hr. min.
9. Birthplace Greece (Town, county, and state)
10. Usual Occupation Grocer
11. Industry or business

FATHER
12. Name Nelson Baglonis
13. Birthplace Greece

MOTHER
14. Maiden Name Sophia Gufas
15. Birthplace Greece

16 (a) Informant Antonia Baglonis
(b) Address 5930 5029 Greenhill ave
17 (a) Burial, cremation, or removal Jan (b) Date thereof 16 1944 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore, Md.
18 (a) Funeral director Leonard A. Covington
(b) Address 2 Lex. 25cc
19 (a) Date received JAN 18 1944 (b) Huntington Williams Registrar

JVS VB1

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14, 1944, at 8:05 P. M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fracture of Skull

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 1-14-44, 7:25 P. M.
(b) Where did injury occur? Belair Rd. + Glenarm Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No.
(d) Means of injury Pedestrian struck by auto.

23. Signature Robert L. Graham M.D.
Medical Examiner.
Date signed 1-15-44

G 13041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83A

✓ G 13041 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3615 Seven Mile Lane.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 m
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3615 Seven Mile Lane.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD DOEPLITZ

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1869

8. AGE: Years	Months	Days	If less than one day
74	7		hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Solomon Doeplitz.
13. Birthplace Germany.

MOTHER
14. Maiden Name Clara Block.
15. Birthplace Germany.

16 (a) Informant Mrs. Amelia Hecht.
(b) Address 3615 Seven Mile Lane.

17 (a) Cremation (b) Date thereof 1/19/44.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Balto. Md.

18 (a) Funeral dire[illegible] Sons
(b) Address 1902 Eutaw Place.

19 (a) [illegible] (b) [illegible]

JAN 18 1944 Huntington Williams M.D.
Date Rec'd Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1944, at 10 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 2 1943, to Jan 17 1944, and that I last saw h~~im~~ alive on Jan 17 1944.

Immediate cause of death	Duration
Cerebral Hemorrhage	2½ months
Due to Arteriosclerosis	3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frederick Lurz M. D.
Address Temple Garden Apt Date signed 1/17-44

G 13042 447794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157 G

G 13042 Registered No.

PLEASE WRITE PLAINLY, with pen and ink. Use no abbreviations. Every question must be answered. If unknown or if not applicable, write the word. Do not leave any blanks. Be careful to report exact street address and correct age. Underline the cause to which death should be charged statistically. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince Geo. Co.
(c) City or town Capital Hgts (If outside city or town limits, write RURAL and give town)
(d) Street No. 6118 Kingston Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ralph M Curtis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-8-44

8. AGE: Years	Months	Days	If less than one day
		8 9	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Ralph Curtis
13. Birthplace D. C.

MOTHER
14. Maiden Name Naomi Hunt
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18/44 (month) (day) (year)
(c) Cemetery or crematory Capitol Hts Hughes
Location Washington D.C.

18 (a) Funeral director Geo M. Emmons & Son
(b) Address 5411 Nebraska Ave Washington

JAN 18 1944 (Date rec'd by registrar) Washington Williams M.R. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 17 1944 at 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 15 1944 to JAN 17 1944, and that I last saw him alive on JAN 17 1944.

Immediate cause of death: Acute Dilatation of Heart

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Kaye M.D.
Address 6111 Date signed Jan 18 1944

13043

JL - 85734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160a

Registered No. C 13043

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item or information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 7½ hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 N. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Grant, Baby Girl(Maxine)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1944

8. AGE: Years	Months	Days	If less than one day
0	0	0	7½ hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Larry Grant
13. Birthplace S. C.

MOTHER
14. Maiden Name Maxine Tongue
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 1-16-44 9 am (month) (day) (year)
(c) Cemetery or crematory Balto. City Hospitals
Location 4940 Eastern Avenue

18 (a) Funeral director
(b) Address Huntington Williams, Md.

JAN 18 1944 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-1 1944, at 1:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1944, to 1-1 1944, and that I last saw her alive on 1-1 1944.

Immediate cause of death: Intracranial hemorrhage — Duration 7½ hrs.
Due to Prematurity
Due to
Other Conditions None
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto. City Hosp. Date signed 1-1-44

13044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13044
Registered No.

AB-85966

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 2 6-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town BALTIMORE Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 335 Magnolia Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: William Horn

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-12-9981

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife: Mergaret Horn nee Himmelhaber

6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) July 19- 1901

8. AGE: Years 42 | Months 5 | Days 29?8 | If less than one day ... hr. ... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Service + Sheets

11. Industry or business Glenn L. Martin

FATHER
12. Name Charles Horn
13. Birthplace Md.

MOTHER
14. Maiden Name Alice Fowler
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan - 20 - 1944 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director John G. Connelly
(b) Address 414 Eastern Blvd

19 (a) (Date received) (Registrar) Huntington Williams, M.D. Registrar

JAN 18 1944

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/17, 1944, at 7:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/13 1944 to 1/17 1944, and that I last saw h[illegible] alive on 1/17 1944.

Immediate cause of death: Cardiac failure; pulmonary edema — Duration 2d.

Due to: Myocardial infarction — Duration 5d.

Due to: Coronary occlusion

Other Conditions: Prat. Antenatal infant - left.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Sexton M.D.
Address BCH Date signed 1/17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry of correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 13045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. C 13045

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 614 S. Newkirk Ste

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 614 S. Newkirk Ste

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mary Uriano

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4-1915

8. AGE: Years	Months	Days	If less than one day
28	1	10	hr. min.

9. Birthplace Ohio.

(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name Nicholas Uriano

13. Birthplace Roumania

MOTHER

14. Maiden Name Anna Tunsoi

15. Birthplace Roumania

16 (a) Informant Mrs. Anna Uriano

(b) Address 614 S. Newkirk Ste.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-44 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern Ave Rd

18 (a) Funeral director John B. Connelly

(b) Address 418 Eastern Blvd

19 (a) JAN 18 1944 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan - 14th 1944, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 20 1943 to Jan 14 1944 and that I last saw h[illegible] alive on Jan 12 1944

Immediate cause of death Advanced Chr Pulm TB

	Duration
Due to —	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature [illegible]

Address 2529 Eastern Ave Date signed 1/19/44 M. D.

G 13046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 13046 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 117 S. Central Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 117 S. Central Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country 35 yrs

3 (a) FULL NAME Saverio Jeannetta

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Philomena

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Mar. 1859

8. AGE: Years	Months	Days	If less than one day
86	10		hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Jeannetta
13. Birthplace Italy

MOTHER
14. Maiden Name Antonuzzo
15. Birthplace Italy

16 (a) Informant Mr. Leo Jeannetta
(b) Address 117 S. Central Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/44 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director F. V. Lepitina
(b) Address 2818 E. Baltimore St

JAN 18 1944 (b)
(Date received by Registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION

P

20. DATE OF DEATH January 16, 1944, at 1:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 11, 1944, to Jan. 16, 1944, and that I last saw him alive on Jan. 16, 1944.

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 week
Due to: Congestive Heart Failure — 1 day
Due to: Arteriosclerosis — Unknown
Due to: Chronic Myocarditis — Unknown
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philibert Artigiani, M.D.
Address 2942 E. Fayette St. Date signed 1/18/44

Huntington Williamsville, N.Y.

G 13047 83586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13047 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 months
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 29 N Penny St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Trumphour

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1870

8. AGE: Years 73 | Months 1 | Days 14 | If less than one day ... hr. ... min.

9. Birthplace Indiana (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joan Trumphour
13. Birthplace Ohio

MOTHER
14. Maiden Name Anna Reese
15. Birthplace Indiana

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18 1944 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Park
Location Rockville

18 (a) Funeral director Fredericks & Cyler
(b) Address 1700 W Lombard

19 (a) ... (b) ... (Signature of registrar) Registrar

JAN 18 1944

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14 1944, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-1 1943 to 1-14 1944, and that I last saw h[illegible] alive on 1-14 1944

Immediate cause of death: Pulmonary Embolism

Due to: Intertrochanteric Fracture Rt Femur

Due to: Ceremonia of Lecture

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Ceremonia of Lecture

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 18/2
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8-30-43 at ... M
(c) Where did injury occur? Baltimore Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Tripped & fell down stairs

23. Signature Bonnell B Wolf M. D.

Address Balto City Hosp Date signed 1-17-44

Huntington Williams, M.D. For M.L. Brockman, by Howard J. Masson, M.D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 13048 — BALTIMORE CITY HEALTH DEPARTMENT — G 13048

CERTIFICATE OF DEATH 97

Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 735 S. Glover St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-
(e) Length of stay in Baltimore (yrs., mos., or days) 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 735 S. Glover St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Pietrzak

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Casimier Pietrzak
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John Kosinski
13. Birthplace Poland.

MOTHER
14. Maiden Name Anna ?
15. Birthplace Poland

16 (a) Informant Mrs. Anna Dombrowski
(b) Address 735 S. Glover Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 1944 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John M. Welsh
(b) Address 401 S. Chester Street

19 JAN 18 1944 (b) Huntington Williams, M.D. Registrar
Received by Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1944 at 12 55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1943 to Jan 16 1944 and that I last saw her alive on Jan 16 1944.

Immediate cause of death: acute hepatitis arteriosclerosis — Duration: 1 wk.
Due to Arterial Hypertension — 10 yrs +
Due to — 10 yrs +
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 318 S. Patterson Park Date signed 1/18/44

PHYSICIAN
Underline the cause to which death should be charged statistically.

G 13049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 13049 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner ave
(c) Hospital or institution: West Balt. Gener. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 d.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 128 S. Poppleton St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Charles A. Dyson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	wid

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1877.

8. AGE: Years	Months	Days	If less than one day
66	2		hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Shops

FATHER
12. Name John T. Dyson
13. Birthplace Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace Va

16 (a) Informant Mr. Frances T. Bustler
(b) Address 901 Hollins Street

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 1-19-44 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location 4300 Old Frederick Rd.

18 (a) Funeral director John Lowry & Son
(b) Address 901 Hollins Street.

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 18 1944 Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1944 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-5 1944 to Jan 16 1944 and that I last saw h[illegible] alive on Jan 16 1944.

Immediate cause of death	Duration
acute pulmonary edema	
Due to	
Due to	
General arteriosclerosis	
Other Conditions Subdural hemorrhage	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P. N. Friedman M. D.
Address West Balt. Gen. Hosp. Date signed 1/16/44

G 13050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13050 Registered No. 1462

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2413 N. Howard St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2413 N. Howard
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas W Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col.	Married

6 (b) Name of husband or wife Lottie Wilson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1879

8. AGE: Years	Months	Days	If less than one day
64	7	10	hr. min.

9. Birthplace Cape Charles Va.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Robert Wilson
13. Birthplace Va

MOTHER
14. Maiden Name Julia ?
15. Birthplace Va

16 (a) Informant Lottie Wilson
(b) Address 2413 N. Howard St

17 (a) Burial (b) Date thereof Jan. 20-44
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) JAN 18 1944 (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16 1944 at 2:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15, 1943, to Jan 16, 1944, and that I last saw h[illegible] alive on 1-15-44 19

Immediate cause of death	Duration
Uremia Carcinoma	1 mo ?
Due to	
Due to	
Other Conditions Generalized Carcinoma	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Marie Olson, M. D.
Address 312 E. 23rd St Date signed 1-18-44

Write the cause of death clearly and legibly. Physicians: please write correct age is especially important.

G 13051

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 13051

Registered No. 637

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Lombard & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 4 weeks
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City or town: Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No.: 947 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME: Mamie Johnson

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Bl	separated

6 (b) Name of husband or wife: Walter Johnson

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 14, 1899

8. AGE: Years	Months	Days	If less than one day: hr.	min.
44	6	1		

9. Birthplace: Va (Town, county, and state)

10. Usual Occupation: Domestic

11. Industry or business

FATHER
12. Name: Henry Bailey
13. Birthplace: Va

MOTHER
14. Maiden Name: Annie Laws
15. Birthplace: Va

16 (a) Informant: Ella Thomas
(b) Address: 602 N. Fremont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 19, 1944 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary
Location:

18 (a) Funeral director: Mrs Katie R. Williams
(b) Address: 322 N. Schroeder St

19 (a) Date received by registrar: (b) Registrar: Huntington Williams

JAN 18 1944
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 15 1944, at 6:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1944 to Jan 15 1944, and that I last saw h. m. alive on Jan 12 1944.

Immediate cause of death	Duration
Uraemia - chronic nephritis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation: Hysterectomy - Fibroidectomy Jan. 13, 1944

Major findings of operation:

of autopsy:

PHYSICIAN (Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: C. Hue Downs M. D.

Address: Med. Arts Date signed: 1-17-44

Write the cause of death clearly and legibly. Physicians: please write correct age is especially important.

G 13052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 13052 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Malden & Lyndon
(c) Hospital or institution: Maryland Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Glen Burnie, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 Third Ave S.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Mamie C Wade

3 (b) If veteran, name war	3 (c) Social Security Account No. NONE
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Joseph Wade
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) June 17, 1877

8. AGE: Years	Months	Days	If less than one day
66	7	6	..... hr. ..... min.

9. Birthplace Odenton, A. A. Co. Maryland.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business OWN Home.

FATHER
12. Name John Lauman
13. Birthplace Odenton, Md.

MOTHER
14. Maiden Name Margaret Hood
15. Birthplace Odenton, Md.

16 (a) Informant Joseph Wade
(b) Address Glen Burnie Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20, 1944 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Memo.
Location Glen Burnie, Md.

18 (a) Funeral director Thomas W Singleton
(b) Address Glen Burnie Md

JAN 18 1944
(Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1944, at 9:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from ..... 19..., to 1-18 1944, and that I last saw h.e.r. alive on 1-17 1944.

Immediate cause of death	Duration
Tetanus	
Due to Diabetes gangrene of foot	
Due to Diabetes	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Carl Myers M.D.
Address Md. Gen. Hosp. Date signed 1-18-44 M. D.

VS 8

C 13053

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 176

C 13053
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Bethlehem-Fairfield Shipyard
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5910 Highgate Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry L. Reichelderfer

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. 205-05-0496

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: ESTER REICHELDERFER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): APRIL 3-1903

8. AGE: Years 40 | Months 9 | Days 14 | If less than one day hr. min.

9. Birthplace: TAMAQUA PA. (Town, county, and state)
10. Usual Occupation: ERECTOR
11. Industry or business: AT FAIRFIELD

FATHER
12. Name: WILLIAM REICHELDERFER
13. Birthplace: PA.

MOTHER
14. Maiden Name: ALICE HOURER
15. Birthplace: PA.

16 (a) Informant: ESTER REICHELDERFER (WIFE)
(b) Address: 5909 HIGHGATE DRIVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 21/44 (month) (day) (year)
(c) Cemetery or crematory: TAMQUA PA.
Location:

18 (a) Funeral director: Lilly and Geiler INC.
(b) Address: 403 S. WOLFE ST.

JAN 18 1944 (Date rec'd by registrar)
(b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17, 1944, at 6:05 P.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Crushed Chest

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 1-17-44 at 6 P.M. 25/6
(b) Where did injury occur? Bethlehem-Fairfield Shipyards
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? Yes
(d) Means of injury: Struck on head by crane

23. Signature: Roland Lee Graham M.D. Medical Examiner.
Date signed 1-18-44.

G 13054

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 B

G 13054 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mendenhall St & Jenkins Ave
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 73 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2732 Elliott Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Thomas Norris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Kate Katherine E. nee Abraham 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 16, 1868

8. AGE: Years	Months	Days	If less than one day
75	1	2	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Retired Clerk
11. Industry or business B&O. R.R.

FATHER
12. Name Wm Norris
13. Birthplace England

MOTHER
14. Maiden Name Unknown
15. Birthplace England

16 (a) Informant Luther W. Norris
(b) Address 2732 Elliott Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/44 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3901 Frederick Rd

18 (a) Funeral director Henry H. Wilson
(b) Address 4101 E. Monument Ave

No 18 1944 (Date rec'd by registrar) (b) Burington for Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18 1944, at 5:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1944 to 1-18 1944, and that I last saw h[illegible] alive on 1-18 1944.

Immediate cause of death Bladder Hemorrhage — Duration

Due to Carcinoma of Bladder

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John D. Young Jr. M. D.
Address Md. Gen. Hosp. Date signed 1-18-44

G 13055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G 13055
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 882 W. Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 882 W. Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George F. Bokman

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Married

6 (b) Name of husband or wife Emma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 5, 1876

8. AGE: Years	Months	Days	If less than one day
67	3	11	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Francis R. Bokman
13. Birthplace Md.

MOTHER
14. Maiden Name Alverta —
15. Birthplace Md.

16 (a) Informant Miss Katherine Bokman
(b) Address 706 Huntsley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md

18 (a) Funeral director Harry H. Wiltze
(b) Address 4101 Edmondson Ave

19 (a) 1944 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1944, at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1943 to Jan 15 1943, and that I last saw h[illegible] alive on Jan 15 1944.

Immediate cause of death Acute Cardiac Dilatation — Duration 2 days
Due to Myocarditis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Glassman M. D.
Address 753 W Fayette St Date signed Jan 18 [illegible]

Huntington Williams, Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The subject are is especially important. Physicians: please write the causes of death clearly and legibly.

G 13056

T.N. 86005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 13056 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 947 N. Mount St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jenny Butler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 20, 1908

8. AGE: Years	Months	Days	If less than one day
35	3	26	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Henry W Campbell Campbell
13. Birthplace Maryland

MOTHER
14. Maiden Name Lucy Self
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20-44 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary C. A. Co
Location

18 (a) Funeral director Sam'l T. Casey & Son
(b) Address 638 N. Gilmor St

JAN 18 1944 (Date Rec'd by Registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16-44 19 , at 4:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-16 1944, to 1-16 1944, and that I last saw h[illegible] alive on 1-16 1944

Immediate cause of death

	Duration
Diabetic Coma	?
Due to Diabetes Mellitus	?
Due to Intestinal Obstruction	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B Kebl M. D.
Address Balto City Hosp Date signed 1-17-44

VS 150

G 13057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

G 13057 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5715 Bland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5715 Bland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Joseph Dettor Jr.

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Grace J. Dettor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1874

8. AGE: Years 69 Months 5 Days 17 If less than one day hr. min. 3

9. Birthplace Harrisonburg, Va (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Retired

FATHER
12. Name Robert J. Dettor
13. Birthplace Unknown

MOTHER
14. Maiden Name Columbia A. Carter
15. Birthplace Unknown

16 (a) Informant Grace J. Dettor
(b) Address 5715 Bland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-44 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director Loring Byrd
(b) Address 5005 Park Heights Ave

19 (a) Jan 19 1944 (b) Jan 19 1944

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1944, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1944, to Jan 16 1944, and that I last saw her alive on Jan 12 1944.

Immediate cause of death	Duration
Coronary Embolism	1 Day
Due to Mitral Regurgitation	2 yrs.
Due to Hypertension	2 yrs.
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature Charles J. Wells M. D.
Address 5276 Park Ave Date signed Jan 18 44

Huntington Will Brophy Mgr

G 13058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 6

G 13058 Registered No.

Every item of information should be carefully supplied. Write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK. Exact age is especially important. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution: University Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1616 Eutaw Pl.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME G. Isham Tiller

3 (b) If veteran, name war

3 (c) Social Security Account No. 250-05-905

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 17 1920

8. AGE: Years	Months	Days	If less than one day
23	11	1	hr. min.

9. Birthplace Anderson So. Carolina
(Town, county, and state)
10. Usual Occupation Bethlehem Fairfield
11. Industry or business Welder

FATHER
12. Name James a Tiller
13. Birthplace Hart Co. Ga.

MOTHER
14. Maiden Name Clara McCurley
15. Birthplace Everett Co Ga.

16 (a) Informant Ida Evelyn Tiller
(b) Address Anderson. So. Carolina

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/44 (month) (day) (year)

(c) Cemetery or crematory
Location Anderson. So Carolina

18 (a) Funeral director Ellsworth Memorial
(b) Address 3911 Liberty Hgts.

19 (a) JAN 18 1944 (b) Signature of registrar Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/17 1944 at 10:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 1944 to 1/17 1944, and that I last saw him alive on 1-17 1944.

Immediate cause of death Terminal cardiac collapse

Due to Epidemic meningitis

Due to Lobar pneumonia, lt lower.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Meningitis, CPC. furnished

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. U. Lattimer Jr M.D.
M. D.
Address University Hosp Date signed 1/18/44

G 13059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13059 Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1804 Orleans St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wesley Waddell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth Date of deceased (mo., day, yr.) 8-13-61

8. AGE: Years 82 | Months 5 | Days 2 | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Nathan Waddell
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Martha ?
15. Birthplace N. Carolina

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20th 1944 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Elroy O Wilson

18 (a) Funeral director
(b) Address 100 [illegible] Huntington Pittsburgh, Pa.

19 (a) Date received by Local Registrar JAN 18 1944 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15 1944 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1944 to Jan 15 1944, and that I last saw [illegible] alive on Jan 15 1944

	Duration
Immediate cause of death: Respiratory Failure	
Due to: Lobar pneumonia, R.L.L.	11 days
Due to: Diffuse bronchopneumonia	
Due to:	
Other Conditions: Senility and atherosclerotic heart disease	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address J. Hopkins Hospital Date signed 1-15-44

G 13060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

G 13060
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) Died

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 108 N. Bond
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY CARWELL JR.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Nettie

6 (c) If alive, give age years.

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years	Months	Days	If less than one day
41 40			hr. min.

9. Birthplace S.C.
(Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Henry Carwell Sr.
13. Birthplace S C

MOTHER
14. Maiden Name Ella Atwood
15. Birthplace S.C.

16 (a) Informant Nettie Carwell Wife
(b) Address 1332 Myrtle ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21 1944 (month) (day) (year)
(c) Cemetery or crematory Laurens S.C.
Location S.C.

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Pratt St

19 (a) (Date rec'd by registrar) (b) Huddington Williams, M.D. Registrar

JAN 15 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16, 1944, at 9 20 A M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Stab wound of chest

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 1-16-44 at 4 am M.
(b) Where did injury occur? Alley rear 708 N. Bond St
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work?
(d) Means of injury Knife - altercation

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 1-16-44

VSR 251

13061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. C 13061

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 838 E. Bond Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Yanner

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JAN 18 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26- 1943, at 4:40 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Haslam M.D.
Medical Examiner.
Date signed 12-27-43

0658

13062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G 13062

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 Orchard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 418 Orchard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1849

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS HOSPITAL SURGICAL JAN 18 1944

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JAN 18 1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18 1943, at 9:20 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Lobar pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert L. Craton M.D.
Medical Examiner.
Date signed Dec 19 1943

F 0652

13063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13063

Registered No. 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Shack in rear of 5626 Pennington Ave (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Niels M. Argent

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
54			.....hr. .....min.

9. Birthplace.....
(Town, county, and state)
10. Usual Occupation.....
11. Industry or business.....

FATHER
12. Name.....
13. Birthplace

MOTHER
14. Maiden Name.....
15. Birthplace

16 (a) Informant.....
(b) Address

17 (a).....(b) Date thereof.....
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory.....
Location JOHN HOPKINS [illegible] JAN 18 1944

18 (a) Funeral director Commissioner of Health
(b) Address.....

19 JAN 18 1944 (b) Huntington Williams M.D.
(Date received by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18 1943, at 2 20 P.M.

21. I certify that I took charge of the remains described above, held an Inquisition thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Hus death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic
cardiovascular-renal disease

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury.....at.....M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?.....While at work?.....
(d) Means of injury.....

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec 19 1943

0651

446622

13064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44B

X ✓ G 13064

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days) 1 YR.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore Merrydale
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 619 Coleraine RD (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Felix Edward Lukas

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eleanor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-30-03

8. AGE: Years 40 | Months 7 | Days 17 | If less than one day hr. min.

9. Birthplace N. Y. (Town, county, and state)

10. Usual Occupation Foremans

11. Industry or business

FATHER — 12. Name Casmier Lukas

FATHER — 13. Birthplace N.Y.

MOTHER — 14. Maiden Name ?

MOTHER — 15. Birthplace ?

16 (a) Informant Records.

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) CREMATION (Burial, cremation, or removal) (b) Date thereof JAN. 22/44 (day) (year)

(c) Cemetery or crematory SACRED HEART CEM[illegible]

Location [illegible]

18 (a) Funeral director Lilly and Geiler INC.

(b) Address 403 S. WOLFE ST.

JAN 19 1944 Hunting for Williams, M.D.
(Date rec'd by Local Reg.) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1944 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 24 1943 to Jan 17 1944 and that I last saw him alive on Jan 17 1944

Immediate cause of death: Hodgkins disease with involvement of [illegible] Duration 8 mos.

Due to: [illegible]

Due to:

Other Conditions: Right pleural effusion

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible]

Address [illegible] Date signed 1/17/44

Every item on information should be carefully supplied. Use WRITING FLUID, WHEN TYPEWRITER, WITH UNFADING INK. Every item on this certificate should be answered, or the word "unknown" inserted if the correct answer is not known. Physicians: please write the causes of death clearly and legibly. Special attention is especially important.

13065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1248

Registered No. G 13065

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 125 S. Payson St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20

(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 125 S. Payson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Antone Meier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Minnie Meier

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29-1868

8. AGE: Years 75 | Months 6 | Days 20 | If less than one day hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation Retired Cake Baker

11. Industry or business

FATHER
12. Name Meier
13. Birthplace Hungary

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany.

16 (a) Informant Henry J. Meier
(b) Address 248 S. Clayde Ave. Louisdale

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-44 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director George L. Lepwat
(b) Address 2444 Frederick Ave

JAN 19 1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION 45

20. DATE OF DEATH 18th January, 1944, at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1943, to Jan 18 1944 and that I last saw him alive on Jan 18 1944

Immediate cause of death Arteriosclerotic Cardio-Vascular Desease — Duration

Due to

Due to

Other Conditions Carbonic y Fever

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Scarpetta M. D.

Address 1729 W Lombard Date signed 1-18-44

13066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13066
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2701 Chesterfield Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2701 Chesterfield Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martin Joseph Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	married

6 (b) Name of husband or wife Margaret C. [illegible]
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1897

8. AGE: Years	Months	Days	If less than one day
46	8	15	hr. min.

9. Birthplace New York
(Town, county, and state)
10. Usual Occupation Electrician (Retired)
11. Industry or business

FATHER
12. Name Martin J. Mitchell
13. Birthplace Ireland

MOTHER
14. Maiden Name Rose Murtha
15. Birthplace Ireland

16 (a) Informant Mrs Margaret Mitchell
(b) Address 2701 Chesterfield Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof V-22-44 (month) (day) (year)
(c) Cemetery or crematory Saint Johns Judiciary
Location Connecticut

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road

19 (a) JAN 19 1944 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1944, at 10:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1943 to Jan 18 1944 and that I last saw h[illegible] alive on Jan 17 1944

Immediate cause of death	Duration
Cardiac & Respiratory	
Due to Pulmonary Hemorrhage	
Due to	
Other Conditions Pulmonary Tuberculosis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. B. Stevens M. D.
Address 3400 Edmondson Ave Date signed 1/18/44

Write age if especially important. Physicians: please write the causes of death clearly and legibly.

Cevick

13067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 13067

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5 day
(e) Length of stay in Baltimore (yrs., mos., or days) 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 120 S Patterson Pk
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rachael Cevick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Fem. | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Charles -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years 82 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name -
13. Birthplace Russia

MOTHER
14. Maiden Name -
15. Birthplace Russia

16 (a) Informant Morris Baumel
(b) Address 1533 N. Chesterfield St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-44 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel
Location

18 (a) Funeral director Jacob Levine Inc
(b) Address 1439 E. Balto. St

19 JAN 19 1944 (a) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 | 18 | 44 19 , at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1 | 1 19 44 to 1 | 18 19 44
and that I last saw her alive on 1 | 18 19 44

Immediate cause of death Pneumonia — Duration

Due to

Due to

Other Conditions Arteriosclerotic heart disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Stern M.D.
Address Sinai Hospital Date signed 1/18/44

Please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

VS 150

13068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13068
Registered No.

1616

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Univ. Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Yr 2 Mo 28
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto. 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4900 Wetheredsville Rd - Dickeyville
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Patricia ANN Thorn

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29 1943

8. AGE: Years	Months	Days	If less than one day
	2	20	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph J. Thorn Jr.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Dorothy Smith
15. Birthplace Baltimore Md.

16 (a) Informant Joseph J. Thorn Jr.
(b) Address 4906 Wetheredsville Rd.

17 (a) Burial (b) Date thereof Jan. 19 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director J. Howard Strong
(b) Address 3707 W. North Ave.

19 (a) [illegible] by Huntington Williams, M.D.

JAN 19 1944

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18 1944 at 3 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1944 to Jan 18 1944 and that I last saw her alive on Jan 18 1944

Immediate cause of death Resp. Failure — Duration

Due to Septicemia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. E. Robertson M. D.
Address Univ. Hosp. Date signed 1-18-44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered; if unknown, write the causes of death clearly and legibly. correct age is especially important. Physicians: please write

13069
AB-84188

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 13069
Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mos-14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4807 Kenwood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie C. Smith

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife William (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13- 1852

8. AGE: Years	Months	Days	If less than one day
91	1	5	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Steven Hitzelberger
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Howard
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (b) Date thereof 1/20/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Mathews Cemetery
Location O'Donnell St.
18 (a) Funeral director Howard N. Bright Jr.
(b) Address 4914 Belair Road.
19 JAN 19 1944 (Signature of local registrar) Huntington Williams M.D.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered; where none write the words "none" or "unknown." Use figures for dates and ages. Be sure to write the causes of death clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/18 1944 at 5:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/4 1943 to 1/18 1944 and that I last saw h[illegible] alive on 1/18 1944.

Immediate cause of death [illegible] Duration (18 d.)
Due to
Due to
Other conditions HCVD; Arteriosclerosis, Cerebral
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature E. L. Sussman M. D.
Address BCH Date signed 1/18

13070

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G 13070

CERTIFICATE OF DEATH 119a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hosp 99
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Perry Hall (Fullerton) (If outside city or town limits, write RURAL and give town)
(d) Street No. Camp Chapel Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Paul Henry Foster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2nd 1944

8. AGE: Years — Months — Days 15 If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Paul F. Foster
13. Birthplace Balto. Co. Maryland

MOTHER
14. Maiden Name Dora Schellhans
15. Birthplace Baltimore Maryland

16 (a) Informant Paul F. Foster
(b) Address Fullerton, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 19 1944 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Maryland

18 (a) Funeral director Sasaman Funeral Home
(b) Address 7421 Belair Road

19 JAN 19 1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17 1944 at 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 14 1944 to Jan. 17 1944 and that I last saw h.im alive on Jan. 17 1944.

Immediate cause of death Diarrhea — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr Huntington
Address St Josephs Hosp Date signed 1/20/44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

13071

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G 13071
Registered No.

CERTIFICATE OF DEATH 124a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver
(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 405 Eastern Ave.,
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William E. Richards on (William Earle Richardson)
3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anna B. Richardson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14th 1893

8. AGE: Years 50 | Months 11 | Days 26 | If less than one day hr. min. 24

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Building Engineer
11. Industry or business Baltimore County

FATHER: 12. Name Charles E. Richardson
13. Birthplace Baltimore, Maryland

MOTHER: 14. Maiden Name Augusta Mikesell
15. Birthplace Maryland

16 (a) Informant Mrs. E. Richardson
(b) Address 405 Eastern Ave. Essex

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20. 1944 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore, Maryland

18 (a) Funeral director Loeffler Funeral Home
(b) Address 7401 Belair Road

JAN 19 1944 Huntington Williams
(Date received) (Registrar)

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/18/ 1944, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/29/ 1943, to 1/18/ 1944, and that I last saw him alive on 1/18 1944.

Immediate cause of death Ascites - Circulatory Failure — Duration
Due to Cirrhosis of Liver.
Due to ? Alcoholism.
Other Conditions Jaundice.

(Include pregnancy within 3 months of death)
Date of operation 1-4-44
Major findings of operation: Cirrhosis of Liver - Jaundice - Ascites.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stanley B. Klyanowicz, M.D.
Address St. Agnes Hosp. Date signed 1-18-44

13072 BARshch ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1820

Registered No. C 13072

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1305 Raft Court 15
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 Raft Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joann Mary Barshch.

3 (b) If veteran, name war —

3 (c) Social Security Account No. — Baby

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 5-1943

8. AGE: Years | Months 2 | Days 15 | If less than one day 13 hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Baby

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Helen Barshch
15. Birthplace Webster, Mass.

16 (a) Informant Mrs Karl Silgradt
(b) Address 1305 Raft Court

17 (a) Burial (b) Date thereof Jan 20-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location Jos. Ritchie Highway

18 (a) Funeral director Milton Schilling
(b) Address 3914 S. Hanover St

19 (a) Harrington Williams, M.D.
(Date received by registrar) Registrar

JAN 19 1944

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1944, at 11.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 18 1944 to Jan 18 1944, and that I last saw [illegible] alive on 19

Immediate cause of death: Suffocation Accidental.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 1/18/44 at 11:35 A.M.
(c) Where did injury occur? Balto. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? no
(Specify type of place)
(e) Means of injury suffocated in bed clothes

23. Signature Wm M. Harley M.D.

Address 709 Penna Ave Date signed 1/19/44

For Wm. M. Harley, by Hobson J. Wiseley M.D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

13073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33B

Registered No. G 13073

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 581 [redacted]
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14

(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 581 [redacted]
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Maggie Margaret Walker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race B | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Charles Walker

6 (c) If alive, give age years

7. Birth date of deceased (if less than 24 hours, give time of birth) July 1871

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John L. Pinkett
13. Birthplace Md

MOTHER
14. Maiden Name Maryland
15. Birthplace Md

16 (a) Informant Mary Taylor

(b) Address 581 N. Lawrence St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20, 1944 (Month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem

Location

18 (a) Funeral director Mrs. Katie R. Williams

(b) Address 2229 N. Edmondson Ave.

19 (a) JAN 19 1944 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/16/44 19 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/14/44 19 to 19, and that I last saw him alive on 1/15/44

Immediate cause of death Intestinal Paralysis

Due to Strangulation of Intestines

Due to Age

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature H. Cane Ellen M. D.

Address 504 N. Monroe St Date 1/17/44

VS 150

C 13074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

104

Registered No. 13074

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 249 N. Vincent St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-V
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 249 N. Vincent St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joshua Owens

3 (b) If veteran, name war

(c) Social Security Account No.

4. Sex Male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Florence N. Owens

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph Owens
13. Birthplace Prince Geo. Co. Md.

MOTHER
14. Maiden Name Katie
15. Birthplace Prince Geo. Co. Md.

16 (a) Informant Florence Owens
(b) Address 249 N. Vincent St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 21, 1944 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Wm. Kattz R. Williams
(b) Address 222 N. Schroeder St.

19 (Date received by registrar) JAN 19 1944 Huntington Williams, M.D.

VS-150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1944, at 5.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7, 1944, to Jan 15 1944, and that I last saw him alive on Jan 15 1944.

Immediate cause of death Lobar Pneumonia

Due to Bronchopneumonia

Due to Bronchopneumonia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos Koldewey M.D. M. D.

Address 1715 W Pratt Date signed 1/18/44

K OL DEWEY

C 13075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 136a

Registered No. C 13075

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood + Greene
(c) Hospital or institution:
University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 811 W. Franklin St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Steven Morgan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-18-1891

8. AGE: Years	Months	Days	If less than one day
52 53	1	27	hr. min.

9. Birthplace St. Augustine, Fla.
(Town, county, and state)

10. Usual Occupation Chair Caner

11. Industry or business Mfg. Assoc. For the Blind

FATHER
12. Name Unknown
13. Birthplace West Indies

MOTHER
14. Maiden Name Unknown
15. Birthplace West Indies

16 (a) Informant Md. Workshop for Blind
(b) Address 601 N. Fulton Ave.

17 (a) Burial (b) Date thereof 1/19/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 JAN 19 1944 Huntington Williams, M.D.
(Registered by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/15 1944, at 6:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/15 1944, to 1/15 1944, and that I last saw h[illegible] alive on 1/15 1944.

Immediate cause of death Uremia

Due to Stricture of urethra (cong.)

Due to

Other Conditions Heart Failure

(Include pregnancy within 3 months of death)

Date of operation 1/15/44

Major findings of operation: 1500 cc urine – retention

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. J. Range M. D.
Address Date signed

correct age is especially important. If unknown, please write "unknown."

G 13076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 13076

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1640 Ashburton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1640 Ashburton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Albert Roy Carter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1871

8. AGE: Years 72 | Months 1 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Stephens
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Mary Virginia Smith
15. Birthplace Cumberland, Md.

16 (a) Informant Miss M. V. Carter
(b) Address 1640 Ashburton St

17 (a) Burial (b) Date thereof 1/20/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. Tuckner & Sons
(b) Address Balto., Md.

19. JAN 19 1944 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/17 1944, at 6.40 A.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh W. B. McNally M.D.
Medical Examiner.
Date signed 1/17/44

C 13077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. C 13077

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution:
Edgewood Nursing Ho.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 2/8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5628 Ready Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY S. WINSTANLEY

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary G.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1870

8. AGE: Years	Months	Days	If less than one day
73	7	17	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Baggage Clerk
11. Industry or business Penna. R. R.

FATHER
12. Name Wm. E. Winstanley
13. Birthplace England

MOTHER
14. Maiden Name Mary E. Phelps
15. Birthplace Md.

16 (a) Informant Mrs. Mary G. Winstanley
(b) Address 5628 Ready Ave.

17 (a) Burial (b) Date thereof 1/21/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory WOODLAWN
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (b) Huntington Williams, M.D.
(Date Rec'd) JAN 19 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/18/ 1944 at M

21. I certify that death occurred on the date above stated; that I attended deceased from August 22 1939, to Jan 16 1944, and that I last saw him alive on Jan 16, 1944

Immediate cause of death Hypertensive cardio-renal disease. — Duration 4 Yrs (?)

Due to Hypostatic pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jno G. Bayne Jr. M. D.

Address 1014 St. Paul St. Date signed 1-19-44

correct age is especially important. Physicians, please write plainly and legibly.

VS 150

13078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13078
Registered No.

467

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 706 N. Hilton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 706 N. Hilton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE VOLNEY LEACH

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Emma C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1887

8. AGE: Years 57 | Months 0 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Ice Business

11. Industry or business

FATHER
12. Name Charles Henry Leach
13. Birthplace Worcester, Mass.

MOTHER
14. Maiden Name Catherine Rich
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Emma C. Leach
(b) Address 706 N. Hilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/44 (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Howard Co., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md

19 (a) JAN 19 1944 (Month, day, year) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18, 1944, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3, 1943, to Jan 17 1944, and that I last saw him alive on Jan 17 19 44

Immediate cause of death Carcinoma of the recto-sigmoid. — Duration 3 y.

Due to General cachexic state.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation May, 1943

Major findings of operation: Carcinoma of the recto-sigmoid junction with metastases of the abdomen and liver

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Bayard J. M. D.

Address 1014 St. Paul St. Date signed 1-19-44

13079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

✓ Registered No. G 13079

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street Address 316 N. Hofman Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and name town)
(d) Street No. 316 N. Hofman Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years	Months	Days	If less than one day
86			hr. min.

9. Birthplace Maryland. (town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace —

MOTHER
14. Maiden Name Unknown
15. Birthplace —

16 (a) Informant Mrs Edla Carter

(b) Address 1417 Argyle Av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-44 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location Baltimore, Md

18 (a) Funeral director Mrs I. Reaves & D. Hemsley

(b) Address 534 W. Biddle St.

19 (a) JAN 19 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1944, at 5 P. M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular renal disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed 1-15-44

G 13080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

G 13080 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3312 Old Frederick Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3312 Old Frederick Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob W. Morris

3 (b) If veteran, name war No

3 (c) Social Security Account No. No

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Lizzie B. Morris

6 (c) If married, widowed, or divorced, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 24th 1862

8. AGE: Years 81 | Months 1 | Days 24 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Tavern Keeper

11. Industry or business

FATHER
12. Name Nicholas Morris
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary Wilhelm
15. Birthplace Unknown

16 (a) Informant Mrs. Edith Stumbo and
(b) Address 3312 Old Frederick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20th 1944 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto. Md.

18 (a) Funeral director Charles W. Dill
(b) Address 3198 Frederick Ave

19 (a) Jan 19 1944 (b) Registered by registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1944 at 10:a M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1943 to Jan 17 1944 and that I last saw h(I)M alive on Jan 18 1944

Immediate cause of death Arteriosclerotic Heart Disease — Duration 6 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos Collins M. D.
Address 3321 Frederick Date signed 1-18-44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 13081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

109

G 13081 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1639 Ceddox St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1639 Ceddox
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alexander Liszczynski

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-03-1206

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Magdalena

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 71 | Months 70 | Days | If less than one day ..... hr. ..... min.

9. Birthplace Austria
(Town, county, and state)

10. Usual Occupation laborer

11. Industry or business Bethlehem Fabricating

FATHER
12. Name Stanley Liszczynski
13. Birthplace Austria

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Austria

16 (a) Informant Magdalena Liszczynski
(b) Address 1639 Ceddox

17 (a) Burial (b) Date thereof 1-20-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross A.A. Co.
Location RITCHIE-HIGHWAY

18 (a) Funeral director Wm. S. Fiszkowski
(b) Address 2007 Eastern Ave

19 (a) Date received JAN 19 1944 (b) Huntington Williamsburg, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/17/44 19..., at 12 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/17/44 19... to 1/17/44 19...,
and that I last saw him alive on 1/17/44 19...

Immediate cause of death Pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Rubin M. D.
Address 203 Bolgano Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

13082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13082
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1645 N. Spring Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ######
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1645 N. Spring Street
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Michels

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Herman J. Michels
6 (c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): March 18, 1865

8. AGE: Years: 56 | Months: 10 | Days: 0 | If less than one day: ###### min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: Own Home

FATHER
12. Name: John Eifert
13. Birthplace: Baltimore Md.

MOTHER
14. Maiden Name: Cunnigunda Knorr
15. Birthplace: Germany

16 (a) Informant: Mr. Herman J. Michels (Husband)
(b) Address: 1645 N. Spring Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22, 1944 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Rd. Balto; Md.

18 (a) Funeral director: George J. Ruth, Inc.
(b) Address: 1735 Harford Avenue

19 (a) JAN 19 1944 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 18th 1944 at 5.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 14 1944, to JAN 18 1944, and that I last saw her alive on JAN 18 1944.

	Duration
Immediate cause of death: ARTERIOSCLEROSIS.	14 Yr.
Due to: ACUTE CARDIAC DILITATION	2 DAYS
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: James F. Cavanaugh M.D.
Address: 3328 McElderry St. Date signed 1-19-44 M. D.

PHYSICIAN
Underline the cause to which death should be charged statistically.

Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

13083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 13083
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1329 Webster St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) About 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1329 Webster St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Hughes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Thomas J. Hughes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?, ?, 1853

8. AGE: Years About 90 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace ~~At Home~~ Waterford, Ireland
(Town, county and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Ingrim O'Helan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Dugan
15. Birthplace Ireland

16 (a) Informant Andrew J. Hughes (nephew)
(b) Address 1339 Webster St.

17 (a) Burial (b) Date thereof Jan. 20, 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director G. Howard Evans
(b) Address 1400 N. Charles St.

19 (a) JAN 19 1944 Huntington Williams, M.D.
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17, 1944, at 9:00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1943 to Jan 17 1944 and that I last saw h... alive on 19...

Immediate cause of death
Bronchial amphistomiasis Coffe pneumonia — Duration 4 days
Due to
Due to Coronary heart disease — 4 days
Other Conditions arteriosclerosis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isaac Miller M. D.
Address 1124 N. Charles St. Date signed 1/19/44

G 13084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13084

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2403 Harlem ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 5 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2403 Harlem Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George A. Krantz.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M. | 5. Color or race W. | 6 (a) ~~Single, married, widowed, or divorced~~ widower.

6 (b) Name of husband or wife Hallette M. Krantz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31, 1866

8. AGE: Years 77 | Months 5 | Days 17 | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER 12. Name Geo Krantz.
13. Birthplace Germany.

MOTHER 14. Maiden Name Wilhelmina Beckmeyer
15. Birthplace Germany

16 (a) Informant Stanley Krantz
(b) Address 400 Fiddick Ave Kingsville Md

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Jan 20 1944 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet.
Location Balto Md.

18 (a) Funeral director Vernon Kahler
(b) Address 2301 Edmondson

19 JAN 19 1944 (Date received by Registrar) (b) Huntington Williamsport Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17, 1944, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1944 to Jan 16 1944 and that I last saw him alive on Jan 16 1944.

Immediate cause of death CARDIAC FAILURE — Duration

Due to ARTERIOSCLEROTIC C.V.D

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. C. Pound M. D.

Address 40 N. Payson Date signed 1/17/44

G 13085

A3-69650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 138

G 13085

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs-2 mos. 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town BALTIMORE

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1221 Madison Ave.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Grace Daniel

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 20-1926

8. AGE: Years	Months	Days	If less than one day
17	-	11	hr. min.

9. Birthplace Md.

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Robert Wilson (Foster Father)

13. Birthplace Virginia

MOTHER

14. Maiden Name Sarah Betts

15. Birthplace Virginia

16 (a) Informant BALTIMORE CITY HOSPITALS

(b) Address RECORDS

17 (a) Burial (b) Date thereof 1-21-44

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial Park

Location 2nd

18 (a) Funeral director George T. A. Gibson Sr.

(b) Address 1736 Druid Hill Ave

(Date received by Registrar) JAN 19 1944 Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17 1944, at 3:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-29 1943 to 1-17 1944

and that I last saw h~~e~~r alive on 1-17 1944

Immediate cause of death Pulmonary TBC — Duration 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Paul Matthews

Address B. C. H. Date signed 1-17-44

M. D.

G 13086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13036 Registered No. 178 13

1. PLACE OF DEATH:
Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla. (b) County
(c) City or town Winter Garden
(If outside city or town limits, write RURAL and give town)
(d) Street No. 513 Boyd Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Ray Walden

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1918

8. AGE: Years 26 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/44 (month) (day) (year)
(c) Cemetery or crematory Thonotosassa Fla
Location Thonotosassa Fla

18 (a) Funeral director Thos. J. Kenny
(b) Address Tampa Fla

19 JAN 19 1944 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17-44 19KK, at 5:30 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation

Due to Exhaust Gas auto-truck

Other Conditions

(Include pregnancy within 3 months of death) 470

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 1-17-44 at 4.10 A.M.
(b) Where did injury occur? In front 928 Light St
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? Yes
(d) Means of injury Overcome by exhaust fumes

23. Signature Howard J. Walden M.D.
Medical Examiner.
Date signed 1-17-KK

G 13087

AB-85938

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 13087 Registered No.

24c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos-6days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 103 W. York St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha Thompson Holland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25 1894

8. AGE: Years 49 | Months 9 | Days 23 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Will Holland (D)
13. Birthplace Md.

MOTHER
14. Maiden Name Emma (D)
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS RECORDS
(b) Address

17 (a) Burial (b) Date thereof 1/21/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a. a. Co Md

18 (a) Funeral director Isaiah L Brown & Son
(b) Address 108 W Montgomery St

JAN 19 1944 (Hunting for Williams, Matt) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17 1944, at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11 1944, to 1-17 1944, and that I last saw h[illegible] alive on 1-17 1944

Immediate cause of death — Duration
Bronchopneumonia — 6 days
Due to
Due to Gas Gangrene Rt Leg — 1 wk
Other Conditions — wks
(Include pregnancy within 3 months of death)

Date of operation 1-11-44
Major findings of operation: Gas Gangrene Rt Leg
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald Baleh M. D.
Address Balto City Hosp Date signed 1-18-44

VS 150

correct age is especially important. Entries must be complete—please write

13088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13088

Registered No. 1312

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 217 N. Fremont ave
(c) Hospital or institution: 4

(d) Length of stay in hospital or inst. (yrs., mos., or days) no

(e) Length of stay in Baltimore (yrs., mos., or days) 2 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 217 N. Fremont ave
(If rural give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy Land

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1888

8. AGE: Years	Months	Days	If less than one day
55	10	1	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Lee Jones
13. Birthplace Va

MOTHER
14. Maiden Name Hannah Robinson
15. Birthplace Va

16 (a) Informant Leonard Jones
(b) Address 217 N. Fremont Av

17 (a) Burial (b) Date thereof 1/20/44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location Balto City

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 08 W Montgomery St

19 (a) JAN 19 1944 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1944, at 9.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1944 to Jan 16 1944, and that I last saw h[illegible] alive on 1-14 1944.

Immediate cause of death Cardiac Dilatation, [illegible]

Due to Cardio Vascular Renal disease

Due to

Other Conditions Gastric Chr

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
3
1

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm R. Boyd Jr M. D.

Address 1135 Gilmor Date signed 1/18/44

Cancer or tumor is especially important if first mentioned

VS 3

13089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 13089 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 Mc Elderry Ct. 9-2
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward C. Bryant

3 (b) If veteran, name war World War #1

3 (c) Social Security Account No. 216-03-7702

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Jennie Bryant

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31, 1892

8. AGE: Years 51 | Months 7 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Hotel

FATHER
12. Name Jacob Bryant
13. Birthplace Md.

MOTHER
14. Maiden Name Emma Edwards
15. Birthplace Md.

16 (a) Informant Jennie Bryant (Wife)
(b) Address 1706 Mc Elderry Ct. 9-2

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director John M. Johnson
(b) Address 17 Druid Hill Ave.

JAN 19 1944 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17 1944, at 12:05 P.M.

21. I certify that I took charge of the remains described above, held an inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular - Renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ... at ... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed 1-18-44

G 13090

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 13090 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital | 9W

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State [illegible] (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16 N. Calhoun Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph E. Bolen

3 (b) If veteran, name war None | 3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rosa E. Bolen
6 (c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.) April 10, 1895

8. AGE: Years	Months	Days	If less than one day
48 yrs.	9	0	hr. min.

9. Birthplace Odd W Va.
(Town, county, and state)
10. Usual Occupation Tool Checker
11. Industry or business Shipyard

FATHER
12. Name Joshua Bolen
13. Birthplace W Va.

MOTHER
14. Maiden Name Maggie Blankenship
15. Birthplace W Va.

16 (a) Informant Rosa E. Bolen
(b) Address Spencer, W Va

17 (a) Burial (b) Date thereof Jan 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mullen
Location Hinton W Va

18 (a) Funeral director Roff C. & B. M. Walton
(b) Address Pratt & Stricker Sts

19 (a) JAN 19 1944 (b) [illegible] Registrar
(Date rec'd by Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10- 1944, at 3 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Lobar Pneumonia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mullen M.D.
Medical Examiner.
Date signed 1-11-44

13091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 91a

Registered No. C 13091

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1004 W. Lafayette
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 1
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 W. Lafayette
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Lillian A. Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race col | 6 (a) Single, married, widowed, or divorced. divorced

6 (b) Name of husband or wife Harry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1895

8. AGE: Years 48 | Months 10 | Days 6 | If less than one day hr. min.

9. Birthplace St. Mary's County Md.
(Town, county, and state)

10. Usual Occupation Housemaid

11. Industry or business

FATHER
12. Name William Henry Carter
13. Birthplace St. Mary's Co. Md.

MOTHER
14. Maiden Name Anna R. Butler
15. Birthplace St. Mary's Co. Md.

16 (a) Informant Mrs. Lyttle Filippis
(b) Address 1004 W. Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-1944 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Plt.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 1619 Druid Hill Ave.

19 JAN 19 1944 (b) Huntington Williams Registrar
(Date rec'd by registrar)

VS 3

correct age is especially important—Physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13 19 44 at 8:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 31 19 43 to Jan 13 19 44 and that I last saw h[illegible] alive on Jan 13 19 43.

Immediate cause of death Cerebral Embolism — Duration 1 day
Due to Subacute Bacterial Endocarditis
Due to
Other Conditions Diuretics

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward Huggins M.D.
Address 345 Madison Date signed 1/19/44

13092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13092
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount Ave
(c) Hospital or institution:
Church Home and Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 512 Park Avenue
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Smith, Mr Samuel H.

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1, 1861

8. AGE: Years 82 | Months 3 mo. | Days 17 | If less than one day: hr. 25 min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Smith Samuel Mc
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Fairclure Sarah
15. Birthplace Virginia

16 (a) Informant Virginia Ransom
(b) Address 3043 Pea Ridge Ave. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jany. 20/44 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemy.
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1600 Eutaw Place Phone Hunting for Pulaski, Md.

JAN 19 1944
(Date rec'd by registrar)

(b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1944, at 12:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/26 1943, to 1/18 1944, and that I last saw him alive on 1/18 1944.

	Duration
Immediate cause of death: Parotitis, bilateral	3 days
Due to: Bronchopneumonia	?
Due to: Fracture hip, left	24 days
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 12/28/43
Major findings of operation: Fracture hip pinned
of autopsy: See above Dx

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 12/26/43 at ? M
(c) Where did injury occur? Balt. (City or town) ? (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No history While at work? no
(Specify type of place)
(e) Means of injury slipped & fell on the ice

23. Signature J. M. Cadden Jr. M. D.
Address Church Home & Hosp. Date signed 1-18-44

For R. L. Graham by Howard J. Mercein, M.D.

correct age is especially important. Physician: please write the causes of death clearly and legibly.

G 13093

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 13093 / 49a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2601 Roslyn Ave.
(c) Hospital or institution:
Finley Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 400 E. North Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CLARA N. ANDERSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Widow

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1872

8. AGE: Years	Months	Days	If less than one day
71	10	11	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John G. Netre
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Emeline N. Waldman
15. Birthplace Balto., Md.

16 (a) Informant Mr. Charles Weldon
(b) Address 4025 Kathland Ave.

17 (a) Burial (b) Date thereof 1/20/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

JAN 19 1944

V-S-150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18, 1944, at 5:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 30 1943, to Jan 18 1944, and that I last saw her alive on Jan 16 1944.

Immediate cause of death Carcinoma Sigmoid
Duration about 3 mos.
Due to Carcinoma of Left Ovary
Duration about 1 yr.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation Nov. 11, 1943
Major findings of operation: Carcinoma of Left Ovary
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Gabriele Ewell M. D.
Address 2945 St. Paul St Date signed 1/19/44

G 13094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164 E

G 13094 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1913 Eastern Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HERBERT E. BREESE

3 (b) If veteran, name war

3 (c) Social Security Account No. 208-10-8492

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Pittsburgh, Pa.
(Town, county, and state)

10. Usual Occupation Dentist
11. Industry or business Rice's Bakery

FATHER
12. Name Edward Breese
13. Birthplace Columbus, Ohio

MOTHER
14. Maiden Name Laura Barker
15. Birthplace Pittsburg Pa.

16 (a) Informant M. O. Mitchell
(b) Address 1062 N. Highland ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/19/44 (month) (day) (year)
(c) Cemetery or crematory Ft. Royal
Location Pittsburgh Pa.

18 (a) Funeral director Maj. J. Buchanan & Son
(b) Address Balto. Md.

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18, 1944, at 4:50 P.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Jumped from high place (Bridge)

Due to Suicide - Despondent.
24. V.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Jan. 18 1944 3:30 P.M.
(b) Where did injury occur? Hanover Street Bridge
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Jumped from bridge into water

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 1-19-44

3095

AB-85759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1313

C 13095 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Eastern Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept-24-1884

8. AGE: Years	Months	Days	If less than one day
59	3	19	hr. min.

9. Birthplace Washington
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Johnson (D)
13. Birthplace Washington

MOTHER
14. Maiden Name Agnes Carlson (D)
15. Birthplace Washington

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS HOSPITAL JAN 19 1944

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11 1944, at 4:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1944 to 1-11 1944, and that I last saw h[illegible] alive on 1-11 1944.

Immediate cause of death	Duration
Pulmonary Tuberculosis	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Mattus M. D.
Address B.C.H. Date signed 1/18/44

VS 150

0657

13096

AB-85564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 13B

G 13096
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State [redacted] (b) County
(c) City or town [redacted]
(If outside city or town limits, write RURAL and give town)
(d) Street No. 27 Sunset Terrace-Tenafly-N.J.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harold Beck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Ruth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 17-1904

8. AGE: Years	Months	Days	If less than one day
39	9 3	21	hr. min.

9. Birthplace Ireland
(Town, county, and state)
10. Usual Occupation Mech. Engineer
11. Industry or business

FATHER
12. Name Thomas Beck
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Steele
15. Birthplace Ireland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 19 1944

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

correct age is especially important. Typewriter; please write

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/7 1944, at 1:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/20 1943, to 1-7 1944, and that I last saw h[illegible] alive on 1-7 1944.

Immediate cause of death Pulmonary tuberculosis — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Mattina
Address B.C.H. Date signed 1/18/44 M. D.

VS 150

0656

13097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 13097

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
Balto. Hotel - 332 W. Camden St
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 332 W Camden St (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Ralph Blassengame

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife.....

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8 9 96

8. AGE: Years	Months	Days	If less than one day
47			.....hr. .....min.

9. Birthplace..... (Town, county, and state)

10. Usual Occupation.....

11. Industry or business.....

FATHER
12. Name.....
13. Birthplace

MOTHER
14. Maiden Name.....
15. Birthplace

16 (a) Informant.....
(b) Address

17 (a)..... (b) Date thereof .....
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory.....
Location JOHN HOPKINS MEDICAL SCHOOL JAN 19 1944

18 (a) Funeral director Commissioner of Health
(b) Address.....

19 (a) Hunting Tom Williams M.R.
(Date rec'd by registrar) Registrar

1065

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4-1944, at 6:30 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH.....

Lobar Pneumonia

Due to.....

Other Conditions.....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury..... at..... M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?..... While at work?.....
(d) Means of injury.....

23. Signature Howard J. Malpas M.D.
Medical Examiner.

Date signed 1-5-44

13098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. C 13098

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.H
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 N. Charles St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ralph Salman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 19 1944

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 151

0654

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1943, at M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Taylor M.D.
Medical Examiner.
Date signed Dec 31, 1943

G 13099

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46E

G 13099 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3323 Woodland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3323 Woodland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles J. Putman

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	705-10-4061

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/30/1883

8. AGE: Years	Months	Days	If less than one day
60	11	19	hr. min.

9. Birthplace Botts Co Va. (Town, county, and state)
10. Usual Occupation Conductor B & O.
11. Industry or business Railroad

FATHER
12. Name Charles J. Putman
13. Birthplace Botts County Va.

MOTHER
14. Maiden Name Agnes Bate
15. Birthplace Botts County, Va

16 (a) Informant Mrs. Alta M. Putman
(b) Address Route #1, Grafton W. Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-44 (month) (day) (year)
(c) Cemetery or crematory Woodsdale Memorial
Location Grafton, W. Va.

18 (a) Funeral director Herring Boyce
(b) Address 5005 Park Heights Ave

19 (a) Date received by Local Registrar JAN 24 1944 (b) Livingston Williams, Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19, 1944, at 3:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1944 to Jan 19 1944 and that I last saw him alive on Jan 19 1944

Immediate cause of death: Cancer of Colon — Duration: ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh D. Bubert M. D.
Address 4803 Park Heights Av Date signed 1/19/44

13100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

G 13100 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1623 W. Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 W. Fayette st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H. Debrick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ella M. Debrick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31st 1873

8. AGE: Years	Months	Days	If less than one day
70	9	18	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Custodian
11. Industry or business Balto City Public School #223

FATHER
12. Name John Debrick
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Lighthiser
15. Birthplace Md

16 (a) Informant Ella Debrick
(b) Address 1623 W. Fayette St

17 (a) Burial (b) Date thereof 1/22/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

JAN 20 1944 (b) Huntington Williams M.D.
(Local Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19th 1944, at 10 30 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1944 to Jan 19 1944, and that I last saw h[illegible] alive on Jan 19 1944.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to Arterio Sclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Glassman M. D.
Address 753 W Fayette St Date signed Jan 19 '44

Please write the causes of death clearly and legibly. Physicians: please write important information.

18101
AB-29220

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

G 13101
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs. 28day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3010 Clearview Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married-Separated

6 (b) Name of husband or wife Lucy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/19/1874

8. AGE: Years	Months	Days	If less than one day
69	4	28	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER / FATHER
12. Name Marion Johnson (D)
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca (D)
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20-44 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director William Cook Inc
(b) Address 1212 St Paul St.

JAN 20 1944 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/17 1944, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943 to 1/17 1944 and that I last saw him alive on 1/17 1944

Immediate cause of death: Lobar pneumonia — Duration 2 wks

Due to

Due to

Other Conditions: HCVD; old hemiplegia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No Post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Seymour M. D.
Address BCH Date signed 1/17/44

VS 150

13102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 927

G 13102

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 933 Argonne Drive

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 933 Argonne Drive

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Annie B. Hamann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed~~ or divorced
Female	White	Married

6 (b) Name of husband George R. Hamann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21st 1867

8. AGE: Years	Months	Days	If less than one day
76	8	26	hr. min.

9. Birthplace Balto Md.

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name John Sinclair

13. Birthplace Balto Md.

MOTHER

14. Maiden Name Isabelle Morris

15. Birthplace Balto. Md.

16 (a) Informant Mrs. M. Hamann

(b) Address 933 Argonne Drive

17 (a) Burial (b) Date thereof 1/20/44

(Burial, ~~cremation, or removal~~) (month) (day) (year)

(c) Cemetery ~~or crematory~~ London Park

Location Balto Md

18 (a) Funeral director Williams Cook Inc

(b) Address 1217 St. Paul St

19 JAN 20 1944 (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17th 1944, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from January 14th 1944, to January 17th 1944, and that I last saw h[illegible] alive on Jan 14th 1944,

Immediate cause of death Endocarditis.

Due to Hypertrophy & decompensation.

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature W. McLeod Hall

Address 3005 St Paul St. Date signed 1-17/44

correct age is especially important. Physicians: please write

13105 38847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30a

G 13103 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days 22 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1437 N. Charles St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME: Elmer Daniels

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1885

8. AGE: Years 58 | Months 10 | Days 29 | If less than one day hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: John W. Daniels (d)
13. Birthplace: Md.

MOTHER
14. Maiden Name: Stella Cropper (d)
15. Birthplace: Md.

16 (a) Informant: Records, Balto. City Hospitals
(b) Address: 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/44 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Balto. Md.

18 (a) Funeral director: Williams-Cook Inc.
(b) Address: 27 St. Paul St

19 (a) JAN 20 1944 (Date received by registrar) Huntington Williams M.D. (Signature of registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12, 1944, at 5:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/7 1944 to 1/12 1944 and that I last saw h~~e~~ alive on 1/12 1944

Immediate cause of death: Prob. coronary occlusion & card. failure — Duration: 16 hr.

Due to: A.S.C.V.D.; Hypertn. C.V.D. — Duration: ?

Due to:

Other Conditions: Syphilis; Arteriosclerosis, cystitis

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: No post

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: E. L. Engman M.D.

Address: BCH Date signed 1/15

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

13104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 ✓ G 13104 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 dys.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Demarcay
(a) State Md (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 Demarcy Way
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Adger R. Hamilton ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War #1	237-14-2922

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Thelma Hamilton
6 (c) If alive, give age 34 years
7. Birth date of deceased (mo., day, year) June 17th 1900

8. AGE: Years	Months	Days	If less than one day
43	7	2	..... hr. ..... min.

9. Birthplace Hendersonville N.C. (Town, county, and state)
10. Usual Occupation Sheet Metal Worker
11. Industry or business Bethlehem Steel Co

FATHER
12. Name Thomas Hamilton
13. Birthplace Henderson Co. N.C.

MOTHER
14. Maiden Name Elizabeth Patterson
15. Birthplace Henderson Co. N.C.

16 (a) Informant Thelma Hamilton
(b) Address 1115 Demarcay Way

17 (a) Removal (b) Date thereof 1/20/44
(~~Burial, cremation, or~~ removal) (month) (day) (year)
(a) Cemetery or crematory Hendersonville
Location Henderson Co. N.C.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

JAN 20 1944 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19-44 at 12 15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-16-44 19..., to 1-19 1944 and that I last saw h~~im~~er alive on 1-19 1944

Immediate cause of death Lobar pneumonia — Duration 8 Dys.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles R. McDaniel M. D.
Address 1213 Light St Date signed 1-19-44

G 13105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 13105 Registered No.

please write the causes of death clearly and legibly. Physicians: please

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4453 Pall Mall Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-16
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4453 Pall Mall Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Fleet

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Morris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 66 | Months | Days | If less than one day: hr. min.

9. Birthplace Leith (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ✓
13. Birthplace Leith

MOTHER
14. Maiden Name ✓
15. Birthplace Leith

16 (a) Informant Jean Fleet
(b) Address 4453 Pall Mall Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-44 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Jos. Sauer Inc
(b) Address 1739 E. Baltimore St Huntington Williams, Md

JAN 20 1944 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18- 1944, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan-16- 1944, to Jan-18- 1944, and that I last saw ~~her~~ alive on Jan-18-1944.

Immediate cause of death	Duration
Coronary occlusion	about 42 hrs
Due to arteriosclerosis	
Due to Hypertension	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur ~~about~~ home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Herman Seidel M. D.
Address 2404 Eutaw Pl Date signed 1/19/44

13106
AB-86008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 13106
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 110 W. 23rd. St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Carrie Caroline Butler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widow

6 (b) Name of husband or wife Frank (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19-? 62?

8. AGE: Years	Months	Days	If less than one day
62?	9	30	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Dyson (D)
13. Birthplace Md.

MOTHER
14. Maiden Name Rose Cameron (D)
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-44 (month) (day) (year)
(c) Cemetery or crematory Mt Peters cem.
Location md

18 (a) Funeral director George S. Nelson
(b) Address 1307 Pennsylvania Ave

19 JAN 20 1944 Washington, D.C.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18 1944, at 9:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-16 1944 to 1-18 1944 and that I last saw h[illegible] alive on 1-18 1944.

Immediate cause of death Pneumonia — Duration 10 days

Due to Hypertensive cardio vascular disease

Due to with congestive failure ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Hattman
Address B.C.H. Date signed 1/18/44 M.D.

VS 150

13107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 13107 Registered No. 526

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3143 Dillon St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3143 Dillon St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martin Lisiecki

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 58 | Months — | Days — | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Jacob Lisiecki
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Martek
15. Birthplace Poland

16 (a) Informant Julia Mekecki
(b) Address 3143 Dillon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 21/44 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Baltimore

18 (a) Funeral director Fred W Ozarowski
(b) Address 1918 Lester Huntington Ave Balto

19 (a) JAN 20 1944 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18 1944, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1943, to Jan 18 1944, and that I last saw him alive on Jan 17 1944.

Immediate cause of death Carcinoma of Urinary Bladder — Duration 6-7-43

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E A Schumacher M. D.

Address 942 E Eat Ave Date signed 1-19-44

VS 150

G 13108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

G 13108 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 621 S.Curley Street
(c) Hospital or institution:
Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 24,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 621 S.Curley Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Jozefa Swigon

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or ~~wife~~ Casper

6 (c) If alive, give age Deceased

7. Birth date of deceased (mo., day, yr.) Feb, 23-1872

8. AGE: Years	Months	Days	If less than one day
71	10	26	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Augustyniak
13. Birthplace Poland

MOTHER
14. Maiden Name Veronica Dloniak
15. Birthplace Poland

16 (a) Informant Josephine Hopkins
(b) Address 621 S.Curley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-44 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore, Md.

18 (a) Funeral director George A. Weber
(b) Address 705 S. Conkling St. Huntingtown, Md.

JAN 20 1944
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19th 1944, at 4-15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 10 1943 to Jan. 19 1944, and that I last saw h~~er~~ alive on Jan 18, 1944.

Immediate cause of death Hypostatic Pneumonia — Duration 2 days

Due to Grippe — 6 days

Due to — several years

Other Conditions Chronic Valvular Heart disease
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature John J. Kruger M. D.
Address 3622 Eastern Ave Date signed 1/19/44.

13109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 83a

G 13109
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2728 Edmondson Avenue
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2728 Edmondson Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy T. Busteed

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife F. Gordon Busteed

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27, 1893

8. AGE: Years 50 | Months 7 | Days 22 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Stenographer

11. Industry or business U. S. Navy

FATHER
12. Name Vanna Taylor
13. Birthplace Norfolk, Va.

MOTHER
14. Maiden Name Frieda Walter
15. Birthplace Germany

16 (a) Informant Mrs. Vera T. Carruthers
(b) Address 2728 Edmondson Ave.

17 (a) Burial (b) Date thereof 1/21/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery Hollywood
Location Irvington, New Jersey

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 JAN 20 1944 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18, 1944 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-8-42 19 to 1-18-44 19, and that I last saw h[illegible] alive on 1-18-44 19.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days
Due to: Hypertension — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry S. Gimbel M. D.
Address 2703 Edmondson Ave. Date signed 1-20-44

VS 150

13110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46a

G 13110 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 623 N. Ellwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 623 N. Ellwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Mahlon Curry.

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: No.

4. Sex: M | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Matilda Curry
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.): Nov. 20. 1881

8. AGE: Years 62 | Months 2 | Days 27 | If less than one day: hr. min.

9. Birthplace: Balto. (City, county, and state)

10. Usual Occupation: Detective
11. Industry or business: Detective Sgt.

FATHER
12. Name: John W. Curry.
13. Birthplace: Balto.

MOTHER
14. Maiden Name: Alena Klapman
15. Birthplace: Balto.

16 (a) Informant: Matilda Curry
(b) Address: 623 Ellwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/44 (month) (day) (year)
(c) Cemetery or crematory: Loudon Pk.
Location: Ridgely Rd.

18 (a) Funeral director: J. J. Segmann & Son
(b) Address: 32 S. Broadway

(a) JAN 20 1944 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17, 19 44, at 7:35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13, 19 43 to Jan 17, 19 44 and that I last saw h[illegible] alive on Jan 17, 19 44

Immediate cause of death: Carcinoma of oesophagus — Duration: 3 yrs

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: May 1943

Major findings of operation: Carcinoma of oesophagus

of autopsy: Gastrostomy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Alex P. Sikorsky M.D.
Address: 2939 Dr. Ellwood Date signed 1/18/44

correct age is especially important when deaths occur in infancy

13111 1944 355 Cert 97

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 13111

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 1/4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2103 Belair Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose Kenning (Rosalba Kenning)
3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Joseph Ha
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 10/ 1876
8. AGE: Years 67 | Months 3 | Days 8 9 | If less than one day hr. min.
9. Birthplace Relay Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER: 12. Name David Judd. 2,
13. Birthplace 2 2,
MOTHER: 14. Maiden Name 2 Mary Shaw 2
15. Birthplace 2, 2,

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/44 (month) (day) (year)
(c) Cemetery or crematory Melville Ch. Cem.
Location Elkridge, Md.
18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.
19 (a) Huntington Williams, M.D. (Local registrar)
JAN 20 1944
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan - 19 1944, at 2.05 A M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan - 17 1944 to Jan - 19 1944 and that I last saw her alive on Jan - 19 1944.

Immediate cause of death: Cardiac Failure — Duration 4 days
Due to: Arteriosclerosis
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Cantwell M. D.
Address Johns Hopkins Date signed 1/19/44

correct age is especially important

13112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13112
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Longwood and Fairmount Rd
(c) Hospital or institution: Church Home and Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life-Nyrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8 Longwood Rd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Howard S. Bokee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Adelaide R Bokee

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1873

8. AGE: Years 70 | Months 4 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Factory Representative

11. Industry or business Glass and China - self

FATHER
12. Name Morris Bokee
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Kate Mann
15. Birthplace Baltimore

16 (a) Informant Mrs. Adelaide R. Bokee
(b) Address 8 Longwood Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/44 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

(c) Date received JAN 20 1944 by Registrar Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19, 1944 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1944 to 1-19 1944 and that I last saw him alive on 1-19 1944

Immediate cause of death: Myocardial failure — Duration: 12 hrs

Due to: Arteriosclerotic Hypertensive Heart disease — 2+ years

Due to:

Other Conditions: History of kidney stones
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Church Home & Hospital Date signed 1/19/44

G 13113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 13113

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 809 Forrest St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 809 Forrest St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Addlet Mathews

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-03-9183

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1891

8. AGE: Years	Months	Days	If less than one day
52	7	2	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James H. Mathews
13. Birthplace Balto., Md

MOTHER
14. Maiden Name Emma Collins
15. Birthplace Balto. Md.

16 (a) Informant Percy Mathews
(b) Address 544 W. Conway St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/44 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location B. C. County, Md.

18 (a) Funeral director Joseph B. Locke, Jr.
(b) Address 120 N. Central Ave. Catonsville, Md.

19 JAN 20 1944
(Date received by local registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17-1944, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/12 1944 to 1-17 1944 and that I last saw him alive on 1/17 1944.

Immediate cause of death: Bronchio-Pneumonia — Duration 5 days

Due to Colds

Due to Exposure

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jas. R. Blake M. D.
Address 327-4. Central Date signed 1/20/44

VS 3

G 13114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

209

Registered No. G 13114

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1242 William St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME [redacted] HOMER L. HARDESTY

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	MARRIED

6 (b) Name of husband or wife MARY HARDESTY
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) SEPT. 4- 1888

8. AGE: Years	Months	Days	If less than one day
55	4	14	..... hr. ..... min.

9. Birthplace MARYLAND
(Town, county, and state)
10. Usual Occupation GUARD.
11. Industry or business BETHLEHEM STEEL CO.

FATHER
12. Name LANK HARDESTY.
13. Birthplace MARYLAND

MOTHER
14. Maiden Name ELENOR HARDESTY
15. Birthplace MARYLAND

16 (a) Informant MARY HARDESTY
(b) Address 1242 WILLIAM ST

17 (a) BURIAL (b) Date thereof JAN-22-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location A H Co

18 (a) Funeral director Bernard C Hartle
(b) Address 121 E WEST ST

19 (a) JAN 20 1944 [illegible]
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1944, at 8.40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1943, to Jan 18 1944, and that I last saw h[illegible] alive on Jan 18 1944.

Immediate cause of death	Duration
Acute pneumonia	
Due to	
Due to	
Other Conditions Chronic myocarditis.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul A. Lukatos M. D.
Address 1213 Light St. Date signed 1-18-44

VS 8

13115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195E

G 13115 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2324 Atlantic Ave. N.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EUGENE A COLE

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-8497

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ida Cole

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years 45 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation Truck Driver

11. Industry or business Paul and Adams

FATHER
12. Name Alexander Cole
13. Birthplace Va

MOTHER
14. Maiden Name Jane
15. Birthplace Va

16 (a) Informant Ida Cole
(b) Address 2324 Atlantic ave

17 (a) Burial (b) Date thereof Jan 23, 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Zion Cemetery
Location Baltimore County

18 (a) Funeral director Joseph A. Lively
(b) Address 4 E Pr Mount street

19 (a) JAN 20 1944 (b) Huntington Williams M.D.
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17, 1944, at 12:30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy by City Hospital thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Fracture cervical vertebra

Due to fall

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed

VS 151

G 13116

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 13116

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 708 Vine St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 708 Vine St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Marie McCallum

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years 48 | Months | Days | If less than one day hr. min.

9. Birthplace Robinson Co. N.C.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Henry McClaine
13. Birthplace N.C.

MOTHER
14. Maiden Name Unknown
15. Birthplace N. C

16 (a) Informant Annabelle McCallum
(b) Address 708 Vine St.

17 (a) Burial (b) Date thereof 1/21/44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) JAN 20 1944 (b)
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17 1944 at 5:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13 1944 to Jan 17 1944 and that I last saw h[illegible] alive on Jan 17 1944

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 2 hrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Date signed Jan 20 44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 13117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 c

Registered No. G 13117

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33 Sts.
(c) Hospital or institution:
Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 738 Northern Pkwy
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Gertrude Dufur (GERTRUDE LEONA DUFUR)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-05-9066

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife W. Malloy Dufur
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) April-17-1897

8. AGE: Years	Months	Days	If less than one day
46	9	3	...hr. ...min.

9. Birthplace Cleveland - Ohio
(Town, county, and state)

10. Usual Occupation Sister to a Physician
11. Industry or business and Surgeon

FATHER
12. Name Thos. C. Williams
13. Birthplace Wales - England

MOTHER
14. Maiden Name Margaret Davis
15. Birthplace Wales - England

16 (a) Informant Mr. W. M. Dufur (Husband)
(b) Address 738 Northern Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-44 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Stewart Warren Co
(b) Address 108 W North Ave.

JAN 20 1944 (Date rec'd by registrar)
(Signature) for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-20-1944 at M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Brondo-pneumonia

Due to

Other Conditions Multiple fractures, bruises + head burns
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 27/8

(a) Date of injury 1-15-44 at 9.15 P M.
(b) Where did injury occur? York Rd at Cockey Rd
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian, struck by automobile

23. Signature Howard J. Mruscio M.D.
Medical Examiner.
Date signed 1-20-44

VS 151

13118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 937

G 13118
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 921 Bradby St. — roomer
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest Singer

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 18 d

8. AGE: Years 80 | Months | Days — | If less than one day ....hr. ....min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20 1944 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Baltimore
Location Belair Rd & North Ave. Est

18 (a) Funeral director Leo E. Legoski
(b) Address 1701-03 N. Patterson Park Ave

JAN 20 1944 (Date rec'd by registrar)

(b) Huntington Hillcrest, Md.
Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13- 19KK, at 11-27 A M

21. I certify that I took charge of the remains described above, held an Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 1-19-KK

G 13119

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 13119
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp. 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8237 Philadelphia Road.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME (Philip) Phillip R. Hiltz Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W.

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Elizabeth A. Krauch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1867

8. AGE: Years 77 | Months - | Days - | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Philip R. Hiltz
13. Birthplace Germany

MOTHER
14. Maiden Name Not None
15. Birthplace Germany

16 (a) Informant Philip R. Hiltz Jr.
(b) Address 8237 Phila. Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/44 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1729 Broadway Baltimore

JAN 20 1944

19 (a) ... (b) ...
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18 1944, at 10:30 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to Marked arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ... at ... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Jan 18 1944.

G 13120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

820

G 13120 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6726 Danville Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) d.o.a.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6726 Danville avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME NAOMI E. OLIVER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Joseph G.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 25, 1918

8. AGE: Years: 25 | Months: 7 | Days: 25 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md
(Town, county, and state)

10. Usual Occupation: At Home

11. Industry or business

FATHER
12. Name: Charles E. Delss
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Mary McMew
15. Birthplace: Baltimore, Md.

16 (a) Informant: Joseph G. Oliver
(b) Address: 6726 Danville Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/44 (month) (day) (year)
(c) Cemetery or crematory: Mt. Carmel
Location: O'Donnell Street

18 (a) Funeral director: Clarence F. Hoffmann
(b) Address: N. Broadway, Balto.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19, 1944, at 5:20 P.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Hemorrhage subarachnoid
spontaneous, pons

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed

G 13121 . .

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13121
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st Street
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Since Dec. 21, 1943
(e) Length of stay in Baltimore (yrs., mos., or days) Since Dec. 21, 1943

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass. (b) County
(c) City or town Revere
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4 Beachland Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES EDMUND LeBLANC

3 (b) If veteran, name war –

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Katherine Hubbard

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) July 17, 1876

8. AGE: Years 67 | Months 6 | Days 2 | If less than one day hr. min.

9. Birthplace Yarmouth Co., Nova Scotia
(Town, county, and state)

10. Usual Occupation AB Seaman

11. Industry or business Merchant Seaman

FATHER: 12. Name Simon P. Le Blanc
13. Birthplace Yarmouth Co., Nova Scotia

MOTHER: 14. Maiden Name Mary ?
15. Birthplace Yarmouth Co., Nova Scotia

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-44 (month) (day) (year)

(c) Cemetery or crematory
Location Revere Mass.

18 (a) Funeral director A. Lee Oder
(b) Address 4644 York Rd.

19 (a) JAN 20 1944 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION A.

20. DATE OF DEATH January 19, 1944, at 12:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 21, 1943, to Jan. 19, 1944, and that I last saw him alive on Jan. 19, 1944

Immediate cause of death Adenocarcinoma rectum — Duration: Approx. 1 yr.

Due to

Due to

Other Conditions Ischio Rectal abscess

(Include pregnancy within 3 months of death)

Date of operation 12/28/43-Cystoscopy-1/7/44-Incision & drainage abscess

Major findings of operation: Carcinoma of rectum & Ischiorectal abscess, rt.

of autopsy: None done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
U.S.Marine Hospital M. D.
Address Baltimore, Md. Date signed 1/19/44

MS-49954

3122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 13122

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 607 W. Lee St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 W Lee St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Stephen Bruce Cook

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-7037

4. Sex Male

5. Color or race Negro

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 52 | Months | Days | If less than one day hr. min.

9. Birthplace Mathews Co Va (Town, county, and state)

10. Usual Occupation longshoreman

11. Industry or business

FATHER 12. Name unknown

13. Birthplace unknown

MOTHER 14. Maiden Name unknown

15. Birthplace unknown

16 (a) Informant Mrs Ozella Johnson

(b) Address 607 W Lee St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 10 44 (month) (day) (year)

(c) Cemetery or crematory Matthews Co. Va.

Location Va

18 (a) Funeral director Walter B. Spigg

(b) Address 139 W. Hamburg St

19 (a) Date received JAN 20 1944 (b) Registrar Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 19 44 (Month) (Day) (Year)

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13 19 44 to Jan 15 19 44 and that I last saw him alive on Jan 15 19 44

Immediate cause of death Cardio Vascular disease — Duration 1 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. H. Watts

Address 5715 Carlington Ave Date signed 1/18/44 M. D.

G 13123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44a

G 13123 Registered No.

Please write the causes of death clearly and legibly. Physicians: please be especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Maryland Way
(c) Hospital or institution: Work
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 E. Preston St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George J. Barlow

3 (b) If veteran, name war: no

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret E. Barlow

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1882

8. AGE: Years 61 | Months 1 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Inspector at
11. Industry or business Patapsco Steam Ship

FATHER
12. Name Thomas Barlow
13. Birthplace Ireland

MOTHER
14. Maiden Name Maria Dowd
15. Birthplace Ireland

16 (a) Informant Miss Margaret Barlow
(b) Address 406 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22/44 (month) (day) (year)
(c) Cemetery or crematory Mayr Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director Elmer W. Coughlin Son
(b) Address 9246 Eager St.

19 (a) JAN 0 1944 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18, 1944 at 11 a.m.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inq. (Autopsy or Inquiry) thereon and from the evidence obtained by said inq. (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. T. Wollenweber M.D.
Medical Examiner.
Date signed

VS 6

G 13124

G 13124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution:
St. Joseph's Hospital 10
(d) Length of stay in hospital or inst. (~~yrs., mos.,~~ or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 6
(If outside city or town limits, write RURAL and give town)
(d) Street No. 512 E. Eager St. #2
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
William P. Ward

3 (b) If veteran, name war
No

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Margaret Ward
nee Murphy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 16, 1862

8. AGE: Years 81 | Months 10 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county and state)

10. Usual Occupation Retired Runner

11. Industry or business Clerk Penn. R.R

FATHER
12. Name John Ward
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Campbell
15. Birthplace Ireland

16 (a) Informant Miss Margaret C Ward
(b) Address 512 E. Edger St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21/44 (month) (day) (year)
(c) Cemetery or crematory Mt. Cathedral Cem.
Location 4300 Old Frederick Rd

18 (a) Funeral director Edmund W. Conklin & Son
(b) Address 924 E. Eager St.

19 (a) JAN 20 1944 (b)
(Date rec'd by registrar) Registrar
Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/17 1944, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/23 1943 to 1/17 1944 and that I last saw him alive on 1/17/ 1944

Immediate cause of death: Arteriosclerotic Cardio-Vascular Renal Disease — Duration: 25 da.

Due to

Due to

Other Conditions Uremia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Stanley B. Klyanowicz M.D.
Address St. Joseph's Hosp. Date signed 1-17-44

G 13125

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46 B

G 13125

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square
(c) Hospital or institution: Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in Baltimore (yrs., mos., or days) 63

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3710 Fourth St Brooklyn
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Peter Reane

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Margaret B. Reane McGrane

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 25, 1863

8. AGE: Years 80 | Months 0 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation Retired Mariner

11. Industry or business Carolina Steamship Co.

FATHER
12. Name Not Known
13. Birthplace Ireland

MOTHER
14. Maiden Name Not Known
15. Birthplace Ireland

16 (a) Informant Mrs Rifkin

(b) Address 3710 Huntley st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22 44 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cemetery

Location 4300 Old Frederick Rd

18 (a) Funeral director Edward W. Conflin & Son

(b) Address 924 E. Eager St.

JAN 20 1944 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/19/44 19..., at 3.50 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from 1/3/44 19..., to 1/19/44 19..., and that I last saw him alive on 1/19/44 19...

Immediate cause of death ..... | Duration

Carcinoma of stomach

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy Carcinoma of Stomach

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Samuel Rubin M. D.

Address 203 Rutland Ave Date signed .....

G 13126

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X G 13126 Registered No. 159

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince Georges
(c) City or town Glendale
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Anderson Tinsley Jr.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1 | 12 | 44

8. AGE: Years	Months	Days	If less than one day
		7	hr. min.

9. Birthplace Glendale Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name George Anderson Tinsley Sr.
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Dolores Tourman
15. Birthplace Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Holy Trinity
Location R. I. Co. County

18 (a) Funeral director Charles Lustgraaf
(b) Address Bowie Md

JAN 20 1944 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150 Clarence Townsend

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1944, at 10:57 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1944, to Jan 19 1944, and that I last saw him alive on Jan 18 1944.

Immediate cause of death Respiratory failure

Due to Premature death

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. R. Leuther M. D.
Address Mercy Hosp. Date signed 1/20/44

Correct age is especially important. Physicians: please write plainly.

13127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1944

Registered No. G 13127

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 623 N. Payson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 623 N. Payson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Harriet Ann Wagner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Phillip A. Wagner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7 1856

8. AGE: Years	Months	Days	If less than one day
87	7	13	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Eagleston
13. Birthplace Maryland

MOTHER
14. Maiden Name Julia Ann Barbour CARBACK
15. Birthplace Maryland STARKLAUF

16 (a) Informant Hattie M. Shatland
(b) Address 623 N. Payson St

17 (a) Burial (b) Date thereof 1-22-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Maryland

18 (a) Funeral director George H. Schwab
(b) Address 2101 Frederick Avenue

19 (a) JAN 20 1944 (b) Huntington Hill Baltimore, Md.
(Date rec'd by Local Reg.)

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1944, at 12:05 P. M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic
cardiovascular disease

Due to

Other Conditions Marked debility

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Fratarn M.D.
Medical Examiner.
Date signed Jan. 20, 1944

13128

[illegible]9011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13128

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs-12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4114 Belvedere Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Eck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 23-1865

8. AGE: Years 78 | Months 3 | Days 27½ | If less than one day ... hr. ... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Brehm
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia Karth
15. Birthplace Germany

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-44 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Maryland.

18 (a) Funeral director Geo. W. Ickes
(b) Address 2101 Frederick Avenue.

JAN 20 1944 (Date rec'd by Registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19 1944, at 9:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-7 1944 to 1-19 1944, and that I last saw h[illegible] alive on 1-16 1944.

Immediate cause of death — Duration

Cardiac Decompensation

Due to Arteriosclerotic C-V Disease

Due to Intertrochanteric Fracture

Other Conditions of Senium — Years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident.
(b) Date of occurrence Sept. 8, 1943 at M
(c) Where did injury occur? Infirmary - City Hospital
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Infirmary Home While at work? No.
(Specify type of place)
(e) Means of injury Fell down the steps.

23. Signature Howard B. Eck

Address Balto City Hosp Date signed 1-19-44 M.D.

VS 180

For C.W.L. McClenahan, By Howard J. Masters, M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr Allen

G 13129 ~~G 13129~~ ~~1~~ 2,

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 13129 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 412 N. Caroline st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 412 N. Caroline St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Barnes

3 (b) If veteran, name war: no —

3 (c) Social Security Account No. —

4. Sex M. | 5. Color or race C. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1883

8. AGE: Years 60 | Months 8 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name William Barnes
13. Birthplace Md.

MOTHER
14. Maiden Name Ellen Williams
15. Birthplace Md.

16 (a) Informant Henrietta Parker
(b) Address 412 N. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20th 1944 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Brantley Ave

19 (a) (Signature of local registrar) (b) Registrar

JAN 20 1944

VS 150 Huntington Williams, M.D.

1/15/44

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15 1944.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10 1944 to 1-15 1944.
and that I last saw h[illegible] alive on 1-14 1944

Immediate cause of death Acute Lobar Pneumonia — Duration 1-9-44

Due to Cold

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: none

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. L. Allen

Address 121 Asquith St Date signed 1-18-44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 13130

AB-84486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 13130

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4240 Eastern Ave.

(c) Hospital or institution:
BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos- 8 days

(e) Length of stay in Baltimore (yrs., mos., or days) 32 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)

(d) Street No. 511 N. Norris St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Alta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 26-1880

8. AGE: Years	Months	Days	If less than one day
63	9	23	hr. min.

9. Birthplace Ala.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wilson Smith
13. Birthplace Ala.

MOTHER
14. Maiden Name Kate ?
15. Birthplace Ala.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22-44 (month) (day) (year)

(c) Cemetery or crematory Westview Park Cem
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 W. Lombard St.

JAN 20 1944 (Date rec'd by registrar) Washington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18 1944, at 6 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-23 1943 to 1-18 1944, and that I last saw him alive on 1-18 1944

Immediate cause of death

Pulmonary Embolism — Duration: 15 min

Due to

Arteriosclerotic Cardiovascular Disease — Duration:

Due to

Gangrene of Foot — Duration: 3 mo

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Donald B Webb M.D.

Address Balto City Hosp Date signed 1-19-44

Write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

G 13131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 13131 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Riggs Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 Riggs Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dalarnd Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col.	Married

6 (b) Name of husband or wife Annie Robinson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 19, 1884

8. AGE: Years	Months	Days	If less than one day
59	1	29	hr. min.

9. Birthplace Greenwood S. C.
(Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER
12. Name Wade Robinson
13. Birthplace Greenwood S. C.

MOTHER
14. Maiden Name Ellen Adams
15. Birthplace Greenwood S. C.

16 (a) Informant Lovedon Robinson
(b) Address 1708 Riggs Ave

17 (a) Burial (b) Date thereof Jan. 21, 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenwood
Location S. C.

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 3229 W. Lakeside St.

19 (a) Harrington Williams Mgr.
(Date rec'd by registrar)

JAN 20 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18 1944 at 9:15 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1944 to Jan 18 1944, and that I last saw him alive on Jan 18 1944.

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B. J. Hatcher M. D.
Address 1728 Park Ave Date signed 1/21/44

G 13132 TRANSORU BALTIMORE CITY HEALTH DEPARTMENT G 13132

CERTIFICATE OF DEATH

Registered No. 81a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 915 S. Sharp St.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) one
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 915 S. Sharp St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marjorie A. Transom

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife. Child

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 23, 1938

8. AGE: Years 5 | Months 1 | Days 28 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Alvis Transom
13. Birthplace N.C.

MOTHER
14. Maiden Name Tereatha Easter
15. Birthplace N.C.

16 (a) Informant Alvis Transom (F)
(b) Address 915 Sharp St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/44 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location B. & O. Co Md

18 (a) Funeral director David L. Brown & Co
(b) Address 108 W Montgomery St

19 (a) JAN 20 1944 (b) Harrington Williams, M.D. Registrar

VS 150

Correct age is especially important. Physicians, please write plainly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1944, at 8:42 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1944, to Jan 19 1944, and that I last saw HER alive on Jan 19 1944.

Immediate cause of death ... meningitis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Nyp Corpening M. D.
Address Un. Hosp. Date signed 1-19-44

G 13133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13133 Registered No.

AB-47795

52B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs-4 Mos-16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Patrick Murphy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Vesce (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug-8-1878

8. AGE: Years	Months	Days	If less than one day
65	5	2	hr. min.

9. Birthplace Mass.
(Town, county, and state)
10. Usual Occupation Shoemaker
11. Industry or business

FATHER
12. Name Patrick Henry Murphy
13. Birthplace, N.Y.

MOTHER
14. Maiden Name Elizabeth Benard
15. Birthplace N.Y.

16 (a) Informant BALTIMORE CITY HSOPITALS
(b) Address RECORDS

17 (a) (Burial, cremation, or removal) (b) Date thereof 1 21 44 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Harman Hill Rd

18 (a) Funeral director J. J. Fisher & Son
(b) Address 1318 Light St

19 (a) 1-26-1944 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10 1944, at 6:59 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-25 1939 to 1-10 1944, and that I last saw him alive on 1-10 1944

Immediate cause of death	Duration
Carcinoma Bladder	2 yrs?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 12-21-43
Major findings of operation: Prostatic hypertrophy and above
of autopsy: Abd. hypostatic pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Donald Bethel
Address Balto City Hosp Date signed 1-26-44

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

13134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 13134
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lemuel Hospital 4'
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore Windsor Vt.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Lemuel 19 Durham St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John McCoy

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) —

8. AGE: Years 74 | Months | Days | If less than one day ....hr. ....min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Brain
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 20 1944

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JAN 20 1944 (Date rec'd by registrar) Huntington Williams M.D. Registrar

0660

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-6-1943 at 11 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ....., at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Andersen M.D.
Medical Examiner.
Date signed

13135

C 13135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 0 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 W. Barre St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Paul Bennett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1909

8. AGE: Years 35 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation unknown

11. Industry or business unknown

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace unknown

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 20 1944

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JAN 20 1944 (Date rec'd by registrar) (b) Harrington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1944, at 8:15 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to Prior death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Lobar pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert L. Foster M.D. Medical Examiner.
Date signed January 3, 1944

0659

13136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 13136
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mds. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 411 Moore Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Jackson

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Va
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 20 1944

18 (a) Funeral director Commissioner of Health
(b) Address

19 JAN 20 1944 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

F 0658

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29-1943, at 12 20 P.M.

21. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Live death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH

Lobar Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madison M.D.
Medical Examiner.
Date signed 12-29-43

G 13137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13137 Registered No. 121 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 509 N. Monroe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 509 N. Monroe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME IVA C. HANDS

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Adam C. Hands

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 31, 1880

8. AGE: Years 63 | Months 5 | Days 17 | If less than one day hr. min.

9. Birthplace: Jessups Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: John A. Goodwin
13. Birthplace: Md.

MOTHER
14. Maiden Name: Sarah A. Biggs
15. Birthplace: Md.

16 (a) Informant: Miss Constance L. Hands
(b) Address: 509 N. Monroe St.

17 (a) Burila (Burial, cremation, or removal) (b) Date thereof 1/21/44 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge Cem.
Location: Pikesville, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) Huntington Williams M.D. (Date rec'd by registrar) Registrar
JAN 20 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/18/44 19..., at 9a M

21. I certify that death occurred on the date above stated; that I attended deceased from 1920. to Jan 18 1944 and that I last saw h. alive on Jan 17 19 44

Immediate cause of death: Myocardial degenerat — Duration 5 yrs
Due to: Chr. nephritis — 15 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Homer C. Todd M. D.
Address 735 N. Fulton Ave. Date signed 1/20/44

G 13138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13138 / 1310 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 637 S. Hanover St.
(c) Hospital or institution:
Baltimore
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 637 S. Hanover St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Philip J. Boenning

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Eva M. Boenning
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 2, 1883

8. AGE: Years	Months	Days	If less than one day
60	10	16	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Druggist
11. Industry or business Self

FATHER
12. Name Henry Boenning
13. Birthplace --

MOTHER
14. Maiden Name Helena May
15. Birthplace --

16 (a) Informant Mrs. Eva M. Boenning
(b) Address 637 S. Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/44 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JAN 20 1944 (b) Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18, 1944, at 4:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 10, 1943 to Jan 17 1944 and that I last saw h~~e~~ alive on Jan 16 1944.

Immediate cause of death (a) Uremia (b) Due to Hypertension (c) Due to Cerebral hemorrhage

Other Conditions Cerebral arteriosclerosis.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Strauss M. D.
Address 1~~0~~ W ~~Lee~~ Date signed 1/19/44

G 13139

BALTIMORE CITY HEALTH DEPARTMENT G 13139
CERTIFICATE OF DEATH 830a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3416 Carlisle Ave.
(c) Hospital or institution: Mt. Sin. Hosp. 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3416 Carlisle Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm. A. Herring

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-18-0928

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Emma V.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1869

8. AGE: Years	Months	Days	If less than one day
74	3	24	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Mechanist - Elec. Eng.

11. Industry or business Allan V. Beir

FATHER 12. Name Wm. Herring

13. Birthplace Baltimore

MOTHER 14. Maiden Name Mary E. Sawer

15. Birthplace Baltimore

16 (a) Informant Myrtle Quiroga

(b) Address 2496 Carlisle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/44 (month) (day) (year)

(c) Cemetery or crematory Balto.

Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md.

19 JAN 20 1944 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/19 1944, at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/30 1943, to 1/19 1944, and that I last saw h[illegible] alive on 1/19 1944.

Immediate cause of death Uretro-vesical accident

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Carl Myers M.D.

Address Mt. Sin. Hosp. Date signed 1/19/44 M. D.

VS 2

G 13140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13140 / 108 Registered No.

Write the cause of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3417 Calloway Ave.
(c) Hospital or institution:

15th

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3417 Calloway Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE RIEHL

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	215-09-9189

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Married

6 (b) Name of husband or wife Sophia P.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25, 1874

8. AGE: Years	Months	Days	If less than one day
69	9	23	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business Gas & Elec.

MOTHER / FATHER
12. Name James L. Riehl
13. Birthplace Germany

MOTHER / FATHER
14. Maiden Name -- Grauling
15. Birthplace Balto., Md.

16 (a) Informant Mr. W. H. Cassell
(b) Address 3219 Brightwood

17 (a) Burial (b) Date thereof 1/22/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) 1-19-44 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18, 1944, at 5:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from October 1943 to Jan 18 1944, and that I last saw h.e. alive on Jan 18 1944

Immediate cause of death	Duration
Coronary occlusion	
Due to Edema of lungs - left lower	2 days
Due to Hypertension	7 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert G. Wagemann, Jr. M. D.
Address 1445 N Gay St Date signed

G 13141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 12 B

G 13141 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1112 W. Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 W. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME (James Harry Clifford) James Harry Clifford

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-2961

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Elizabeth Clifford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 26, 1877

8. AGE: Years	Months	Days	If less than one day
66	2	24	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Night Cashier
11. Industry or business Newspaper - The Sun

FATHER
12. Name James H. Clifford
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Knipe
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Lula Miller
(b) Address 1112 W. Fayette St.

17 (a) Burial (b) Date thereof Jan. 21, 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Md.

18 (a) Funeral director [illegible]
(b) Address 1005 N. Baltimore ave. Hunting for Williams, M.D.

19 (a) JAN 20 1944 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/18 1944 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/16 1944 to 1/18 1944, and that I last saw h[illegible] alive on 1/18 1944.

Immediate cause of death	Duration
Pulmonary tbc cav. disease	2 yrs
Due to	
Due to	
Other Conditions Pulmonary Tbc	1 yr.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address 3217 Normandy Dr. Date signed 1/19/44

VS 3

LUBINSKI

G 13142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13142

Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address East Fayette Street
(c) Hospital or institution:
Bon Secours Hospital 28
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5501 Norwood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward C. Luther

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-2269

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Irma M. Luther
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) December 17,1900

8. AGE: Years	Months	Days	If less than one day
43	1	2	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Engineer--Budget
11. Industry or business Pa. Water and Power Co.

FATHER
12. Name William Luther
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine Stone
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Edward C. Luther
(b) Address 5501 Norwood Ave.

17 (a) Burial (b) Date thereof Jan. 22, 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore

18 (a) Funeral director Miller & Amoreau
(b) Address 4510 Liberty Heights Ave.

19 (a) JAN 20 1944 (b) Notified for Williams M.D.
(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/19 1944 at 6 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/18 1944 to 1/19 1944
and that I last saw him alive on 1/19 1944

Immediate cause of death Congestive Heart Failure — Duration 3 days
Due to Hypertension
Cardiac Vascular Renal
Due to Disease — 20 yrs.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Sigmund Royzer M. D.
Address Bon Secours Hosp. Date signed 1/19/44

G 13143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

February 61

Registration No. G 13143

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1916 E. Madison
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1916 E. Madison St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Katalik

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Charles Katalik

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8, 1861

8. AGE: Years 82 | Months 4 | Days 10 | If less than one day hr. min.

9. Birthplace Bohemia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Joseph Svejda
13. Birthplace Bohemia

MOTHER
14. Maiden Name Catherine Petr
15. Birthplace Bohemia

16 (a) Informant Estelle Abel
(b) Address 706 N. Madeira St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-44 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Frank Crockett
(b) Address 900 N. Eleventh St

19 (a) Jan 22 1944 (b) Registrar Livingston Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18, 1944, at 1:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 2 1943 to Jan 18 1944. and that I last saw h.e.r alive on Jan 18 1944.

Immediate cause of death Diabetes Mellitus — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny M. D.
Address 2200 E Madison St Date signed 1/19/44

VS 160

13144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49

✓ G 13144 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4404 Spring dale Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4404 Springdale Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha Thiele Peterson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Parkins Peterson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 25 1873

8. AGE: Years 70 | Months 11 | Days 26 | If less than one day hr. min.

9. Birthplace Prussia Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Hugo Thiele
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothea Schleifer
15. Birthplace Germany

16 (a) Informant Parkins Peterson
(b) Address 4404 Springdale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-44 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Lucy C. Tenley
(b) Address [illegible]

19 (Date received by registrar) JAN 21 1944 Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 19 1944 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 10 1943 to Jan 19 1944 and that I last saw h[illegible] alive on Jan 19 1944

Immediate cause of death Carcinomatosis — Duration 6 mos

Due to Cancer of Vulva — 2 yrs

Due to Secondary Anemia — 2 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos J Abbott M. D.
Address 450 Eutaw Pl Date signed 1-

G 13145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

✓ G 13145 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1103 Madison Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1103 Madison Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Speres

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 54 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant John Speres
(b) Address 1103 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/1944 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) JAN 21 1944 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18, 1944 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13 1944 to Jan 18 1944 and that I last saw h[illegible] alive on Jan 17 1944

Immediate cause of death Coronary thrombosis — Duration 5 days

Due to Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. Kellar M. D.
Address 222 Monument Date signed 1/20/44
Chas. J. Kellar

13146 AB-86048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 13146 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 544 Moore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Bullock

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-? - 1892 (52?)

8. AGE: Years	Months	Days	If less than one day
52?	?	?	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Bullock (D)
13. Birthplace ?

MOTHER
14. Maiden Name Anna ? (D)
15. Birthplace ?

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/22/1944 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Halethorpe

18 (a) Funeral director
(b) Address

JAN 21 1944 (Date rec'd by registrar) (b) Huntington Phillips, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/19/1944, at 10:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/18 1944 to 1/19 1944 and that I last saw him alive on 1/19 1944.

Immediate cause of death	Duration
Pneumonia	1 wk
Due to	
Due to	
Other Conditions Toxic delirium	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: no post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
Date of occurrence at M
(b) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature E. L. Sampson M. D.
Address BCH Date signed 1/20

G 13147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 13147

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1142 Russell st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 1142 Russell St (If rural give location)
(e) Citizen of foreign country? (Yes or No) Yes
If yes, name country

3 (a) FULL NAME Thos. J. Gamble

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
60 59			hr. min.

9. Birthplace Arundle Co Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Caffy Gambrill
13. Birthplace A.A. Co. Md

MOTHER
14. Maiden Name Not Kno
15. Birthplace " "

16 (a) Informant Charles Gambrill
(b) Address 1142 Russell st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/44 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Washington Blvd

19 (Date rec'd by registrar) JAN 21 1944 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/17 1944; at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/16 1944 to 1/17 1944, and that I last saw him alive on 1/17 1944.

Immediate cause of death	Duration
Coronary Occlusion	
Due to Bronchopneumonia	
Due to Bronchitis Chronic	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ben Rhett M. D.
Address 139 Penna Ave Date signed 1/21/44

VS 350

Dr Rhett 2137 Eutaw Place

3148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 13148
Registered No.

Correct and fill in separately all items. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 216 N. Payson St
(c) Hospital or Institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 216 N. Payson St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Willoughby

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Thaddeus Willoughby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20-186

8. AGE: Years 80 | Months 6 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name William L. Tolman
13. Birthplace Mass

MOTHER
14. Maiden Name Mary E. Mitchell
15. Birthplace Md

16 (a) Informant Md Willoughby
(b) Address 216 N. Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21/44 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Baltimore Md

18 (a) Funeral director F. H. WIPPERT SON
(b) Address Baltimore Md

JAN 21 1944 (Date rec'd by registrar) (Signature of registrar) Hattie Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/18 1944, at 10 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/17 1944, to 1/18 1944, and that I last saw h[illegible] alive on 1/18 1944.

Immediate cause of death	Duration
(a) Arteriosclerotic C.V. disease	3 yrs
(b) Chronic Nephritis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury

23. Signature C. P. Jubinski M.D. M. D.
Address 5217 Portsmouth Date signed 1/18/44

VS 280

G 13149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1246

G 13149 Registered No.

write the causes of death clearly and legibly. Physicians: please write correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2503 Chesterfield Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2503 Chesterfield Av e.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Jacob

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-8113

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Katherine Jacob

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15/1880

8. AGE:	Years	Months	Days	If less than one day
	64	0	4	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Bar Tender
11. Industry or business

FATHER
12. Name George L. Jacob
13. Birthplace Germany

MOTHER
14. Maiden Name Rosy Wittig
15. Birthplace Balto. Md.

16 (a) Informant Katherine Jacob
(b) Address 2503 Chesterfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22/44 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial Park Cem.
Location [illegible] Rd. Taylor Ave.

18 (a) Funeral director John A. Miller
(b) Address 2334 Jefferson St.

19 (a) 1/24/44 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1944 at AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1943 to Jan 19 1944, and that I last saw him alive on Jan 19 1944

Immediate cause of death Hypostatic Pneumonia — Duration 1/16/44

Due to Cirrhosis of Liver — 7/5/43

Due to Chronic Interstitial Nephritis — 9/1/43

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Bonnick
Address 801 E. Lexington Date signed 1/20/44 M. D.

G 13150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

Registered No. G 13150

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2403 McHldery St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city limits write RURAL and give town)
(d) Street No. 2405 McHldery St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Gebauer

3 (b) If veteran, name war No.

3 (c) Social Security Account No. No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John Gebauer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18-1877 1876

8. AGE: Years •66• 67 | Months 3 | Days 1 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Schwietzer
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Kenss
15. Birthplace Balto. Md.

16 (a) Informant John Gebauer
(b) Address 2403 McHldery St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22-44 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location North Ave. & Gay St.

18 (a) Funeral director John A. Miller
(b) Address 2334 Jefferson St. Huntington Wilkinson, M.

19 (a) (b) (Signature and title) JAN 21 1944

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1944 at 12 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1938 to Jan 20 1944 and that I last saw alive on Jan 20 1944.

Immediate cause of death	Duration
Acute Cardiac Failure	
Pulmonary Edema	10 hours
Due to Hypertensive C-V-K Disease	10 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Israel Kosen M. D.
Address 2413 E. Monument St Date signed 1/20/44

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

G 13151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/22a

Registered No. G 13151

Please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 407 N.Rose St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. Md.
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 407 N.Rose St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Oscar C.Hunger

3 (b) Married woman, name war None | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Margeret A.Hunger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1862

8. AGE: Years	Months	Days	If less than one day
81	1		hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Hunger
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Joseph J.Hunger
(b) Address 407 N.Port St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan.22-44 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location BelAir Rd.

18 (a) Funeral director John A. Miller
(b) Address 233 E Jefferson St.

19 (a) JAN 21 1944 Huntingtown Williams, M.D. Registrar
(Date received) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18 1944 at 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 16 1944 to Jan. 18 1944, and that I last saw h. alive on Jan 18 1944.

Immediate cause of death	Duration
Acute Intestinal Obstruction	48hrs.
Due to Inguinal hernia	(?)
Due to	
Other conditions Toxaemia from obstruction	acute

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 5002 E. Pratt St. Date signed 1/20/44

G 13152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93c

G 13152 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1840 E. Biddle St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1840 E. Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isaac Thomas.

3 (b) If veteran, name war: World War #1

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife: Lettie M. Thomas

6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1899

8. AGE: Years	Months	Days	If less than one day
44	4	2	hr. min.

9. Birthplace Norway, S.C. (Town, county, and state)

10. Usual Occupation Minister

11. Industry or business

FATHER
12. Name James Thomas
13. Birthplace S. C.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Lettie M. Thomas
(b) Address 1840 E. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 21st 1944 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Fredk Ave. Balto, Md.

18 (a) Funeral director Bryson Stamper & Wright
(b) Address 729 Cresquette St.

19 (a) Jan 21-1944 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/17 1944 1.45 A.M.

21. I certify that I took charge of the remains described above, held an Inquiry Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Rheumatic Cardio vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Dwight S. McNally M.D. Medical Examiner.
Date signed 1/18/44

VS 151

G 13153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

G 13153 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1408 Mosher
(c) Hospital or institution: Balto md 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County Balto
(c) City or town Balto md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1408 mosher
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Esie Washington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Infant 2 Mo old

6 (b) Name of husband or wife no

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days 16 If less than one day
2 month 16 Nov 1 1943 hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation no

11. Industry or business no

FATHER
12. Name William Washington
13. Birthplace Pa.

MOTHER
14. Maiden Name Marion Cortez
15. Birthplace md

16 (a) Informant William Washington
(b) Address 1408 Mosher

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/44 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location md

18 (a) Funeral director Wm. B. Kelson
(b) Address 1303 Presstman St

19 (a) (b) Huntington Williams M.D.

JAN 21 1944

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19- 1944, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-16 1944, to 1-19- 1944, and that I last saw h alive on 1-18 1944

Immediate cause of death Bronchitis
Gastro enteritis
Due to Cold
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm B Boykins M. D.
Address 1735 Gilmor Date signed 1/20/44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

13154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13154
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d.
(e) Length of stay in Baltimore (yrs., mos., or days) 1d.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Davidsonville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Robert Galloway

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1943

8. AGE: Years	Months	Days	If less than one day
	2	25/24	hr. min.

9. Birthplace Davidsonville Md. Anne Arundel County

10. Usual Occupation Baby

11. Industry or business —

FATHER
12. Name Robert Galloway
13. Birthplace Millsboro, Md

MOTHER
14. Maiden Name Mary Brown
15. Birthplace Galesville, Md.

16 (a) Informant Rob't Galloway
(b) Address Davidsonville, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 21 1944

18 (a) Funeral director Commissioner of Health
(b) Address

JAN 21 1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1943, at 2:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 22 1943, to Dec. 23 1943, and that I last saw h/xx alive on Dec. 23 1943.

Immediate cause of death Respiratory failure — Duration 1 day

Due to Pertussis

Due to

Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret H.D. Smith M. D.
Address Sydenham Hosp. Date signed 12-24-43

VS 150

0662 Margaret H.D. Smith

G 13155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13155

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. City Hospital Infirmary (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew J. Harvey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 63 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 21 1944

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JAN 21 1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1 1944, at 2 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 2:25 A.M. 1-7-44
(b) Where did injury occur? Eastern ave & Gunther.
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? no
(d) Means of injury pedestrian struck by auto

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 1-7-44

0661

13156 ✓ G 13156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 937

Please write the causes of death clearly and legibly. Physicians: please write the exact age if specially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 W. Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Benny White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 53 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 21 1944

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JAN 21 1944 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25 19 43 at 1:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic myocardial degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec 28 1943

0665

G 13157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1820

G 13157 Registered No.

Write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1219 Pennsylvania Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1219 Pennsylvania Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROSETTA DORMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/28/43

8. AGE: Years	Months	Days	If less than one day
—	—	18	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 21 1944

18 (a) Funeral director Commissioner of Health
(b) Address

19 JAN 21 1944 Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH DECEMBER 16, 1943, at 7:15 P.M.

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Suffocation due to bedclothes.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 12-17-43.

0663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93P

Registered No. G 13158

G 13158

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner ave
(c) Hospital or institution: West Baltimore General Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3637 Woodland ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN BEVERUNGEN

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (Month, day, year) June 1862

8. AGE: Years 81 | Months 7 | Days 19 | If less than one day hr. min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation Butcher

11. Industry or business retired

FATHER
12. Name Louis Beverungen
13. Birthplace Germany

MOTHER
14. Maiden Name Do not Know
15. Birthplace Germany

16 (a) Informant Henry W. Whitney
(b) Address 3637 Woodland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 | 24 | 44 (month) (day) (year)
(c) Cemetery or crematory Sainty
Location Balto, Md

18 (a) Funeral director Geo. Weber & Son
(b) Address 2503 Edmondson Ave Huntington Hillside, Md.

JAN 21 1944 (Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1944, at 11.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17 1944, to Jan 20 1944, and that I last saw him alive on Jan 20 1944

Immediate cause of death Cardiac decompensation — Duration

Due to Arteriosclerotic heart disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P. M. Freedman M. D.
Address West Balt Genl Hosp Date signed 1/20/44

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. USE PENCIL, WITH UNFADING INK.

13159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13159
Registered No.

109

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution:
Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4007 Kenwick Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Loretta Philbin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Fem.

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Wid

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1859

8. AGE: Years 89 | Months — | Days — | If less than one day — hr. — min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Henry McGowan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Brown
15. Birthplace Baltimore

16 (a) Informant Miss Loretta Shauff
(b) Address 4007 Kenwick Rd

17 (a) Burial (b) Date thereof 1/22/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert St.

19 (a) JAN 21 1944 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1944, at 4:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 1943, to Jan 20 1944 and that I last saw her alive on Jan 19 1944

Immediate cause of death Resp. failure — Duration

Due to Bronchopneumonia

Due to

Other Conditions Senility, Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. Jane Foley M. D.
Address Mercy Hosp. Date signed 1-20-44

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 13160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

✓ G 13160 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2430 Lakeview Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Ab't 30 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2430 Lakeview Ave.
(If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROSE SUMMERFIELD

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 19, 1880.

8. AGE: Years	Months	Days	If less than one day
63	10	1	hr. min.

9. Birthplace Danville, Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Aaron Summerfield,
13. Birthplace Germany.

MOTHER
14. Maiden Name Rebecca Hynes,
15. Birthplace Phila. Pa.

16 (a) Informant Miss. Annie Summerfield,
(b) Address 2430 Lakeview Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/44. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Louis Sonneborn & Son
(b) Address 1902 Eutaw Place

19 (a) JAN 21 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20 1944, at - A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1938, to Jany 20 1944 and that I last saw h.. alive on Jany 19 1944.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Arteriosclerosis (Cerebral)	
Due to Symptoms	6 years
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis P. Hamburger M. D.
Address 1207 Eutaw Place Date signed 1/20/44

VS 3

Be sure the causes of death clearly and legibly. Physicians: please write

13161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95B

Registered No. G 13161

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount Ave.
(c) Hospital or institution:
Church Home and Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 716 Highwood Drive
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Emma A Seward

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Horace G. Seward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 6, 1902

8. AGE: Years 41 Months 5 Days 14 If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Dr. Benjamin Powel
13. Birthplace Penn.

MOTHER
14. Maiden Name Nellie Ashbury
15. Birthplace Baltimore, Md

16 (a) Informant Mr. Horace G. Seward
(b) Address 716 Highwood Drive

17 (a) Cremation (b) Date thereof 1/22/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 21 1944 (Date rec'd by registrar) (b) Huntington Williams Mort.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20 1944, at 4:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-12- 1944 to 1-20- 1944 and that I last saw her alive on 1-20 1944.

Immediate cause of death pulmonary edema — Duration 12 hrs

Due to Cardiac Failure — 2 months

Due to Rheumatic Heart Disease — 14 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lazenberg M. D.
Address Church Home and Hospital Date signed 1/20/44

VS 150

Every item of information should be carefully answered. Write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

G 13162

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

178a

Registered No. G 13162

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 Gittings Avenue
(If rural give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3 (a) FULL NAME CARL LAUSCH (Carl Smith Lausch)

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 160-02-1872

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Ruth Scheck
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 7, 1906

8. AGE: Years	Months	Days	If less than one day
37	6	11	.....hr. .....min.

9. Birthplace Reading, Pa.
(Town, county, and state)
10. Usual Occupation Flooring Contractor
11. Industry or business Allied Eng. Sales

FATHER
12. Name William Lausch
13. Birthplace Reading, Pa.

MOTHER
14. Maiden Name Fanny
15. Birthplace

16 (a) Informant Mr. Robert M. Scheck
(b) Address 1110 W. Balto. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/44 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 JAN 21 1944 (Date received by Registrar) (b) Huntington Williams Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18, 1944 at 12:40 P M

21. I certify that I took charge of the remains described above, held an inquiry (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coma - manuscide pneumonia

Due to.....

Other Conditions.....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following: 2 1/12
(a) Date of injury 1-18-44 at 11:55 A. M.
(b) Where did injury occur? Home; above address.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Leakage from gas stove

23. Signature W. T. Wallenmeyer M.D.
Asst. Medical Examiner.
Date signed 1-19-44

13163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

178a

Registered No. G 13163

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 210 E. Gittings Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 E. Gittings Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Lausch (William Philip Lausch)

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 6 1921

8. AGE: Years 12 | Months 4 | Days 12 | If less than one day ... hr. ... min.

9. Birthplace Philadelphia, Pa.
(Town, county, and state)

10. Usual Occupation --

11. Industry or business

FATHER
12. Name Carl Smith Lausch
13. Birthplace Reading Pa.

MOTHER
14. Maiden Name Ruth Scheck
15. Birthplace Balto., Md.

16 (a) Informant Mr. Robert M. Scheck
(b) Address 1110 W. Balto. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/44 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 21 1944 (Date rec'd by registrar) (b) Huntington Willis Asst. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18, 1944, at 11 A. M.

21. I certify that I took charge of the remains described above, held an Inspection & Chemical analysis Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation due to carbon monoxide

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Jan. 18, 1944 27/12 A.M.
(b) Where did injury occur? 210 E. Gittings Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Illuminating gas from heating pipes

23. Signature Robert M. Scheck M.D.
Medical Examiner.
Date signed Jan 18 1944

VS 151

G 13164

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 13164 ✓ Registered No. 445

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2041 Chestnut
(If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

3 (a) FULL NAME Nicholas Notaro

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar. 25 1892

8. AGE: Years	Months	Days	If less than one day
51	9	23	hr. min.

9. Birthplace Europe (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Chester Notaro
13. Birthplace Europe

MOTHER
14. Maiden Name Florence Melia
15. Birthplace Europe

16 (a) Informant Daughter
(b) Address Jessup. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22, 1944 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Waddell & Lippel
(b) Address 312 S. Highland Ave

19 (a) (Date received by registrar) (Huntington Willis) Registrar

JAN 25 1944

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1944, at 9:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1943, to Jan 18 1944, and that I last saw him alive on Jan 18 1944.

Immediate cause of death Hodgkins Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. R. Smythe M. D.
Address Mercy Hosp Date signed 1/19/44

PLEASE WHITE PLAINLY, WITH UNFADING INK. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

13165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 13165

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Md.
(c) Hospital or institution:
Mercy Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 521 N. Eulaski Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY A CASSINISI BIDDISON

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ William E. Biddison

6 (c) If alive, give age -years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Pasquale Fazio
13. Birthplace Italy

MOTHER
14. Maiden Name Olivia Modesti
15. Birthplace Italy

16 (a) Informant Charles Cassinisi
(b) Address 521 N. Eulaski St

17 (a) Burial (b) Date thereof Jan. 22-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 (c) JAN 21 1944 Livingston Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19, 1944, at 12:05 A. M.

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. Z. Wallenmeyer M.D.
Medical Examiner.
Date signed

VS 151

G 13166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 13166 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lawrence Hospital 17

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Penna. Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward J. Graney

3 (b) If veteran, name war —

3 (c) Social Security Account No. 579-07-9890

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Grace Richards

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1891

8. AGE: Years 52 | Months 1 | Days 8 11 | If less than one day hr. min.

9. Birthplace Alexandria, Va.
(Town, county, and state)

10. Usual Occupation Butcher
11. Industry or business Meat

FATHER
12. Name Edward J. Graney
13. Birthplace Ireland

MOTHER
14. Maiden Name Lucia A. Ronick
15. Birthplace Texas

16 (a) Informant Wm Graney
(b) Address 5414 Brehms Ave.

17 (a) Burial (b) Date thereof 12-24-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Dernal Hall Rd

18 (a) Funeral director Koch & Conway
(b) Address Hollins & Gilmor

19 (a) (b) Huntington Williamsport Md
(Signature of registrar)

JAN 7 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22-1943, at 1:35 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Lawrence M.D.
Medical Examiner.

Date signed 1-19-44

OVER

G 13167
T.N

41618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G 13167

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals 26 1/2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Pete George

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Elizabeth (Sept.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 2nd, 1862
8. AGE: Years 81 | Months 11 | Days 7 14 | If less than one day hr. min.
9. Birthplace Greece
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George George (D
13. Birthplace England

MOTHER
14. Maiden Name ?
15. Birthplace England

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records
17 (a) (Burial, cremation, or removal) (b) Date thereof 1-22-44
(month) (day) (year)
(c) Cemetery or crematory St. Mary's Ham
Location Baltimore, Md.
18 (a) Funeral director Leonard D. Covington
(b) Address 21 W. 25th St
19 (a) Huntington Williams, M.D. Registrar
JAN 23 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/16, 1944, at 1:45 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943, to 1/16 1944.
and that I last saw h[illegible] alive on 1/16 1944
Immediate cause of death Coronary Thrombosis

	Duration
Due to AS CVD	3 d.
Due to	?
Other Conditions Diabetes mellitus, gen. arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: No post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature E. F. Bergman M. D.
Address BCH Date signed 1/23

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to write the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 13168 BALTIMORE CITY HEALTH DEPARTMENT G 13168
CERTIFICATE OF DEATH 83a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1126 E Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1126 E. Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lillie Henry
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 1 1876

8. AGE: Years	Months	Days	If less than one day
68	-	19	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name James A. Gillage
13. Birthplace Md

MOTHER
14. Maiden Name Henrietta Johnson
15. Birthplace Md

16 (a) Informant Manuel Prul
(b) Address 1139 N. Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 24 44 (month) (day) (year)
(c) Cemetery or crematory Mt Lion
Location Balto

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

JAN 1 1944 (a) (b) Livingston Williams M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1944 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/13 1944 to 1/19 1944, and that I last saw h[illegible] alive on 1/19 1944

Immediate cause of death Cerebral Hemorrhage — Duration 6 mts
Due to Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. N. MacMurchy M. D.
Address 709 E Chase St Date signed 1/20/44

G 13169 G 13169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 99
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 N. Spring St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Whitley

3 (b) If veteran, name war

3 (c) Social Security Account No. 244-14-8584

4. Sex: Male | 5. Color or race: Black. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Mertie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-3-1896

8. AGE: Years 47 | Months 46 | Days 7 | If less than one day hr. min. 17

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Van Whitley
13. Birthplace NC

MOTHER
14. Maiden Name Martha Wood
15. Birthplace NC

16 (a) Informant Mertis Whitley
(b) Address 1825 N. Spring St. JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-44 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. R. Co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St.

19 (a) JAN 21 1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20 1944, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 20 1944, to Jan. 20 1944, and that I last saw him alive on Jan. 20 1944

Immediate cause of death: Cerebral hemorrhage — Duration: 1 day

Due to: Hypertensive cardio-vascular disease. — Duration: years

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John R. Birmingham M.D.
Address JHH Date signed 1-21

VS 150

G 13170 ✓ G 13170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1610 W. Pratt St
(c) Hospital or institution:
1944
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 W. Pratt St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas E. Gonder III

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife May Margaret nee Ridgeway
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 30, 1875

8. AGE: Years	Months	Days	If less than one day
68	0	21	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Contractor
11. Industry or business

FATHER
12. Name Thomas E. Gonder II
13. Birthplace Maryland

MOTHER
14. Maiden Name Alice Harding
15. Birthplace Maryland

16 (a) Informant Mrs. Thomas E. Gonder
(b) Address 1610 W. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/43 (month) (day) (year)
(c) Cemetery or crematory
Location Cumberland Md.

18 (a) Funeral director Harry H. Mitzke
Address 401 E Edmondson Ave.

19 (a) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

JAN 21 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/20 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10 1943 to 1-20 1944, and that I last saw him alive on 1-19 1944.

Immediate cause of death	Duration
Carcinoma Prostate and Bladder	?
Due to —	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Morris B. Schreiber M. D.
Address 54 S. Fulton Ave Date signed 1-21-44

VS 180

6 13171 ✓ G 13171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Franklintown Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1944
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1817 Wilkens Ave. (If rural give location)
(e) Citizen of foreign country? .....(Yes or No)
If yes, name country .....

3 (a) FULL NAME John H. Gimbel

3 (b) If veteran, name war .....

3 (c) Social Security Account No. 213-05-2798

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Minnie A. nee Klein

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 6, 1895

8. AGE: Years	Months	Days	If less than one day
48	7	13	..... hr. ..... min.

9. Birthplace Balto. Maryland (Town, county and state)

10. Usual Occupation Salvage Manager

11. Industry or business A & P Co.

FATHER
12. Name Conrad Gimbel
13. Birthplace Germany

MOTHER
14. Maiden Name Mary
15. Birthplace Germany

16 (a) Informant Mrs. John H. Gimbel
(b) Address 1817 Wilkens Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/44 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3901 Frederick Rd

18 (a) Funeral director Harry A. Wirtzke
(b) Address 4401 Edmondson Ave.

19 (a) JAN 21 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/19/ 1944, at 1:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 18, 1939, to Jan. 19 1944, and that I last saw him alive on Jan. 17 1944

Immediate cause of death Coronary Thrombosis — Duration 5 minutes

Due to Had several previous attacks of Coronary Occlusion during period

Due to of 1939 to 1944.

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Geo. A. Kupp M. D.
Address 3030 Edmondson Ave. Date signed 1/21/44

Use ink. Make the marks of death clearly and legibly. Physicians: please write the age in capitals.

G 13172 ✓ G 13172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 M 15 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Mo. 15 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Monkton
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(f) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Blume Sutton

3 (b) If veteran, name war: no
3 (c) Social Security Account No. no.

4. Sex: F. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harry E. Sutton
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Mar. 26, 1876

8. AGE: Years 67 | Months 9 | Days 26 | If less than one day ... hr. ... min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)

10. Usual Occupation Homemaker

11. Industry or business

FATHER
12. Name Chas. H. Blume,
13. Birthplace Monkton Md.

MOTHER
14. Maiden Name Caroline Hipe
15. Birthplace Harford Co. Md.

16 (a) Informant Mrs. Ross Sutton
(b) Address Whitehall, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24, 1944 (month) (day) (year)
(c) Cemetery or crematory St. James Church
Location Monkton Maryland

18 (a) Funeral director Sanders M. Brooks
(b) Address Sparks, Md.

19 (a) ... (b) ... (Registrar) (Deputy registrar)

JAN 21 1944

VS-10

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-21 1944, at 12:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/6 1943, to 1-21 1944, and that I last saw her alive on 1-21 1944.

	Duration
Immediate cause of death Cardiac failure	8 hrs.
Due to Carcinomatosis	2 yrs.
Due to Carcinoma of breast - left - metastasis to liver, spine	
Other Conditions Pneumonia, flare Carcinoma, multiple & spinal cord (Include pregnancy within 3 months of death)	2 months

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stephen J. VanBellen M. D.
Address Union Memorial Hosp. Date signed 1-24-44

Huntington Williams, M.D.

Please fill in the causes of death clearly and legibly. Physicians: please write the age as well as the duration of each condition. Please answer all questions.

G 13173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

G 13173
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) d. o. a.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 438 N Register Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY ETTA WHEELER (MARRITA WHEELER)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Abraham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1921

8. AGE: Years	Months	Days	If less than one day
22	9	15	hr. min.

9. Birthplace Durham N. C.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Edward Shaw
13. Birthplace N. C.

MOTHER
14. Maiden Name Carrie Drake
15. Birthplace N. C.

16 (a) Informant Blanche Haynes
(b) Address 316 Pearl St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22/44 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A. J. County Md

18 (a) Funeral director Mrs. Robert A. Ellis & Dgr.
(b) Address 112 W. Caroline St

19 JAN 21 1944 (Date rec'd by registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9, 1944, at 2:50 A. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Bullet wound of chest, homicide.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 1-9-44 at 11 M.
(b) Where did injury occur? 4389 Register Street
(c) Did injury occur at home, on farm, industrial place, in public place? Home. While at work? No
(d) Means of injury Shot during altercation.

23. Signature W. L. Wallenmeyer M.D.
Medical Examiner.
Date signed

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 13174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1108

G 13174 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Agnes Hospital
(c) Hospital or institution: Wilkens & Caton Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rogers Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Ezekiel Mopley

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Cora W. Snyder Mopley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1857

8. AGE: Years 86 | Months 5 | Days 1 | If less than one day ... hr. ... min.

9. Birthplace Montgomery County - Md.
(Town, county, and state)

10. Usual Occupation Farmer
11. Industry or business Retired

FATHER
12. Name Charles Mopley
13. Birthplace Maryland

MOTHER
14. Maiden Name Caroline M. Mullinenux
15. Birthplace Maryland

16 (a) Informant Russell Mopley
(b) Address Ellicott City, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23, 1944 (month) (day) (year)
(c) Cemetery or crematory Good Shepherd
Location Rockland, Howard Co.

18 (a) Funeral director Easton Jones
(b) Address Ellicott City Md.

19 (a) (Date received by local registrar) (b) Huntington Williams, M.D. (Registrar)

JAN 21 1944

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1944 at 1:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1944, to Jan 20 1944, and that I last saw h/m alive on Jan 6 1944.

Immediate cause of death Lobar pneumonia — Duration

Due to

Due to

Other Conditions Cerebral Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Gilbert Cosher

Address St. Agnes Hosp. Date signed 1/20/44

Please write the causes of death clearly and legibly. Physicians: please write age if especially important.

G 13175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 84 D

G 13175 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution:
Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 6 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo. 6 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Annapolis
(If outside city or town limits, write RURAL and give town)
(d) Street No. 107 Conduit Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Myrtle Chance Brady

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Bernard M. Brady
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6th 1895

8. AGE: Years	Months	Days	If less than one day
48	4 5	22	hr. min.

9. Birthplace Annapolis Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Edward Chance
13. Birthplace Annapolis

MOTHER
14. Maiden Name Sarah Russell
15. Birthplace Annapolis

16 (a) Informant Mount Hope Retreat
(b) Address Baltimore 15, Maryland

17 (a) Burial (b) Date thereof Jan. 24, 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Mary's Cemetery
Location Annapolis, Md.

18 (a) Funeral director Miller & Leavenworth
(b) Address 1003 N. Baltimore St.

19 (a) JAN 1 1944 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1944, at 6:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16 1943, to Jan. 21 1944, and that I last saw her alive on Jan. 21 1944.

Immediate cause of death	Duration
Pulmonary Embolism	4 days
Due to	
Due to	
Other Conditions Undiagnosed psychosis (Delirium: Catatonic syndrome)	5 wks.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Bernard M. Brady Jr. M. D.
Address 23 Duke of Gloucester St. Date signed

VS 8

13176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91a

G 13176

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Un. Hosp. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1yr. 9 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County Baltimore
(c) City or town Laurel 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D. # 1
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Clint Hunley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5, 1942

8. AGE: Years	Months	Days	If less than one day
1	9	15	hr. min.

9. Birthplace Woodland, Baltimore County, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Henry Hunley
13. Birthplace Kentucky

MOTHER 14. Maiden Name Elona Hunley
15. Birthplace Tennessee

16 (a) Informant father
(b) Address Laurel, Md. c/o Highland

17 (a) Burial (b) Date thereof 1-22-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Ivy Hill
Location Laurel, Md.

18 (a) Funeral director Ethel Logsdon
(b) Address Laurel, Md.

19 JAN 22 1944 (b) Huntington Williams, M.D.
(Registered by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21, 1944, at 9:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 21 1944, to Jan 21 1944
and that I last saw h— alive on Jan 21 1944.

Immediate cause of death pyogenic meningitis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm Keyo Copeman M. D.
Address Un. Hosp. Date signed 1/21/44

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

13177 LACAILLADE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46D

Registered No. C 13177

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 28 E. Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Lacaillade

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of ~~husband~~ or wife Ruth Lacaillade
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 15th 1876

8. AGE: Years	Months	Days	If less than one day
67	10	4	hr. min.

9. Birthplace Lawrence, Mass (Town, county, and state)
10. Usual Occupation Physician
11. Industry or business

FATHER
12. Name Charles Lacaillade
13. Birthplace Canada

MOTHER
14. Maiden Name (Unknown) Bernard
15. Birthplace Canada

16 (a) Informant Ruth Lacaillade
Residence New Gardens W. 183rd St. N.Y. City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/44 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto - Md.

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 St. Paul St

JAN 22 1944 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

V8 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19 1944, at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 4 1944, to Jan. 19 1944, and that I last saw h alive on Jan. 19 1944.

Immediate cause of death	Duration
Pulmonary edema	1 day
Due to Generalized carcinomatosis	7 wks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Glenn O. Cummings M. D.
Address University Hospital Date signed 1/20/44

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

G 13178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 13178 Registered No.

write the causes of death clearly and legibly. Physicians: please write correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3819 Pleasant Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3819 Pleasant Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Knight

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife William A. Knight

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12th 1871

8. AGE: Years 72 | Months 6 | Days 7 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph Foster
13. Birthplace A. A. Co. Md.

MOTHER
14. Maiden Name Sarah T. Harrison
15. Birthplace A. A. Co. Md.

16 (a) Informant Pansy Staines
(b) Address 3819 Pleasant Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/44 (month) (day) (year)
(c) Cemetery St. Marys
Location Hampden

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 (a) (Signature of registrar) (b) Huntington Williams, M.D. Registrar

JAN 22 1944

VS 158

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19th 1944, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to Jan 19 1944, and that I last saw her alive on Jan 19 1944.

	Duration
Immediate cause of death Heart clot	few minutes
Due to Coronary Sclerosis	several years
Due to Chronic Myocarditis	"
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lincoln T. T. Mallonee M. D.
Address 940 N. 32nd St Date signed 1-21-44

3179 Wood

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 50

Registered No. C 13179

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Kennedy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Rural - Millersville (If outside city or town limits, write RURAL and give town)
(d) Street No. Millersville (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

3 (a) FULL NAME Gertrude Wards (Wood)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Theodore H. Wards

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Sept 9th, 1880

8. AGE: Years 63 64 | Months 4 | Days 12 | If less than one day — hr. — min.

9. Birthplace Maryland (A.A. Co.) (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name William Watts
13. Birthplace Md.

MOTHER
14. Maiden Name Lydia Steinkamp
15. Birthplace Md.

16 (a) Informant Mrs Blanche Bollinger
(b) Address Millersville Md

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1/26/44 (month) (day) (year)
(c) Cemetery or crematory Odenhall
Location Brooklyn Md

18 (a) Funeral director Millborn Cook Inc
(b) Address 1217 E Fort St

19 JAN 22 1944 (b) [illegible] Washington Williams, M.D.
(Date rec'd by Reg.) (Signature of Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1944 at 9:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13 1944, to Jan 21 1944, and that I last saw h sr alive on Jan 21 1944.

Immediate cause of death	Duration
Metastatic Carcinoma	
Due to Carcinoma of Breast.	
Due to	
Other Conditions None.	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry A Bollinger

Address Union Depot Date signed 1-24-44 (M. D.)

Physicians: please write the causes of death clearly and legibly. Information is especially important. correct age

13180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1944

G 13180

Registered No.

Please write the causes of death clearly and legibly. Physicians: please see that every item is correctly supplied. Any error or omission should be corrected at once. Be sure that the age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Edmund + Laena Sts.

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.

(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County City

(c) City or town Baltimore

(If outside city or town limits, write RURAL or TOWN)

(d) Street No. 337 S. Edmund St. ROBINSON

(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3 (a) FULL NAME Donald S. Proffitt

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1937

8. AGE: Years	Months	Days	If less than one day
7	1	1	..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Child.

11. Industry or business —

FATHER

12. Name Scott Proffitt.

13. Birthplace Virginia

MOTHER

14. Maiden Name Ursen Kates

15. Seattle Washington, D.C.

16 (a) Informant Hospital Records

(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/23/44 (month) (day) (year)

(c) Cemetery Good Hope Church

Location Brookeburg Va.

18 (a) Funeral director William Cook Inc

(b) Address 1217 St. Paul St

19 (Date received) JAN 22 1944 Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21 1944 at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1. 1944 to Jan 21 1944 and that I last saw him alive on Jan. 20 1944

Immediate cause of death —	Extreme cachexia and weakness	6 months
Due to	Chronic nephritis	
Due to	—	
Other Conditions	—	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at — M

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury —

23. Signature Alfred T. Nelson M. D.

Address University Hospital Date signed 1/24/44

G 13181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

Registered No. C 13181

Please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5008 Weatherwilly Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5008 Weatherwilly Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Laura Moran

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~:
Female	White	Married

6 (b) Name of husband or wife: Frank T. Moran
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18th 1890

8. AGE: Years	Months	Days	If less than one day
53	6	3	hr. min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Frederick Sandusky
13. Birthplace Poland

MOTHER
14. Maiden Name Un Known
15. Birthplace Poland

16 (a) Informant Charles H. Bailey
(b) Address Dickeysville Md.

17 (a) Burial (b) Date thereof 1/24/44
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md

18 (a) Funeral director Wm. Cook Inc
(b) Address 421 St. Paul St.

19 JAN 22 1944 (b) Huntington Williams, M.D.
(Date rec'd by Registrar)

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21st 1944 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-19 1943 to 1-21 1943, and that I last saw h[illegible] alive on Jan 20 1943.

Immediate cause of death. Bronchial Pneumonia — Duration 4 days
Due to Flu
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos J Athey M. D.
Address 4509 Liberty Hgts Ave Date signed 1-24-43

13182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 13182 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkens Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3148 Wilkens ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ann John Eames

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
M.	W.	Widowed

6 (b) Name of ~~husband or~~ wife Mary Eames
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 5th 1866

8. AGE: Years	Months	Days	If less than one day
77	8	14	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Watchman

FATHER
12. Name Abraham Eames
13. Birthplace England

MOTHER
14. Maiden Name Mary Matthews
15. Birthplace England

16 (a) Informant Margaret R. Eames
(b) Address 3148 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/44 (month) (day) (year)
(c) Cemetery or crematory Trinity
Location Balto Md

18 (a) Funeral director Wm Cook Inc.
(b) Address 1217 St. Paul St.

19 JAN 22 1944 (Date filed) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19 1944, at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 17 1944, to Jan 19 1944, and that I last saw him alive on Jan. 19 1944

Immediate cause of death	Duration
Cerebral hemorrhage	3 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur Rosenberg M.D.
Address St. Agnes Hosp. Date signed 1/22/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

13183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 F

G 13183 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3546 Keswick Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3546 Keswick Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William F. Weber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of husband or wife Julia V. Weber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 27th 1879

8. AGE: Years	Months	Days	If less than one day
64	9	23	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Dietrick Bros

FATHER
12. Name Christian Weber
13. Birthplace Germany

MOTHER
14. Maiden Name Magdalena Fisher
15. Birthplace Balto. Md.

16 (a) Informant Julia V. Weber
(b) Address 3546 Keswick Rd

17 (a) Burial (b) Date thereof 1/24/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul

19 (a) JAN 22 1944 (b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20th 1944, at 9a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1943, to Jan 20 1944, and that I last saw h[illegible] alive on Jan 19 1944.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to arteriosclerotic CVD	7
Due to	
Other Conditions Carcinoma of Liver	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lawrence J. Shumaker M. D.
Address 3711 Falls Rd Date signed 1-21-44

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 150

Krieder

18184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

G 13184 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 207 Amity St apt 1A
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 Amity St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Philip Krieder

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-7259

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Charleston Krieder

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 16 1909

8. AGE: Years	Months	Days	If less than one day
94	2	3	hr. min.

9. Birthplace Salisbury North Carolina
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Krieder
13. Birthplace North Carolina

MOTHER
14. Maiden Name Martha Douglas
15. Birthplace North Carolina

16 (a) Informant Mrs Charleston Krieder
(b) Address 207 Amity st Apt 1 A

17 (a) Removal (b) Date thereof Jan 22 1944
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Salisbury North Carolina
Location Rowan County

18 (a) Funeral director Joseph G. Lively
(b) Address 4 & 6 West Mount St Baltimore

19 (c) JAN 22 1944 Huntington-Williams Mort.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1944 at 7A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1944 to Jan 19 1944
and that I last saw h alive on Jan 18 1944

Immediate cause of death Acute Myocarditis — Duration not kn

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas T. Wathen M. D.
Address 1 E Franklin Date signed 1/20/44

VS 150

WOODLAND

G 13185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 B

G 13185 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write information should be carefully supplied. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1617 E. Monument
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 E. Monument (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Henry Martin

3 (b) If veteran, name war: 18th World War
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: widower
6 (b) Name of husband or wife:
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 1892
8. AGE: Years 52 Months Days If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Shoemaker
11. Industry or business

FATHER
12. Name Major Martin
13. Birthplace St Mary's Co, Md

MOTHER
14. Maiden Name
15. Birthplace Md

16 (a) Informant William Martin
(b) Address 1518 Sandisfield

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/44 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto., Md.

18 (a) Funeral director Joseph B. Locke, Inc
(b) Address 1204 N. Central Ave

19 JAN 22 1944 (b) Huntington Williams Asst. Registrar
(If delayed or old by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1944, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1944 to Jan 20 1944, and that I last saw him alive on Jan 20 1944.

Immediate cause of death: Mitral Insufficiency — Duration:
Due to: General Edema
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Tisher M. D.
Address 1617 E. Monument Date signed Jan 20 44

G 13186

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 13186 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3502 Powhattan Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3502 Powhattan Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNIE BOND

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Daniel M. Bond
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1876

8. AGE: Years	Months	Days	If less than one day
67	4	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Richard Britton
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Donaldson
15. Birthplace Ireland

16 (a) Informant Mrs. Margaret Bond
(b) Address 725 N. Linwood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/44 (month) (day) (year)
(c) Cemetery or crematory Balto. Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19. JAN 22 1944 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20, 1944, at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1943, to Jan 20 1944, and that I last saw h alive on Jan 20 1944

Immediate cause of death Pneumonia lobar. — Duration 4 wks.
Due to
Due to
Other Conditions Arteriosclerosis Cardiovascular Disease (Include pregnancy within 3 months of death) — (7)
Date of operation
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lucien E. Smith, M.D.
Address 10 W. Madison St. Date signed 1/21/44

Correct age is especially important: please write the causes of death clearly and legibly.

13187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13187
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2105 Mura street
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2105 Mura St.
(Usual place of abode)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Viola E. McClellan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Seperated

6 (b) Name of husband or wife John F. McClellan
(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Aug 21-1895

8. AGE: Years 48 | Months 4 | Days 29 | If less than one day: hr. min.

9. Birthplace S. C.
(Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name William Spencer
13. Birthplace S. C.

MOTHER
14. Maiden Name Virginia Ammons
15. Birthplace S. C.

16 (a) Informant Rhonda.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24-44 (month) (day) (year)
(c) Cemetery or crematory Morefund Park
Location Balto Md

18 (a) Funeral director Ellsworth Armacost
(b) Address 3911 Liberty Heights Ave

19 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan-19- 1944, at 10 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan-19 1944 to Jan-19 1944, and that I last saw her alive on Jan-19 1944.

Immediate cause of death	Duration
meningococcemia.	
c probable meningitis	
Due to Waterhouse-Friderichsen	
Due to syndrome	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: not reported

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John R. Birmingham
Address J. H. H. Date signed 1-20 M.D.

VS 180

G 13188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48 G

G 13188 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1412 N. Patterson Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1412 Patterson Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susan B. Reynolds

3 (b) If veteran, name war
3 (c) Social Security Account No. 215-10-2609

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John C. Reynolds
6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) March 16-1874

8. AGE: Years	Months	Days	If less than one day
69	10	2	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Polisher
11. Industry or business

FATHER
12. Name John T. Byrne
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Susan Arthur
15. Birthplace Harford Co. Md.

16 (a) Informant Mrs E. Chas K. McCleary
(b) Address 1412 N. Patterson Pk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22-44 (month) (day) (year)
(c) Cemetery or crematory Baltimore Md
Location Balto. Md.

18 (a) Funeral director Ellsworth Arrgeon
(b) Address 3911 Liberty Heights Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1944 at 2.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from October 1943 to January 1944
and that I last saw her alive on January 17 1944

Immediate cause of death Carcinoma of Uterus, Stomach and Intestines — Duration 3 months

Due to

Due to

Other Conditions Metastasis and Cachexia. — 10 days
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Albert Eisenberg
Address 1025 E. North Ave Date signed 1-18 1944

G 13189 — Forestell

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 13189 — Registered No. 159

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution:
Mercy Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3908 Carlyle Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME William L Forestell Jr.

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 11, 1944

8. AGE: Years	Months	Days	If less than one day
0	0	11	hr. min.

9. Birthplace Balto, Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name William L. Forestell Sr
13. Birthplace Md

MOTHER
14. Maiden Name Grace W. Dove
15. Birthplace Md.

16 (a) Informant Mrs William L Forestell
(b) Address 3908 Carlyle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/44 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location Balto Md

18 (a) Funeral director Ellsworth Memorial
(b) Address 3911 Sibley Heights Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21, 1944, at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11, 1944, to Jan 21, 1944, and that I last saw him alive on Jan 21, 1944.

Immediate cause of death	Duration
Resp. Failure	
Due to Prematurity	
Due to Dehydration	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert B. Fennell M.D.
Address Mercy Hosp Date signed 1/24/44

13190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 13190
Registered No.

1 PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) doa
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 642 W. Hoffman St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leatha Moore Daniels

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 37 Months Days If less than one day hr. min.

9. Birthplace Union S.C.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name West Edson

13. Birthplace S.C.

14. Maiden Name Grace

15. Birthplace S.C.

16 (a) Informant James Daniel

(b) Address 642 W. Hoffman St

17 (a) Burial (b) Date thereof 1-22-44
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory

Location Union City S.C.

18 (a) Funeral director Mr Frances A. Hemsley

(b) Address 5784 W. Belden St

19 (a) JAN 22 1944 (b) Huntington Williams Md.
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20 1944, at 11:40 AM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Jan 20 1944 at 11:40 AM
(b) Where did injury occur? 642 Hoffman St
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? no
(d) Means of injury Jumped from window Escape

23. Signature [illegible] M.D.
Medical Examiner

Date signed Jan 20 1944

13191

13191 morgue

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 13191 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 3 1
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 E. Lombard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank J. Ewing

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1865

8. AGE: Years	Months	Days	If less than one day
78	2	8	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name August Ewing
13. Birthplace Germany

MOTHER
14. Maiden Name Be-berg ?
15. Birthplace Germany

16 (a) Informant Eastern Police Dept.
(b) Address Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/44 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Beltz Rd.

18 (a) Funeral director W. W. E. Dupuis Sons
(b) Address 5 to A Sts.

JAN 22 1944 Huntington Williams, M.D.
Date received by registrar Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1944, at 6:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion
Cardiovascular disease

Marked cardiac hypertrophy & dilatation

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed January 21, 1944

13192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 46F

G 13192 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp. 3-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1537 E Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mick Boccatta or Nick Baketa

3 (b) If veteran, name war —

3 (c) Social Security Account No. 207-05-6743

4. Sex male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years about 53? | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Yugoslavia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Not known
13. Birthplace Russian

MOTHER 14. Maiden Name Not known
15. Birthplace Russian

16 (a) Informant Mrs. Anna Grijovic
(b) Address 1534 E. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22-44 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian
Location Anne Arundel County

18 (a) Funeral director John A. Frebiauckas Jr.
(b) Address 423 S. Paca St

19 (a) JAN 22 1944 (b) Hunting Town Milwaukee, Md. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18 1944, at 9:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw him alive on Jan 18 1944.

Immediate cause of death Cardiac failure — Duration

Due to Carcinoma of liver

Due to Portal obstructions

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leonard Aleman, M.D.
Address Sinai Hosp Date signed 1/18/44

13193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

154 B

Registered No. C 13193

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7 N. Carey St.
(c) Hospital or institution:

18-2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 N. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Creech

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-6023

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Millard Creech
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1894

8. AGE: Years	Months	Days	If less than one day
49	3	19	hr. min.

9. Birthplace Amhurst, Va. (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Unimployeed

FATHER
12. Name John W. Whitten
13. Birthplace Willow, Va.

MOTHER
14. Maiden Name Rebecca Smoot
15. Birthplace Amhurst, Va.

16 (a) Informant Grover Whitten
(b) Address 7 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22, 1944 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore

18 (a) Funeral director Frederick S. Cole
(b) Address 200 W. Lombard St

JAN 22 1944 (Date received) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION P

20. DATE OF DEATH Jan. 19th 1944, at 8:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8, 1944, to Jan. 19 1944, and that I last saw her alive on Jan. 19 1944.

Immediate cause of death	Duration
Osteomyelitis Ischium (Bone) Carcinoma	2½ yrs.
Cardiac failure	
Due to Dehydration	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Was away from home for Hopkinsville March 1943. Back Feb. 1944.
Major findings of operation: Since about June 1943 (Bed ridden).
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan H. Spritz M.D.
Address 2351 Eutaw Pl. Date signed 1/22/44.

correct age is especially important.

13194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √160a

G 13194

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution:
Mercy Hosp 29-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4421 Marble Hall Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Gilbert Burns McFadden Jr.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/2/44

8. AGE: Years | Months | Days 19 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Robert Burns McFadden Sr.
13. Birthplace Balto., Md.

MOTHER 14. Maiden Name Lois June French.
15. Birthplace Balto., Md.

16 (a) Informant R. B. McFadden Sr.
(b) Address Northwood Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22 1944 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Meamerson
(b) Address 805 N. Calvert St.

19 JAN 22 1944 (Date rec'd by Registrar) Huntington Will, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/21 19 44 at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/17 1944, to 1/21 19 44 and that I last saw him alive on 1/21 19 44

Immediate cause of death Respiratory Failure — Duration

Due to Intra Cranial Hemorrhage?

Due to /

Other Conditions Dehydration.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. E. Queen M. D.
Address Mercy Hosp Date signed 1/21/44

G 13195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

State File No. 8 Md 56151.3 G 13195

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S. Athol Ave.
(c) Hospital or institution:
Gen'l German Aged Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 7/12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Athol Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fred W. Varney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14 1850

8. AGE: Years 93 | Months 6 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Carpenter

FATHER
12. Name John Henry Varney
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Schweitzer
15. Birthplace Germany

16 (a) Informant German Aged Home
(b) Address 22 S. Athol Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-44 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East North Ave

18 (a) Funeral director Henry H. Weitzke
(b) Address 1016 E. Monument Ave

19 (a) (Date received by registrar) Edwin Williams, M.D. Registrar

N 23 1944

VS 1601

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/20/44 19 12.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10/45, to Jan. 20/44. and that I last saw him alive on Jan. 19/44.

Immediate cause of death: Multiple Sclerosis. Unknown — Duration

Due to:

Due to: Unknown.

Other Conditions: Chronic Arthritis

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature Henry H. Weitzke

Address 933 Hanover St. Date signed Jan. 22/44. M. D.

G 13196

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93d G 13196 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 340 W. Biddle St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 340 W. Biddle St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 19 1881

8. AGE: Years	Months	Days	If less than one day
62	3	1	0 hr. min.

9. Birthplace Blackstone VA
(Town, county and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Henry Harris
13. Birthplace VA

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mr Walter H. Burk
(b) Address 809 Union Trust Bldg.

17 (a) Burial (b) Date thereof 1-25-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore MD

18 (a) Funeral director Mrs Frances A. Hensley
(b) Address 54 E. W. Biddle St

19 (a) 23 1944 (b) Huntington Phillips M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20 1944, at 2 P M

21. I certify that I took charge of the remains described above, held an Inquisition thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic myocardial degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Jan 20 1944

VS 151

G 13197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195c.

G 13197 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 922 N. North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hinrman Howell

3 (b) If veteran, name war NO — 3 (c) Social Security Account No. 240-28-4597

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mary F

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17 1914

8. AGE: Years 29 | Months 10 | Days 5 (If less than one day hr. min.)

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business Bethlehem Shipyard Ship Yards

FATHER 12. Name Loan Howell

13. Birthplace N C

MOTHER 14. Maiden Name Estelle Olive

15. Birthplace N C

16 (a) Informant Mary F Howell

(b) Address 922 W North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/44 (month) (day) (year)

(c) Cemetery or crematory Leney Grove

Location Ferguson Spring N C

18 (a) Funeral director Williams & Son

(b) Address 1217 E Fort St

JAN 23 1944 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-22- 1944, at 4.05 P. M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

Autopsy, Inspection or Inquiry

IMMEDIATE CAUSE OF DEATH Crushed skull

Due to

Other Conditions Intra cranial hemorrhage

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 1-22-44 at 2.25 P. M. 25/6

(b) Where did injury occur? Bethlehem Fairfield Shipyards Corp.

(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? Yes

(d) Means of injury Heavy board fell on his head.

23. Signature Howard J Tinsdeis M.D. Medical Examiner.

Date signed 1-23-44

G 13198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 13198

97

Registered No.

Please write the causes of death clearly and legibly. Physicians: please see that age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3316 Echodale Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3316 Echodale Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Christina M. Pausch

3 (b) If veteran, name war — NO
3 (c) Social Security Account No. — NONE

4. Sex: F.
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Frederick P. Pausch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4th 1863

8. AGE: Years 80 | Months 6 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name August Friedrichshausen
13. Birthplace Unknown

MOTHER
14. Maiden name Charlotte Rodenberg
15. Birthplace Unknown

16 (a) Informant Frederick E. Pausch
(b) Address 3606 Rosedale Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-44 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto. Co. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 (a) JAN 23 1944 (Date rec'd by registrar) (b) Hunter for Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1944, at 3:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 20 1943, to Jan 22 1944, and that I last saw her alive on Jan. 22 1944.

Immediate cause of death: Myocardial failure — Duration: 3 mon
Due to: Generalized osteosclerosis
Due to:
Other Conditions: —
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry A. Bridle M. D.
Address 5106 Harford Rd Date signed 1-22-44

G 13199

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 13199

CERTIFICATE OF DEATH 93d

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2861 Pelham Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2861 Pelham Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Lederer

3 (b) If veteran, name war — 3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Henry L. Lederer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16th 1862

8. AGE: Years	Months	Days	If less than one day
82	—	15	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles Reeb
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mamie Alkeit
(b) Address 439 E. 25th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/44 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook Inc
(b) Address 1247 St. Paul St

JAN 23 1947

19 (a) (Date rec'd by registr.) (b) Huntington Williams M.D. Registrar

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1944, at 9.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1937 to Jan 21 1944, and that I last saw h alive on Jan 21 1944

Immediate cause of death	Duration
Acute Cardiac Dilatation	2 days
Due to Chronic Myocarditis	6 days
Due to Arteriosclerosis	6 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation ✓
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Richard A. Atwood M. D.
Address 2360 Entaw Place Date signed 1-22-44

G 13200 ✓ G 13200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2301 Homewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2301 Homewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3 (a) FULL NAME Eva Dadsky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Harry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 60 Months Days If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Verealy Kesmovas

13. Birthplace Poland

MOTHER 14. Maiden Name Chap

15. Birthplace Poland

16 (a) Informant family friends

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-44 (month) (day) (year)

(c) Cemetery or crematory Wineton Mem Pk

Location Wineton Mem Pk.

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Baltimore St

JAN 23 1944 (a) Registrar (b) Huntington Williams M.D. Registrar

VB 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-21 1944, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19 1943 to Jan 21 1944 and that I last saw h[illegible] alive on Jan 21 1944

Immediate cause of death Acute myocardial failure — Duration

Due to — Duration

Due to — Duration

Other Conditions Diabetes — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jack J. Singer M.D.

Address 506 E. Northlane Date signed 1-24-44

G 13201 ✓ G 13201

BALTIMORE CITY HEALTH DEPARTMENT

G 13201

CERTIFICATE OF DEATH

Registered No. 94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 723 Lennox St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give location)
(d) Street No. 723 Lennox St
(If rural give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3 (a) FULL NAME Solomon Wolman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	Widowed

6 (b) Name of husband or wife Esther D.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

MOTHER / FATHER
12. Name Shepy
13. Birthplace Poland
14. Maiden Name Ella
15. Birthplace Poland

16 (a) Informant Family Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-44 (month) (day) (year)
(c) Cemetery or crematory Balt Hebrew
Location Belair Rd

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St

19 (a) 1-23-1944 (b) (Date filed by registrar) Registrar

VS 150

MEDICAL CERTIFICATION 15

20. DATE OF DEATH 1-20 1944 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1944 to Jan 20 1944 and that I last saw him alive on Jan 20 1944.

	Duration
Immediate cause of death: Coronary occlusion	15 min.
Due to: Coronary arterio-sclerosis	2 yrs.
Due to: Arteriosclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert Goldstone M. D.
Address 443 Linden Av. Date signed Jan 24/44

Huntington Williams Registrar

G 13202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13202 Registered No. 91

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City or County: Md
(b) Street address: 1172 Cleveland St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 80 3 M 4D

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md (b) County:
(c) City or town: Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1172 Cleveland St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: ISAIAH EMERSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Dead

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 17 1863

8. AGE: Years 80 | Months 3 | Days 4 | If less than one day hr. min.

9. Birthplace: Balto
(Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business:

FATHER
12. Name: Edwin Emerson
13. Birthplace: Balto

MOTHER
14. Maiden Name: Mc Kynn.
15. Birthplace: Balto

16 (a) Informant: Mrs Fred Klock
(b) Address: 1172 Cleveland St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/44 (month) (day) (year)

(c) Cemetery or crematory: Mt Olivet
Location: Fred Ave.

18 (a) Funeral director: Geo Leimbach
(b) Address: 1214 N. Fayette St.

JAN 23 1944 (a) (Local registrar) (b) J. Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 22 1944, at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1944 to Jan 22 1944, and that I last saw him alive on Jan 19 1944

Immediate cause of death: Edema of Lungs — Duration: 5 days

Due to:

Due to:

Other Conditions: Generalized Arteriosclerosis.
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: M. L. Lichtenberg

Address: 1111 W Madison Date signed: 1/24/44

G 13203

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 13203 ✓ 97 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2641 N. Charles St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 2641 N. Charles St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Regina agnes Fandey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 2 1866

8. AGE: Years 78 | Months 0 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Matthew J. Fandey
13. Birthplace Alexander Va

MOTHER
14. Maiden Name Louise C. Hoffman
15. Birthplace Balto Md

16 (a) Informant Henry C Fandey
(b) Address 2641 N. Charles St

17 (a) Burial (b) Date thereof Jan 24 44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md

18 (a) Funeral director Henry W. Jenkins' Sons
(b) Address McCulloh & Orchard Sts

19 (a) (Local registrar) (b) Huntington Williams M.D.

JAN 23 1944
VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1944 at 2:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1944 to Jan 20 1944 and that I last saw him alive on Jan 19 1944

Immediate cause of death Generalized Arteriosclerosis | Duration Indef.

Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Nathaniel M Black M. D.
Address 727 N Charles St Date signed Jan 23 44

G 13204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1944

G 13204 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard + Madison
(c) Hospital or institution:
Maryland General Hosp
(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) 17
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 100 S. Poppleton
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Eunice Harris (Eunice O. Harris)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Samuel Y. Harris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1869

8. AGE: Years	Months	Days	If less than one day
74	6 7	13	hr. min.

9. Birthplace Gloucester County Virginia
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name ? Phirgus M. Broocke
13. Birthplace Virginia

MOTHER
14. Maiden Name ? America J. Curry
15. Birthplace Virginia

16 (a) Informant Dr. Samuel Y. Harris
(b) Address 100 S. Poppleton St.

17 (a) Burial (b) Date thereof 1/24/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director Willis Lamotte
(b) Address 4510 Liberty Heights Ave.

19 (a) 1944 (b) Signature for Williams, M.D.
(Date received by registrar) (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 1944 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5 1944 to Jan 22 1944, and that I last saw h[illegible] alive on Jan. 21 1944.

Immediate cause of death

Coronary thrombosis

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Herman Williams M. D.
Address Md. Gen. Hosp. Date signed Jan. 22, 1944

Direct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 13205 G 13205 G [redacted]

BALTIMORE CITY HEALTH DEPARTMENT Registered No.

CERTIFICATE OF DEATH 193d

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3516 Roland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13/6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3516 Roland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** William O. Burriss

3 (b) If veteran, name war None

3 (c) Social Security Account No. 215-09-3785

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Myrtle E. Burriss
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Dec 22-1895

8. AGE: Years	Months	Days	If less than one day
48	0	29	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Shop Mechanic (Retired)
11. Industry or business Balto Transit Co

FATHER
12. Name George W. Burriss
13. Birthplace Md

MOTHER
14. Maiden Name Mollie Thompson
15. Birthplace Md

16 (a) Informant Myrtle E. Burriss
(b) Address 3516 Roland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24-1944 (month) (day) (year)
(c) Cemetery or crematory Western
Location

18 (a) Funeral director Roth & B.M. Walters
(b) Address Pratt & Stricker Sts

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20th 1944, at 2 16 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1944 to Jan 20 1944, and that I last saw h[illegible] alive on Jan 20 1944.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Hypertension and Cardiovascular Renal Disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence H. Lemmon MD M. D.
Address 3711 Falls Rd Date signed 1-21-44

VS 150

C 13206

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

163W

C 13206 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Franklin Square Hosp. 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 14 N. Stricker
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Arthur Vernon Mitchell ✓

3 (b) If veteran, name war	3 (c) Social Security Account No. 220-20-9466

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	S

6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 22 1928

8. AGE: Years	Months	Days	If less than one day
15	1	29	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Helper
11. Industry or business Ice Truck

FATHER
12. Name William T. Mitchell
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary M. Cramer
15. Birthplace Frederick Md

16 (a) Informant Mary M. Mitchell
(b) Address 14 N. Stricker St.

17 (a) BURIAL (b) Date thereof Jan 24 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory WESTERN
Location City

18 (a) Funeral director Pott & B.M. Walters
(b) Address 220 N. STRICKER St.

19 (a)..... (b).....
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20 1944, at 1 15 P M

21. I certify that I took charge of the remains described above, held an Inspection & Toxicological analysis thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation
due to carbon monoxide

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Jan. 20 1944 at M.
(b) Where did injury occur? 14 N. Stricker St
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Turned on stove burners

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Jan. 20 1944

G 13207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13207 Registered No. 526

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1674 Ashburton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1674 Ashburton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET R. ELIASON

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex FEMALE | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife Happy C. Eliason

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) March 17 1888

8. AGE: Years 55 | Months 10 | Days 4 | If less than one day ... hr. ... min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation H. WIFE

11. Industry or business

FATHER
12. Name CHARLES F. Smith
13. Birthplace Balto Md

MOTHER
14. Maiden Name ELNORA R. RYAN
15. Birthplace Balto Md

16 (a) Informant Happy C. Eliason
(b) Address 1674 Ashburton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 25 1944 (month) (day) (year)
(c) Cemetery or crematory Baltimore City
Location

18 (a) Funeral director Pratt & B.M. Walker
(b) Address Pratt & Stricker Sts

19 (a) ... (Date rec'd by registrar) (b) ... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1944, at 6:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 14 1944, to Jan. 21 1944, and that I last saw her alive on Jan. 20 1944

Immediate cause of death	Duration
Carcinoma of Bladder	2Yrs
Metastasis into Kidney	
Due to Stomach	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature ... M. D.
Address 1257 W. North Ave. Date signed 1/22/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G 13208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

G 13208 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9 Tamworth Road.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 Tamworth Road (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Susan McGoldrick

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Joseph McGoldrick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1853

8. AGE: Years	Months	Days	If less than one day
90	7	7	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name James McCann
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Elizabeth Mary Osborne
(b) Address 9 Tamworth Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25 1944 (month) (day) (year)
(c) Cemetery ~~cemetery~~ of the Holy Rood
Location New York City

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22, 1944, at 11. P M

21. I certify that death occurred on the date above stated; that I attended deceased from December 1943, to Jan. 22 1944, and that I last saw her alive on Jan. 20 1944.

Immediate cause of death Coronary Occlusion — Duration 2 hours

Due to Cardiac Arteria-Sclerosis — 8 years

Due to General Senile Arteriosclerosis

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Gilman Porter

Address 4622 Roland Ave Date signed 1/23/44 M. D.

G 13209 G 13209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1312

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1824 Federal St.
(c) Hospital or institution:
****
(d) Length of stay in hospital or inst. (yrs., mos., or days) ****
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1824 Federal St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Charles Cook.

3 (b) If veteran, name war	3 (c) Social Security Account No. 213-14-0536

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Margaret (Stoecker)
6 (c) If alive, give age *** years

7. Birth date of deceased (mo., day, yr.) May 5, 1891

8. AGE: Years	Months	Days	If less than one day
52	8	15	********* hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Machinist (Shipyard)
11. Industry or business Bethlehem Shipbuilding

FATHER
12. Name Thomas Cook
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Sarah Angelmeir
15. Birthplace Baltimore Md.

16 (a) Informant Winfield Wasaman (Brother)
(b) Address 1824 Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/44 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd. Baltimore Md

18 (a) Funeral director J. M. Little Jenkins
(b) Address 221 G Fork Ave

19 (a) JAN 2 1944 (Date rec'd by registrar) (b) [illegible]

correct age is especially important

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1944, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-24 1943 to 1-20 1944, and that I last saw him alive on 1-20 1944

Immediate cause of death Chronic Intestinal Nephritis — Duration 2 yrs

Due to

Due to

Other Conditions Myocardial Degeneration
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Daniel Miller M. D.
Address 1500 N Broadway Date signed 1/23/44

G 13210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13210 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7315 Harford Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Yr
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 7315 Harford Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Moget

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male.	White	Widower

6 (b) Name of husband or wife Kate Elizabeth Moget
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1853

8. AGE: Years	Months	Days	If less than one day
90	11	18	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Jacob Moget.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Antemoure
15. Birthplace Balto Md.

16 (a) Informant Mrs. Harry M. Coolahan
(b) Address 7315 Harford Road

17 (a) burial (b) Date thereof 1/24/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Taylor Ave Parkville, Md

18 (a) Funeral director John Cowan & Son
(b) Address 901-03 Hollins St

19 (a) JAN 24 1944 (b) [illegible]
Date received by registrar Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20, 1944 at 3.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1944 to Jan 20 1944 and that I last saw him alive on Jan 19 1944.

Immediate cause of death Broncho-pneumonia — Duration 3 days

Due to

Due to

Other Conditions Chronic myocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. V. Harbold M.D.
Address 4706 Harford Road M. D. Date signed 1/20/44

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1324 M
19

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 93

G 13211
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution: Baltimore

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 17

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 524 N. Franklin St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Louisa Kolb

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Harry R. Kolb

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) ? ? 1875

8. AGE: Years 68 | Months | Days | If less than one day ____ hr. ____ min.

69

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Don't know
13. Birthplace "

MOTHER
14. Maiden Name Don't know
15. Birthplace "

16 (a) Informant Harry R. Kolb
(b) Address 524 N. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-44 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet
Location Frederick - Md.

18 (a) Funeral director C. E. Cline & Son
(b) Address Hyndman, Pa. or Williamsport, Md.

JAN 24 1944
(Date rec'd by registrar)

(a) (b)
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-23 1944, at 6 95 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-22 1944 to 1-23 1944 and that I last saw h[illegible] alive on 1-23 1944

Immediate cause of death Cardiac Failure — Duration

Due to Hypertensive C. V. disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature F. M. Jones M. D.
Address Univ. Hosp. Date signed 1-22

A correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1512 Berry

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 13212

Please write the causes of death clearly and legibly. Physicians: please give all requested information.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Usual street address 1508 Orleans St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 61 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1508 Orleans St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katie Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	Married

6 (b) Name of husband or wife Charles Harris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1900

8. AGE: Years	Months	Days	If less than one day
43	8	3	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name William Hughes
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza Reed
15. Birthplace Md.

16 (a) Informant Charles Harris
(b) Address 1508 Orleans St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/44 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley Ave.

19 JAN 24 1944 (b) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18 1944 at 8:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1944 to Jan. 18 1944 and that I last saw h[illegible] alive on Jan. 1944

Immediate cause of death Acute Myocarditis — Duration 1 Day
Due to Lobar Pneumonia — 4 D
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. LeRoy Berry M. D.
Address 1420 E. Chase Date signed 1-22-44

G 13213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13213
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Nottingham
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth Ann Blevins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem'l	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15 1943

8. AGE: Years	Months	Days	If less than one day
0	3	8	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Bert Blevins
13. Birthplace Virginia

MOTHER
14. Maiden Name Pearl Jones
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-1944 (month) (day) (year)
(c) Cemetery or crematory Westminster
Location Colora Md

18 (a) Funeral director Ralph M Reed
(b) Address Rising Sun, Md.

JAN 24 1944
(Date rec'd by registrar) Huntington Williams M.D. Registrar

VE 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1944 at 8 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 18 1944 to Jan 22 1944 and that I last saw him alive on Jan 22 1944

Immediate cause of death Respiratory Failure — Duration

Due to Capillary Bronchitis — 5 days

Due to

Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Kaye M.D.
Address JHH Date signed 1-24-1944

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

13214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

139a

G 13214

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Nevins ave
(c) Hospital or institution: West Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2114 Mt Royal Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNA R. Carroll CARROLL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1854

8. AGE: Years	Months	Days	If less than one day
51	5		hr. min.

9. Birthplace Altoona Pa. (Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business

FATHER
12. Name Mathew Heazer
13. Birthplace Altoona Pa.

MOTHER
14. Maiden Name Catherine O'Malley
15. Birthplace Ireland

16 (a) Informant Mrs. Catherine Carroll
(b) Address 2114 Mt Royal Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/44 (month) (day) (year)

(c) Cemetery or crematory Calvary Cem.
Location Hyattsville Pa.

18 (a) Funeral director Mary Mc Mansfield
(b) Address 121 E 22nd St Huntington Williams, M.D.

JAN 24 1944

19 (a) (Date rec'd by registrar) (b) Registrar

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1944, at 10 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-18 1944, to 1-22 1944, and that I last saw h alive on 1-22 1944.

Immediate cause of death Cardiac failure — Duration

Due to Pelvic peritonitis

Due to Ruptured tubal abscess

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1-22-44

Major findings of operation: Pelvic peritonitis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. N. Freedman M.D.
Address West Bal Gen Hosp Date signed 1/24/44

CORRECT ALL ITEMS. If any questions, write "Unknown." If "Yes" or "No" is required, write one.

13215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13215
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2432 Madison Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2432 Madison Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna E. Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-16-1893

8. AGE: Years	Months	Days	If less than one day
50	6	4	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Nurse
11. Industry or business

FATHER
12. Name John H Conner
13. Birthplace Md

MOTHER
14. Maiden Name Mary ?
15. Birthplace Md

16 (a) Informant Mary R Jones
(b) Address 2432 Madison ave

17 (a) Burial (b) Date thereof 1 24 44.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem Park
Location Arbutus Md
18 (a) Funeral director William A Jackson
(b) Address 966 Pennsa ave
19 (a) JAN 24 1944 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1944, at 8 P M 30

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pulmonary edema

Due to Chronic Myocardial degeneration

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed Jan 27 1944

VS 151

3216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124 D

Registered No. C 13216

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway - Fairmount Ave.
(c) Hospital or institution:
Church Home and Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 33 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3317 Walbrook Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Leafie Northup

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Frederick H. Northup

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 18, 1864

8. AGE: Years	Months	Days	If less than one day
79	5	3	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William Lowry
13. Birthplace Virginia

MOTHER
14. Maiden Name Elizabeth Marshall
15. Birthplace Va

16 (a) Informant daughter - Mrs C. R. Mead
(b) Address 3317 Walbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24/44 (month) (day) (year)
(c) Cemetery or crematory Hardaw Va
Location Hardaw Va. & St Johns Cem

18 (a) Funeral director John O. Mitchell Funeral
(b) Address 1300 Eutaw Place

JAN 24 1944
(Date filed by Registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21 1944 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5 1944, to 1-21 1944, and that I last saw her alive on 1-21 1944

Immediate cause of death hemorrhage — Duration 1 day

Due to ruptured Varices ?

Due to Cirrhosis of Liver ? — 3 yrs

Other Conditions chronic Cholecystitis
History of idiopathic purpura.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isabella Hanson M. D.
Address Church Home & Hospital Date signed 1-21-44

Please write the causes of death clearly and legibly. Physicians: please write as legibly as possible.

13217 X ✓ G 13217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Colvert Sts
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town ~~Baltimore~~ Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 225 Berman Hill Rd (If rural give location)
(e) Citizen of foreign country? Md. (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Blackman (June Carol Blackmon)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 28, 43

8. AGE: Years	Months	Days	If less than one day
0	0	27	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name James L. Blackman
13. Birthplace S. C.

MOTHER
14. Maiden Name Eutah Kellough
15. Birthplace S. C.

16 (a) Informant Mrs J. L. Blackman
(b) Address 225 Berman Hill Rd (R.F.D. 22) Dundalk

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 24 1944 (month) (day) (year)
(c) Cemetery or crematory Kershaw Cem.
Location Kershaw - So. Carolina

18 (a) Funeral director Henry Sander & Son Inc
(b) Address North Ave - Brandon
(c) Date JAN 24 1944 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23, 1944, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6, 1944, to Jan 23 1944 and that I last saw her alive on Jan 23 1944.

Immediate cause of death	Duration
Resp. Failure	
Due to Dehydration	
Asthenia	
Due to Prematurity	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert B. Tunnell M. D.
Address Mercy Hosp Date signed 1/24/44

VS 150

13218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13218
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 423 N. Paca St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 423 N. Paca St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Henry Myers

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male 5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife May Myers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec - 1869

8. AGE: Years 74 Months 1 Days (If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Charles Henry

FATHER 12. Name Henry A Myers Sr.

15. Birthplace

MOTHER 14. Maiden Name Julia A. Myers

15. Birthplace

16 (a) Informant Frank S Parker

(b) Address 1009 Cathedral St

17 (a) Burial (b) Date thereof Jan 25 1944
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Balto Md

18 (a) Funeral director Henry N. Jenkins & Sons Co

(b) Address McCulloh & Orchard Sts.

19 JAN 24 1944 Huntington Williams, M.D. Registrar
(Date rec'd by Registrar)

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21 1944, at 6:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 25 1943, to Jan 21 1944, and that I last saw h[illegible] alive on Jan 21 1944.

Immediate cause of death cerebral hemorrhage — Duration

Due to —

Due to —

Other Conditions Volvular heart disease

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature M. N. Cullenman M. D.

Address 7324 Reisterstown Rd Date signed 1/24/44.

Correct age is especially important. Physicians, undertakers, and others are urged to use the exact words of dictated clearly and legibly.

13219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 13219
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1418 W Lexington
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 15yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1418 W Lexington
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sula J. Woodland

3 (b) If veteran, name war W

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Solomon W.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11 1880

8. AGE: Years 64 | Months — | Days 12 | If less than one day hr. min.

9. Birthplace Fishing Creek Md
(Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER
12. Name Arthur Parks
13. Birthplace Fishing Creek Md

MOTHER
14. Maiden Name Mary E Dean
15. Birthplace Fishing Creek Md

16 (a) Informant Mrs Arthur Woodland
(b) Address 1418 W Lexington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/44 (month) (day) (year)
(c) Cemetery or crematory Salem Lutheran
Location Catonsville Md

18 (a) Funeral director Wilhom & Son
(b) Address 1217 E Fort Ave

19 (a) JAN 24 1944 (b) Date rec'd by registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1944, at 2a M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/10 1943 to 1/23 1944, and that I last saw her alive on 1/22 1944

Immediate cause of death Cardiac
Decompensation
Chronic Hypertension
Due to Hypertension
Hypertensive
Due to Diabetes Mellitus

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Drummen M. D.
Address 1111 Lex Date signed 1/25/44

correct age is especially important. Physicians, please write

13220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

G 13220
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1015 S. Sterrett St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 S. Sterrett St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James J. Shearman

3 (b) If veteran, name war

3 (c) Social Security Account No. 24-18-2440

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sarah Elizabeth Shearman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30th 1886

8. AGE: Years 57 | Months 6 | Days 21 | If less than one day ... hr. ... min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Sheet Metal Worker
11. Industry or business Chas. T. Brant

FATHER
12. Name (Unknown) Shearman
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Elizabeth Shearman
(b) Address 1016 S. Sterrett St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/44 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glenburnie Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 JAN 24 1944 (b) Huntington Williams M.D.
(Registrar's signature)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21st 1944, at 11-20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1944, to Jan 21 1944, and that I last saw h. alive on Jan 21 1944.

	Duration
Immediate cause of death: Acute Dilatation Heart	1 day
Due to: Dehydration	1
Due to: + Bronchitis	18 days
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oz Whittle M.D.
Address 1279 Fulham Pl Date signed 1/22/44 M. D.

correct age is urgently important. Registrars: please write

G 13221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13221 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkens Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Della, Baltimore County
(If outside city or town limits, write RURAL and give town)
(d) Street No. Della Ave., Della, Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Robert Bockmiller

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Clara Dugan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1866

8. AGE: Years	Months	Days	If less than one day
77	8	16	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William Poisal Bockmiller
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sarah E. Bunting
15. Birthplace Maryland

16 (a) Informant Hosp Record
(b) Address

17 (a) Burial (b) Date thereof Jan. 24, 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director Epsten Sons
(b) Address Eutaw & Lanvale Sts. Baltimore, Md.

JAN 24 1944 (b)
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21 1944 at 10:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 17 1943 to Jan. 21 1944 and that I last saw him alive on Jan. 21 1944

Immediate cause of death Lobar pneumonia

	Duration
Due to	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Arthur Rooker M. D.
Address St. Agnes Hosp (Date signed 1/24/44

Write the entries in this certificate clearly and legibly. Physicians, please write the cause of death correctly and fully. Be especially careful to see that the correct age is properly reported.

VS 150

G 13222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 13222 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3217 Batavia Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3217 Batavia Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

2733

3 (a) FULL NAME John J. Berry

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Effie L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12 - 1867

8. AGE: Years 76 | Months 4 | Days 9 | If less than one day hr. min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual Occupation Retired Florist

11. Industry or business

MOTHER / FATHER

12. Name Jacob Berry

13. Birthplace Md

14. Maiden Name Martha Geary

15. Birthplace Md

16 (a) Informant Effie L. Berry

(b) Address 3217 Batavia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-44 (month) (day) (year)

(c) Cemetery or crematory Darkwood

Location

18 (a) Funeral director Leonard J. Rusk

(b) Address 5305 Harford Road

19 (a) [illegible] by Huntington Williams Mort

JAN 21 1944

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1944 at 4:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2 1943 to Jany 21 1944, and that I last saw him alive on Jany 19 1944

Immediate cause of death: Cardiac Decompensation — Duration: Jany 19 1944

Due to:

Due to: — a. Months

Other Conditions: Chronic Myocarditis — 7 years

(Include pregnancy within 3 months of death).

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence: at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature Morris B Green M.D.

Address 3009 Evergreen Ave Date signed 1/23/44

Baltimore 14 Maryland

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

13223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. C 13223

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3104 E Ellerslie Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3104 E Ellerslie Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sabina Kuper

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Herman Kuper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1850

8. AGE: Years: 93 | Months: 8 | Days: 3 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: at home

11. Industry or business

FATHER
12. Name: ?
13. Birthplace: ?

MOTHER
14. Maiden Name: ?
15. Birthplace: ?

16 (a) Informant: Dorothy Bowman
(b) Address: 3104 E Ellerslie Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/44 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Baltimore

18 (a) Funeral director: Leonard J. Ruck
(b) Address: 5300 Harford Rd.

19 (a) JAN 24 1944 (Date rec'd by registrar) Huntington Williams (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 22, 1944, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5, 1938, to Jan 23, 1944, and that I last saw her alive on 1-26-1944

Immediate cause of death: Apoplexy — Duration: 3 days
Due to: Arteriosclerosis — Duration:
Due to:
Other Conditions: Arteriosclerotic myocardio - renal disease
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Jno. B. Ebert M. D.
Address: 5302 Harford Rd Date signed: 1-23-44

Correct age is especially important. If uncertain, please write the causes of death clearly and legibly.

13224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B

Registered No. G 13224

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert.
(c) Hospital or institution: Union Memorial Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Glyndon, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Elizabeth C. Fleming.

3 (b) If veteran, name war: 0

3 (c) Social Security Account No.:

4. Sex: female. | 5. Color or race: white. | 6 (a) Single, married, widowed, or divorced: divorced

6 (b) Name of husband or wife: Cecil Ford Fleming

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) April 15, 1895

8. AGE: Years 48 48 | Months 9 | Days 8 | If less than one day: hr. min.

9. Birthplace: England
(Town, county, and state)

10. Usual Occupation: Child's nurse.

11. Industry or business:

FATHER
12. Name: John Clark
13. Birthplace: England.

MOTHER
14. Maiden Name: Kate Martin.
15. Birthplace: England

16 (a) Informant: Mrs. Ora N. E. Adams
(b) Address: 203 E 24th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 25 44 (month) (day) (year)

(c) Cemetery or crematory: St Johns
Location: Hydes - Md

18 (a) Funeral director: Leonard Bond
(b) Address: 6305 Harford Rd.

19 JAN 24 1944 (Date accepted) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23, 1944, at 7:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1944, to Jan 23 1944, and that I last saw her alive on Jan 22, 1944

Immediate cause of death	Duration
Cardiorespiratory arrest.	
Due to acute hepatic insufficiency	4 days.
Due to Cirrhosis of liver.	1½ yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Cirrhosis of Liver.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas L. Claffee, M. D.

Address Union Memorial Hospital. Date signed 1/23/44

VS 180

G 13225

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

G 13225 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL, and give town)
(d) Street No. 2012 E. 30th Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL MASON

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Rose M. Mason

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-10-1874

8. AGE: Years 69 | Months 10 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation White Lederman Co

11. Industry or business

FATHER 12. Name George E. Mason
13. Birthplace ?

MOTHER 14. Maiden Name Henrietta Bitzell
15. Birthplace ?

16 (a) Informant Mrs. Leroy L. Mason
(b) Address 924 Argonne Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/44 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director L. J. Ruck
(b) Address 5205 Harford Rd

19 (a) JAN 24 1944 (Date rec'd by registrar) (b) Livingston Williams Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 23, 1944, at 8:24 P.M.

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
(a) Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. Z. Wallenmeyer M.D.
Medical Examiner.
Date signed 1-22-44

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 13226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

V G 13226 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Johns Hopkins Hosp.
(c) Hospital or institution: Hospital for Women of Maryland
(d) Length of stay in hospital or inst. (~~years~~ days) 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2440 Barclay st. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lottie Helen Spamer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widow

6 (b) Name of husband or wife: Geo. P. Spamer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4, 1882

8. AGE: Years 61 | Months 3 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Mr. George Bowen
13. Birthplace Baltimore

MOTHER
14. Maiden Name Charlotte
15. Birthplace Balto.

16 (a) Informant Mrs. Ernest Weller
(b) Address 2107 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/44 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 24 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1944, at 12¼ M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1943, to Jan 21 1944, and that I last saw h~~e~~r alive on Jan 21 1944.

	Duration
Immediate cause of death: Pulmonary oedema	1 day
Due to Myocardial failure	10 days
Due to Carcinoma of stomach with metastasis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Jan 7 1944

Major findings of operation: Carcinoma of stomach & metastasis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William E. Gilmore M. D.
Address Women's Hospital Date signed 1-21-44

13227 83858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13227 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 months
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2124 Eagle St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME "rant Fitzhugh (Grant Lafayette Fitzhugh)

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 4th, 1869

8. AGE: Years 74 | Months 10 | Days 17 | If less than one day hr. min.

9. Birthplace Miss.
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER: 12. Name Charles W. Fitzhugh
13. Birthplace Miss.

MOTHER: 14. Maiden Name Abbie L. Neal
15. Birthplace Miss.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/44 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 1/24/1944 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/21 1944, at 8:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/17 1943, to 1/21 1944, and that I last saw h[illegible] alive on 1/21 1944.

Immediate cause of death: Pneumonia — Duration: 2 days
Due to: Generalized arterio-sclerosis & Cerebral Hemorrhage — Duration: ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Paul Mattne M. D.
Address B-C.H. Date signed 1/21/44

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

13228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

✓ G 13228 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504 Woodside Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 504 Woodside Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GRACE ELLEN BOWERS LINK

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife A. D. Garl Link
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1868

8. AGE: Years	Months	Days	If less than one day
75	7	22	hr. min.

9. Birthplace Westminster, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Henry Bowers
13. Birthplace Frederick Co., Md

MOTHER
14. Maiden Name Mary Jane Orndorff
15. Birthplace Carroll Co., Md.

16 (a) Informant Mr. A. D. Garl Link
(b) Address 504 Woodside Rd., Ten Hills

17 (a) Burial (b) Date thereof 1/24/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Mausoleum
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JAN 24 1944 Huntington Williams, M.D.
(Date received by Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21, 1944, at 1:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1, 1943 to Jan. 21, 1944, and that I last saw h. alive on Jan. 21, 1944.

Immediate cause of death Coronary Thrombosis — Duration 3 yrs.
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene L. Cronin M. D.
Address 516 Druid Lane Date signed 1/22/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

43229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 13229

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3001 Old York Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town) 16
(d) Street No. 3016 Westwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDMUND LEE GETTIER, Sr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215 - 03 - 6798

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Clara E. Gettier

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1872

8. AGE: Years 71 | Months 2 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Myers & Hicks Co.

FATHER
12. Name George W. Gettier
13. Birthplace Md.

MOTHER
14. Maiden Name Annie M. Schultz
15. Birthplace Md.

16 (a) Informant Rev. E. L. Gettier, Jr. son
(b) Address 3001 Old York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/44 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 24 1944 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21, 1944, 6.45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 6 1943, to Jan. 21 1944, and that I last saw h.. alive on Jan. 21 19 44.

Immediate cause of death
Acute Dilatation Heart — Duration 6
Coronary Thrombosis — 12/6/43
Due to Arteris Sclerosis — 10 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earl J. Benson, M.D.
Address 5711 York Rd Date Jan 21, 1944 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G 13230

please write the causes of death clearly and legibly. Physicians: please

correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner Av. & Dukeland St.
(c) Hospital or institution: West Balto. Gen'l. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2138 E. North Ave.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME SOPHIA KEHS

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	MARRIED

6 (b) Name of husband or wife Walter J. Kehs
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1885

8. AGE: Years	Months	Days	If less than one day
58	4	4	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frederick Strassheim
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia Hoppe
15. Birthplace Germany

16 (a) Informant Walter J. Kehs
(b) Address 2138 E. North Ave.

17 (a) Burial (b) Date thereof 1/24/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway

JAN 24 1944 Huntington Williams, M.D.
(Date filed) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/20/44 19 , at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/6/44 19 , to 1/20 19 44
and that I last saw h SR alive on 1/20 19 44

Immediate cause of death Pulmonary Edema — Duration

Due to Antecedent CVD

Due to

Other Conditions Cerebral Thrombosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature P. N. Friedman M. D.
Address West Balto. Gen'l Hosp. Date signed 1/20/44

13231 BALTIMORE CITY HEALTH DEPARTMENT G 13231

CERTIFICATE OF DEATH

938 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 301 Calvert on Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days) 34

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 301 Calverton Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Mary of the Assumption

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12 1864

8. AGE: Years 79 | Months 10 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace West Ireland (town, county, and state)

10. Usual Occupation Religious

11. Industry or business

FATHER 12. Name Martin James Gavin
13. Birthplace Ireland

MOTHER 14. Maiden Name Ann McDonough
15. Birthplace Ireland

16 (a) Informant Sister Mary of St. John Enders
(b) Address 301 Calverton Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25-1944 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director George L. Schwatt
(b) Address 2101 Frederick ave

19 (Filed) JAN 24 1944 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23 1944 at A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1944 to Jan 23 1944 and that I last saw h alive on Jan 23 1944

Immediate cause of death Bronchial Pneumonia — Duration 2 days.

Due to Chronic interstitial nephritis

Due to Arteriosclerosis.

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John T. Dwyer
Address 804 Cathedral St. Date signed 1/24/44 M. D.

VS 8

G 13232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

✓ G 13232 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15
(c) Hospital or institution: West Balto. Mineral Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) about 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4107 Roland View Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)?
If yes, name country

3 (a) FULL NAME Rosalie H. Levy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband ~~or wife~~ Max Levy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25 1876

8. AGE: Years 67 | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Solomon Heist
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna Kuhn
15. Birthplace Germany

16 (a) Informant Mrs. Max Levy
(b) Address 4107 Roland View Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/44 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director David Sonnheim & Son
(b) Address 1902 Eutaw Place

19 (a) JAN 24 1944 (Date rec'd) (b) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-23 1944, at 1:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-18 1944 to 1-23 1944 and that I last saw her alive on 1-23 1944

Immediate cause of death Diabetes Mellitus with diabetic acidosis

Due to

Due to

Other Conditions Hypertensive Cardio Vascular disease

(Include pregnancy within 3 months of death)

Date of operation Duration

Major findings of operation Congestive heart failure

of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Simon W. Cheetham M.D.
Address WBGH Date signed 1/25/44

PHYSICIAN
Underline the cause to which death should be charged statistically.

Correct age if especially important. Physicians: please write the cause of death clearly and legibly.

13233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

G 13233
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument + Rutland
(c) Hospital or institution:
Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 54 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4023 Woodbourne Ave
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Henrietta Mertzel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband ~~or wife~~ Alois Mertzel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1873

8. AGE: Years	Months	Days	If less than one day
70	8	2	hr. min.

9. Birthplace Austria
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jacob Mertzel
13. Birthplace Austria

MOTHER
14. Maiden Name Josephine ?
15. Birthplace Austria

16 (a) Informant Mr. Milton Levy
(b) Address 4021 Woodbourne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/44 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Harris Levinson & Sons
(b) Address 1902 Eutaw Place

JAN 24 1944
(Date rec'd by Registrar) Hunter-Wilkinson-Wilkinson Mortuary

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 1944 at P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1944 to Jan 22 1944, and that I last saw h... alive on Jan 22 1944.

Immediate cause of death	Duration
Respiratory Failure	
Due to Generalized Peritonitis	
Due to Acute Intestinal	
Other Conditions Pleural effusion.	

(Include pregnancy within 3 months of death)
Date of operation October 30th 1943
Major findings of operation: Chronic Appendicitis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel R. Pins
Address Sinai Hosp. Date signed 1/23/44 M. D.

Spec.—9-30—A. & Co.—200 Blks.

V G 13234

G 13234 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 931

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Ingram Hall Apts. WARD) 20

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marcus M. Bernstein

(a) RESIDENCE No. 7301 Park Heights Ave Ingram Hall Apts. WARD
(Usual place of abode)

Length of residence in city or town where death occurred Lifetime How Long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE Blanche H. Bernstein

6 DATE OF BIRTH (month, day, and year) Oct. 4, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanical

(b) General nature of industry, business, or establishment in which employed (or employer) Mnfgr.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Jacob Bernstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Minnie Lauchheimer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Blanche Bernstein
(Address) Ingram Hall Apts

JAN 24 1944

Filed ..., 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22. 44

17

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1943, to Jan 22, 1944

that I last saw h. alive on Jan 21, 1944

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Coronary occlusion.

Chronic Myocarditis

(duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) arterio - sclerosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? P.E.

(Signed) Palmer H. Williams M. D.

Jan 22, 19 44 (Address) Pikesville. Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Hebrew Cem	1/24/ 19 44
20 UNDERTAKER	ADDRESS
Weinberg Sonneborn & Son	5902 Eastern Ave.

13235 Case No. T.M ?

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 13235 Registered No. 937

Write the causes of death clearly and legibly. Physicians please write correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave 8 17
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1426 N. Gay St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard Munkewitz ✓

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1871

8. AGE: Years	Months	Days	If less than one day
72	6	29	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Munkewitz
13. Birthplace Germany

MOTHER
14. Maiden Name Auguste ?
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 24 1944

18 (a) Funeral director Commissioner of Health
(b) Address JAN 24 1944

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/15 1944, at 8:24 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-16 1927, to 1-15 1944, and that I last saw him alive on 1-5 1944.

Immediate cause of death Pneumonia — Duration 2 days
Due to
Due to Hypertensive cardio-vascular disease
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jack McB M. D.
Address B. C. H. Date signed 1/16/44

VS 150

10672

3236 G 13236

T.N 67287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 E. Pratt St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
James Perry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 3rd, 1865 ?

8. AGE: Years 78 | Months 10 | Days 13 | If less than one day hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Joseph Perry
13. Birthplace ?

MOTHER
14. Maiden Name Jane Minor
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (ecords

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 24 1944

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JAN 24 1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14 1944, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/8/41 19 to 1-14 1944, and that I last saw h alive on 1/14 1944.

Immediate cause of death: Cerebral Thrombosis — Duration: 4 days

Due to: Hypertensive Cardio-Vascular disease — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Hall, M. D.
Address B.C.H. Date signed 1/24/44

correct age is especially important. Physicians: please write the

VS 150

0673

13237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

G 13237
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 828 N. Chapel St
(If rural, give location)
(e) Citizen of foreign country? Aus (Yes or No)
If yes, name country

3 (a) FULL NAME Anton Krucera

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Frances Krucera
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Not Known
8. AGE: Years 78 Months Days If less than one day hr. min.
9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Joseph Krucera
13. Birthplace Austria

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Emma Sven
(b) Address 828 N. Chapel St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-44 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Balto Md
18 (a) Funeral director Jacob Bacrobsay
(b) Address 900 N. Chester St
19 (a) JAN 24 1944 (Date rec'd by registrar) (b) Registrar for Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-22 1944, at 7:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17 1944, to 1-22 1944, and that I last saw him alive on 1-22 1944.

Immediate cause of death: Pneumonia - Lobar
Uraemia
Due to Hypertensive cardio-renal disease
Due to
Other Conditions Fracture right tibia + fibula.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-17-44 at M
(c) Where did injury occur? Baltimore (City or town) (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Fell down steps

23. Signature Joseph M. Sinai
Address Sinai Hospital Date signed 1-23-44
M. D.
Hugh B. McNalby M.D.
Medical Examiner

correct age is especially important. Physicians: please write the

G 13238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G 13238
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 212 North Castle St. #31
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Mary Mauer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22, 1885

8. AGE: Years 58 | Months - | Days 29 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Joo Kuesklin
13. Birthplace Germany

MOTHER
14. Maiden Name Katharina Kirchner
15. Birthplace Balto

16 (a) Informant John F Mauer
(b) Address 212 N Castle St

17 (a) Holy Redeemer (b) Date thereof Jan 25 '44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location City

18 (a) Funeral director Wilbert Funeral Home
(b) Address 200 E. Eager

19 (a) JAN 24 1944 (b) Thos. Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/21 19 44 at 5:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/17 1943, to 1/21 1944
and that I last saw her alive on 1/21 19 44

Immediate cause of death	Duration
Caquexia	1
Due to Generalized carcinomatosis	
Due to CANCer of Breast.	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hayley B. Klyanovics M. D.
Address St Joseph's Hosp. Date signed 1-24-44

3239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 13239

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2704 Orleans St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2704 Orleans St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Sidney De Ford

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Amanda E. Ford

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1 - 1857

8. AGE: Years 87 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Steel Worker

11. Industry or business Bethlehem Steel

FATHER
12. Name Thomas De Ford
13. Birthplace Balto

MOTHER
14. Maiden Name Fannie Davis
15. Birthplace Balto

16 (a) Informant Miss Elizabeth De Ford
(b) Address 2704 Orleans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004-8 Orleans St

19 (a) JAN 24 1944 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1944, at 2:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/17/44 to 1/22 1944
and that I last saw h alive on 1/20 1944

Immediate cause of death: Lobar pneumonia — Duration 2 dys.

Due to

Due to

Other Conditions: Coronary thrombosis
Myocarditis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert L. Tuberosky M.D.
Address 3939 Fr Eldg Date signed 1/24/44

Please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

13240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 13240 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1607 N. Dallas
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1607 N. Dallas
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** James Edward Forrest

3 (b) If veteran, name war — 3 (c) Social Security Account No. 77

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Pauline M. Forrest
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 23-1884

8. AGE: Years 59 | Months 9 | Days 1 | If less than one day hr. min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual Occupation Crane Operator

11. Industry or business B & O R.R.

FATHER 12. Name Frank Forrest
13. Birthplace Va.

MOTHER 14. Maiden Name Henrietta Bridges
15. Birthplace Va.

16 (a) Informant Pauline M. Forrest
(b) Address 1607 N. Dallas St

17 (a) Burial (b) Date thereof Jan 27-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.G.C.

18 (a) Funeral director Thos. H. Elgar Son
(b) Address 638 N. Gilmor St

19 (a) JAN 24 1944 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24 1944, at 69 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1943 to Jan. 24 1944, and that I last saw him alive on Jan. 24 1944.

Immediate cause of death: Cerebral Hemorrhage — Duration 12 days

Due to: Hypertension & Arteriosclerosis Disease — 4 yrs

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. N. Pigott, M.D.
Address 1536 W. Lanvale St. Date signed 1-27-44

G 13241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43

G 13241 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2349 Eutaw Place
(c) Hospital or institution:

13

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2349 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rubin Bernard Burasky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anna Rea Bass

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1914

8. AGE: Years 30 | Months | Days | If less than one day hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation Musician

11. Industry or business

FATHER
12. Name Abraham -
13. Birthplace Poland

MOTHER
14. Maiden Name Cawlyn -
15. Birthplace England

16 (a) Informant Anna Burasky
(b) Address 2349 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-44 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto. St

19 Jan 24-1944 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23 1944, at 10:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1943 to January 23 1944, and that I last saw him alive on Jan 23 1944.

Immediate cause of death

	Duration
Actinomycosis - glandular	
Due to pulmonary and	?
Due to finally systemic	

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George Charfatz
Address 5106 Park Heights Ave Date signed 1/23/44 M. D.

CHARFATZ

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 160

G 13242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓G 13242 94a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 808 Reservoir St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-V

(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 808 Reservoir St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Freida Dubow

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Max

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Soloman
13. Birthplace Russia

MOTHER
14. Maiden Name Leah
15. Birthplace Russia

16 (a) Informant Oscar Dubow
(b) Address 2851 Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-44 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel
Location Workman Circle Cem.

18 (a) Funeral director Jack Lewis Inc
(b) Address 1706 E. Balto. St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-22-1944, at 8P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 22 1944, to Jan 23 1944, and that I last saw h alive on 1-23 1944.

Immediate cause of death	Duration
Acute Coronary Thrombosis with Failure	
Due to Acute Coronary Thrombosis	24 hrs.
Due to Hypertension with sclerosis	

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard G. Cohen M D M. D.

Address Marlborough apt Date signed

VS 150

correct age is especially important. Physicians please write the causes of death clearly and legibly.

13243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

G 13243
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1600 N Fulton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1600 N Fulton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Krieger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Nathan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
54 53			hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Wolf Rogers
13. Birthplace Russia

MOTHER
14. Maiden Name Dora Kruisk
15. Birthplace Russia

16 (a) Informant Nathan Krieger
(b) Address 1600 N Fulton Ave

17 (a) Burial (b) Date thereof Jan, 25, 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

JAN 24 1944
(Date rec'd by registrar)

(b) Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24, 1944, at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1943, to Jan 24 1944, and that I last saw her alive on Jan 24 1944.

Immediate cause of death

	Duration
General carcinomatosis	3 mos
Due to	
Due to Carcinoma of gall bladder (Primary)	1½ yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation March - 1943
Major findings of operation: Carcinoma of gall bladder
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J Frederick Lentz M. D.
Address Temple Garden Apts Date signed 1/24/44

VS 150

cannot age is especially important. Physicians: please write

3244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 13244

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home and Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto. Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 221 Baltimore Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carlo Bonincontri

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Angelina

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29 1875

8. AGE: Years 68 | Months 6 | Days 24 | If less than one day 23 hr. min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name John Bonincontri
13. Birthplace Italy

MOTHER
14. Maiden Name GIULIA ?
15. Birthplace Italy

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof Jan. 25. 44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Marley St.

JAN 24 1944 Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1944, at 1 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/21 1944, to 1/22 1944, and that I last saw him alive on 1/22 1944.

Immediate cause of death	Duration
? Cerebral Thrombosis	2 days
Due to Generalized Arteriosclerosis	?
Due to	
Other Conditions Arteriosclerotic H. D.	?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Church Home & Hospital Date signed 1/22/44
M. D.

G 13245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G 13245

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 Arlington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eva Bumbray

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	married

6 (b) Name of husband or wife Steven Bumbray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 21-1894

8. AGE: Years	Months	Days	If less than one day
49	3	1	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Asbury Hornsby
13. Birthplace Va

MOTHER
14. Maiden Name Alberta Norris
15. Birthplace Va

16 (a) Informant Jessie Gross
(b) Address 1001 N. Arlington ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-44 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md

18 (a) Funeral director George D. Kelson
(b) Address 1303 Freestman St

19 (a) 1-24-1944 (Date received by registrar) (b) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1944, at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 22 19 44 to Jan 22 19 44 and that I last saw h[illegible] alive on Jan 22 19 44.

Immediate cause of death	Duration
Coronary Disease	
Due to Chronic Myocarditis	
Due to Arteriosclerosis & Diabetes Mellitus	Known 3 months
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Rowland Heights Date signed 1-24-44

Correct age in completely numerals. Fractions, months, days, hours, minutes, seconds, etc. Write the cause of death clearly and legibly.

VS 150

13246
JL - 84466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

Registered No. C 13246

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 - 28
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 124 N. Fremont Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Betty Ricks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Moses
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1912

8. AGE: Years	Months	Days	If less than one day
31	0	25	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name George Moody
13. Birthplace Ga.

MOTHER
14. Maiden Name Betty Vincent
15. Birthplace N. C.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof Jan. 24 1944
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem
Location

18 (a) Funeral director Miss Katie R. Williams
(b) Address 3209 W. Lehmonds Av.

JAN 24 1944 Huntington Williams, MD
(Date rec'd by local reg.) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-20 1944, at 2.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-22 1943, to 1-20 1944, and that I last saw h[illegible] alive on 1-20 1944.

Immediate cause of death Pulmonary Tuberculosis — Duration 8 mos

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address B. C. H. Date signed 1/20/44 M. D.

13247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1927

Registered No. C 13247

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2508 Huron St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME OLLIE (BERGER) KEYES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15 1900

8. AGE: Years 43 | Months 10 | Days 7 | If less than one day hr. min.

9. Birthplace Md.
(Town, county and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name William Lawson
13. Birthplace Charles Co. Md.

MOTHER
14. Maiden Name Ella Johnson
15. Birthplace Va

16 (a) Informant Hampton Berger
(b) Address 2508 Huron St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24-1944 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) JAN 24 1944 (Date rec'd by registrar) (b) Hampton Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22, 1944, at 12:04 A M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hypertensive cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. Z. Wallenmeyer M.D.
Medical Examiner.
Date signed 1-22-44

VS 151

13248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 13248
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton H.
(c) Hospital or institution: Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 125 N. Kenwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jennie A. Wehrheim

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept 25-1870

8. AGE: Years: 73 Months: 4 Days: 26 If less than one day: hr. min.

9. Birthplace: Richmond. Va. (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business:

FATHER
12. Name: Thomas. McGinty
13. Birthplace:

MOTHER
14. Maiden Name: Mary McCann
15. Birthplace: Ireland.

16 (a) Informant: George W. Wehrheim
(b) Address: 125 N. Kenwood Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 25-44 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Frederick Road.

18 (a) Funeral director: Wm. A. McCann
(b) Address: 3000 E. Balto. St.

19 (a) JAN 24 1944 (Date received by registrar) Huntington Williams, M.D. Registrar

VB 160

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21 1944, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 19 , to Jan 21 19 44, and that I last saw h alive on Jan 20 44

Immediate cause of death: Hypostatic pneumonia — Duration: 14 D.

Due to: Cardiac

Due to: Toxemia of pregnancy

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: —

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Fred Saunders M. D.
Address: 3000 N. Patterson Pk. Date signed: Jan 24 44

COPIES MAY BE OBTAINED FROM THE BALTIMORE CITY HEALTH DEPARTMENT. A REASONABLE FEE IS CHARGED FOR SEARCH AND COPY.

13249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 13249 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 151 W Hennetta St
(c) Hospital or institution:
Sinai Balto. Gen Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 151 W Hennetta St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Linda Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/12/43

8. AGE: Years | Months | Days | If less than one day
1 | 1 | 11 | hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Charles Jackson
13. Birthplace Va

MOTHER
14. Maiden Name Helen Gerley
15. Birthplace La

16 (a) Informant Helen
(b) Address 151 W Hennetta St

17 (a) Burial (b) Date thereof 1/26/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Q., a Lo Mds

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

JAN 24 1944 (b) Huntington for Williams
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-23- 1944, at 9 M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Bronchopneumonia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Walker M.D.
Medical Examiner.
Date signed 1-23-44

13250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54a

G 13250
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3318 Beech Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

13 16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3318 Beech Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Ed. Shane

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mary Ella (Dorsey)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 30-1896

8. AGE: Years 47 Months 8 Days 21 If less than one day hr. min.

9. Birthplace Maryland
(State, county, and state)

10. Usual Occupation Police

11. Industry or business Retired

FATHER
12. Name John Shane
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Marg. Stein
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Mary E. Shane
(b) Address 3318 Beech Ave.

17 (a) Burial (b) Date thereof Jan-24-1944
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Meadowridge
Location Washington Blvd.

18 (a) Funeral director John P. Connelly
(b) Address 418 Eastern Blvd

JAN 24 1944 (c) Walter Williams, M.D.
(Date received by registrar) Registrar

VS 150

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-21 1944, at 7:[illegible] M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-11- 1943, to 1-20 1944, and that I last saw h IM alive on 1-20 1944.

Immediate cause of death Cancer of Brain (Glioma)

Duration 14 Months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Arthur J. Dennes M. D.

Address 800 W 33rd St Date signed 1-21-44

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 8-26 DAY OF 1963 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH 10001 AND ENDING WITH 13250 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: Loretta Byrne

END OF REEL